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Turkish Immigrants' Perceptions of the Polish Healthcare System

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Abstract

The experiences of migrants and refugees within the healthcare system play an important role in ensuring mutual adaptation. The questions we address focus on accessibility to healthcare, lack of trust and communication, and the social adaptation of Turkish immigrants in Poland. Turkish immigrants hold significant importance in the immigrant population of Poland, both from historical and socioeconomic-cultural perspectives. The Polish healthcare system has recently faced serious due to both the COVID-19 pandemic and pandemic and the influx of refugees. As the Turkish immigrant population expands in Poland, the importance of the position of increases, as it shapes healthcare relations among both Turkish immigrants and the general Polish population. With this research, we aim to understand the health experiences of migrants and the factors affecting these experiences, focusing on the relationship between the health system in Poland and its migrants. Our data was collected through interviews with 11 Turkish immigrants from Warsaw, Poznań, Toruń, Wrocław, and Bydgoszcz, along with participant observation in Poland. The findings point to the complex interplay of challenges and opportunities in migrants' healthcare experiences in Poland. Our data suggest that the healthcare system is one of the areas in which migrants are vulnerable in the host country, and states should focus on it to support the adaptation process.

Keywords: Healthcare accessibility; trust in healthcare; healthcare challenges; social adaptation; Turkish immigrants; Poland

Introduction

There is a multifaceted interaction between migration and health. Migration is one of the social determinants of health, and migrants may be vulnerable to health risks arising from the migration process (IOM, 2022). Health is a universal human right for everyone, however, access to and quality of health care is often lower for migrants than for non-migrants, and lower for some migrant groups than for others (IOM, 2022). It is important to make the

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necessary arrangements to adapt health services to the needs of immigrants (Ingleby, et.al., 2005).

Health care and promotion of the physical and social well-being of migrants can create improved conditions and contribute to better social integration in host societies (Dias et.al, 2011 cited in Casquilho-Martins and Soraia, 2022). Navigating the healthcare systems of the host country also negatively affects and slows the integration of immigrants experiencing health problems (Ingleby, et.al., 2005); integration is a prerequisite for effective healthcare provision and is often hindered by inadequate access. Access to effective healthcare is crucial to the well-being of migrants and therefore their integration (Ingleby, et.al., 2005). Bonder, Martin and Miracle (2002 cited in Småland Goth & Berg, 2011) observed that ‘ Culture, individual experience and personality may affect a range of milieu-related interactions, from perceptions and behaviours to self-care and health practices. In this context the main purpose of this research is to analyse the experiences of Turkish people in Poland regarding the healthcare system. In line with this purpose, answers to the following questions were sought;

- a. What are the experiences related to access to healthcare services?
- b. What are the views on trust and communication in the context of health services?
- c. What are the views on social adaptation?

Background

The healthcare system in Poland was established as social health insurance and is governed by the Ministry of Health, which consists of both public and private healthcare providers. The most common health insurance is the National Health Fund (NFZ), which is a government agency that deals with health insurance (Sowada et al., 2022, 3). NFZ contributes funds from employers and employees and uses them to provide services for healthcare (OECD, 2021). However, the roles of the NFZ are becoming more non-central to 16 regions (which have larger capacity hospitals) and 314 counties (which have rather smaller hospitals). On the other hand, the municipalities own primary care practices and are in control of health-related tasks however the budgets narrow. The incoordination between the three administrative organizations in the healthcare system creates a problem in public care. Additionally, the National Health Fund is inadequate in adopting local needs due to its central government system of the Minister of Health. The current healthcare system plan focuses on social inequalities and providing a better service for the public to increase the number of healthy years in the country the Minister of Health and voivodeships. For this purpose, Poland introduced a health needs map and several strategic documents, however, it did not bring real changes in the areas that were highlighted in the reports (Sowada et al. 2022, 3).

Poland's public health system operated under the National Health Programmes from 1990 to 2015. The Polish government introduced a series of regulations to improve the Poland adopted the Public Health Act to support public needs and address underdeveloped areas. Additionally, the *National strategic framework - policy paper for health protection for 2014-2020* within the EU funds and the new strategic framework beyond the EU funds create more integrated improvement in Poland's health system, however not for the stakeholders, other than the Minister of Health and other government institutions. Despite the only exception initiated in 2018 and lasting till the Health Minister changes in 2020, the stakeholders are not visible in the healthcare system. On the other hand, the health care providers are diverse as private and group practices in public hospitals (territorial self-governments, country hospitals, specialist



clinics and institutes (part of medical universities) that are under contract with the NFZ. Healthcare funding in Poland is also allocated with NFZ (regional branches) through comparably low contracts (Sowada et al. 2022, 3-4). In addition to this, private providers are not connected with NFZ funds, and patients must pay for the services they choose (OECD, 2021).

One of the key areas of the Polish healthcare system is based on the primary care network which consists of family doctors (as the first contact point). Family doctors are responsible for a wide range of services which includes treatment for the most common illnesses and referrals to other specialist as necessary in necessary situations. Patients can choose their family doctors and change them (OECD, 2020). Moreover, the government introduced a new reform package regarding medical equipment, infrastructure, waiting time and health spending in 2019 as well as increased funding for vaccinations and other preventive healthcare measures. However, Poland still faces problems with medical personnel, long waiting times, high workloads and increasing healthcare spending areas (OECD, 2021). The Polish government fixed the payment method with NFZ to avoid inequality in public services, especially with the increase in the number of hospitals in the network in 2017. Available resources (both human and physical) in the healthcare system are considerably low, which creates limitations in access to good healthcare services for both the locals and foreigners in the country. Especially, accession to healthcare and service types varies with geographical distributions. Therefore, primary care does not include diagnostic services that create long waiting times for consultations (Sowada et al., 2022, 6-7).

Accessibility to the healthcare system in Poland is limited in certain areas because of the lack of enough financial resources and a workforce which encourages the public to use private care services more often than public healthcare. Moreover, the public healthcare system in Poland targets mostly primary care, which is one of the main reasons for the long waiting time and accessibility (Sowada et al., 2022, 14-15). Overall, the healthcare system in Poland needs to be improved in certain areas to address the challenges related to medical personnel, funding and accessibility, especially for the foreigners and immigrants residing in Poland.

The healthcare system in Poland is available to all legally residing individuals, including immigrants and foreigners³, and access to healthcare is determined by residence status. . Immigrants must have valid health insurance (either public or private) and be registered to National Health Fund (NFZ) or pay for the services (Sowada et al., 2019, 72-73). The increasing immigrant population in Poland has presented challenges for the healthcare system, particularly concerning language barriers. To address the issues, the Polish government introduced reforms focusing on service quality and education for healthcare professionals to increase cultural and linguistic understanding. Despite these efforts, immigrants continue to face problems in accessing healthcare services and have certain language barriers which may cause a lack of knowledge or misinformation about the healthcare services (Koss-(Koss-Goryszewska, 2019, 41-42); Prusaczyk et al., 2023).

Unfortunately, the health aspect of immigration is rarely discussed in Poland (Cianciara, 2012, 134). The health status of the immigrants in the Polish labor market is limited with few studies, which focus on the general health risks associated, with diseases, wages and accidents in the

³ According to Polish law, the term “foreigners” is used (Law on Foreigners, Law on Protection of Foreigners on the Territory of the Republic of Poland)

social and legal context (Kawczyńska-Butrym, 2019, 228). Cianciara, Goryński and Seroka (2011, 500) indicate that foreigners in Poland are hospitalized more often than Poles in certain areas, especially due to injuries or poisonings. The differences between the health characteristics of Ukrainian refugees and Polish citizens (Kryst, Zeglen and Artymiak, 2023) show the increasing importance of the immigrant population's health status in Poland.

The migration crisis highlights the need for holistic changes in response to potential health threats (Prusaczyk et al., 2023). During the COVID-19 pandemic, foreign nationals were faced with a litany of regulations: COVID-19 regulations increased the re-bordering practices and affected asylum seekers and migrants who were not part of labour migration schemes (Jaroszewicz et al, 2024). However, the residence of economic migrant outlasted COVID protocol, and foreign nationals were more readily granted temporary residence and work permits (Sejm, 2021). At the same time, migrants affected by the lockdown in different sectors were being forced to go to work or work while sick, especially in service industries such as restaurants and hotels (Jaroszewicz et al, 2024). However, the immigrant's overall health status is not recognised enough, especially for some specific nationality groups residing in Poland. It's reported that the hospitalization treatment for immigrants more often for injuries or poisoning is rather shorter hospital stays admitted without referrals (Cianciara et al., 2012, 148). However, the information about the country of origin or citizenship of the hospitalised immigrants in Poland remains uncertain (Cianciara et al., 2011. 499) which impacts the overall immigrant population and the problems they face either individually or community due to their ethnicity or nationality.

Although there is not much research on the integration processes of Turkish immigrants in Poland, Karaköse and Göktuna Yaylacı (2023), Yentür (2018), Koryś and Żuchaj (2000) confirm that Turkish immigrants tend to adapt well into Polish society. Indeed Turkish immigrants' high socio-economic position in Poland contributes to their systematic integration process, making their attitudes significant for fostering a harmonious society. In Maj and Kubiciel-Lodzińska's (2022, 184-186) study, it's stated that immigrants felt unsafe in Poland during the pandemic and they left their country resulting in an outflow of the immigrant population in Poland. However, in the Turkish immigrant's case, the immigrant population has not decreased on the contrary it increased from 3290 (2020) to 12084 (2024) based on the Polish authorities (MIGRACJE.GOV.PL, 2024). This shows that the motivation for immigration overshadows the concerns related to healthcare. One should say that it can be explained not only by the immigrant's socioeconomic and education level but also by Turkey's political and economic situation. Despite the increasing immigration rate from Turkey to Poland, access to and trust in healthcare is a research question that has not yet been discovered. In this study, we aim to look into immigration and healthcare relations from the point of a well-integrated immigrant community in a homogenous country.

Methodology

The research applied the qualitative research methodology to underline the complexity of immigrant-healthcare relations in Poland. We focused on Turkish immigrants and their healthcare experiences during the pandemic period. Our sample consists of 11 Turkish immigrants residing in Warsaw, Poznan, Bydgoszcz, Torun and Wroclaw with different Our research emphasized immigrants' access to and trust in the Polish healthcare system. Therefore, we investigated the existing challenges encountered by immigrants both during the



COVID-19 pandemic and in general cases. While our research focused on Turkish immigrants, the results address the patterns immigrants face in accessibility and trust to the healthcare system in Poland which can be the foundation for further studies associated with immigrant's healthcare experiences.

The data were collected through participatory observation and semi-structured, on-site interviews between January 2020 and June 2021, under COVID-19 pandemic regulations. During the participatory observation process, the researcher traveled to 11 participant's cities multiple times to discover the pandemic circumstances and their impact on Turkish immigrants, incorporating an examination of the Polish healthcare system to test the data. Participants of this study are 24 to 51 years old, predominantly male, originating from various cities in Turkey such as Kastamonu, Ankara, Izmir, Gaziantep, Erzurum, and Istanbul. Their occupations are diverse, encompassing roles such as couriers, academic staff, restaurant owners, factory workers, software engineers, textile workers, and human resources professionals. Educational backgrounds vary from high school diplomas to master's degrees, influencing their employment opportunities and roles. Polish language proficiency varies from fluent to limited knowledge, significantly affecting their integration and job prospects. The primary motivations for immigration include education, economic reasons, job prospects, and safety concerns. The duration of stay in Poland ranges from up to 2 years to over 20 years, with some participants acquiring permanent residency or citizenship. The diverse and complex nature of the Turkish immigrant experience in Poland shapes their personal experiences and integration process in the country. In light of this process, our research emphasizes the healthcare experiences of Turkish immigrants and the general challenges that foreigners, immigrants, and refugees may face in Poland. We followed Anadolu University and General Data Protection Regulation (GDPR) ethical rules to ensure unbiased data collection.

Findings and Discussion

In this research, we aim to identify the healthcare experiences and challenges that immigrants in Poland encounter. Based on our findings, we classified factors under 3 parts; 1) the factors that affect the accessibility of immigrants to the healthcare system: underlining the administrative obstacles, language barriers and socio-economic inequalities, 2) the lack of trust in the healthcare system among immigrants: due to negative experiences, scepticism towards the medical practices and cultural unconformity (because of different beliefs or practices from the home country), 3) positive results of communication and social adaptation on healthcare experiences: the cultural understanding and individual relationships with host communities. These categories summarize the challenges and opportunities that immigrants face in the healthcare area in Poland.

Access to Healthcare for Turkish Immigrants

Poland does not have a stable, long-term and predictable vision for the functioning of the healthcare system (OECD 2021 cited in Prusaczyk et al., 2023). The Migrant Integration Policy Index 2020 (MIPEX), which measures policies for the integration of immigrants in 56 countries around the world, placed Poland in the second lowest category. It means that Polish legislation does not give immigrants equal opportunities in accessing healthcare, and the information provided therein is not sufficient on rights and health issues (Prusaczyk et al., 2023). Studies indicate that migrants have limited access to healthcare (Cianciara et al., 2012,

149). It can be said that there is an access problem in the Polish healthcare system caused by the cost of healthcare, spatial accessibility and social inequalities (Tarkowski, et al., 2019). In Poland, various cultural factors affect the health of immigrants, such as legal residence status, type of employment, housing conditions, discrimination, and access to healthcare (Cianciara & Goryński, 2012, 158). Adults with regular immigration status can access healthcare under similar conditions as Polish citizens, except for dentistry, rehabilitation or highly specialized procedures (Cianciara et al., 2012, 147) while people who are under refugee status can access the healthcare system without paying extra for any health insurances (Maśliński, 2011, 30).

Healthcare and immigrant relations are affected by various factors such as cultural differences, socio-economic inequalities, language barriers, health insurance coverages, healthcare system knowledge and trust, location of the immigrant, and challenges related to the pandemics. The pandemic impacted immigrants in Poland from various aspects, especially in the labour market, as they became the first group affected by the loss of jobs and the economic downturn (Kowalewska, Adamczyk & Trojanowska-Strzeboszevska, 2021). In this sense, the immigrants' economic vulnerability was an important factor in accessing healthcare as well as exacerbating the discrimination, and stigmatization. Similarly, Kirişçioglu and Üstübiçi's (2021) study shows that refugees living in Turkey had similar vulnerability because of their refugee status during the pandemic which caused the impoverishment of individuals.

Although participants of this study can be considered well-integrated, the accessibility to healthcare still remains a problem from many perspectives, specifically for new arrivals. At the beginning of the post-immigration process, the pandemic has exaggerated the impact of being a foreigner with the language barrier and a lack of enough English-speaking medical professionals in Poland. Generally, this is one of the main reasons for the communication difficulties and access barriers between the Polish society and the immigrant population. Dorcic et al. (2021) indicate that language barriers cause problems in communication in the These language and cultural barriers can lead to misunderstanding or, at worst, misdiagnoses, potentially compromising health outcomes (Cianciara et al., 2012, 149). One of the male participant who arrived in Poland in the last 5 years explained his concerns about the accessibility to the health care system as follows:

So, it's not much different for me. I experienced most things that many immigrants here probably feel or think about. For instance, not knowing about the hospitals or the language creates challenges. When you don't know the language, you can't even imagine how difficult it would be to express yourself in such situations. I had an experience here when I needed medical attention; I had broken my arm and went to seek help. However, I noticed that the level of care and attention was quite different from what I was used to in Turkey. This made me realise that the healthcare system here is quite different from what I was familiar with, and because of this, I have concerns that if I need to go to the hospital here, I might not receive the proper treatment and that I will face difficulties in getting adequate care (Male, 25).

The participants tend to have a high level of Polish language proficiency due to their encounters with Polish society members or education, however, the language barrier still holds a significant place in the lack of effective communication, especially for the new immigrants who have limited knowledge. Most cases that are causing stress and negative experiences that affect the overall adaptation process are generally due to urgent healthcare situations. Therefore, the socio-cultural and economic inequality causes further problems in access and



trust for participants with the unfamiliarity with the Polish healthcare and pandemic. It can be associated with the existing lack of trust in the Polish healthcare capacity that is borrowed from the Polish society or immigrant networks. The perception of instability in care from the healthcare professionals, causes comparisons with the home country in participants' experiences which combined with the healthcare standards, and family support affect the accessibility and trust to the healthcare system in Poland. Despite the participant's relatively good social and economic positions in Poland, the newcomers and students face some challenges due to their socioeconomic status. One of the immigrants captured this situation as follows:

“There are good doctors, yes, of course, especially in public hospitals. However, if you try to get an appointment with the state, it takes a long time, and they give appointments far in advance due to high demand. If you don't have your resources, and you don't have private insurance, and you have to wait, you end up waiting for a long time. For example, I had a herniated disc, and when I was in Turkey, I got an MRI done there. When I returned, I went to a private doctor, and they took care of it. Before going to Turkey, I tried to get it done in a public hospital here, but they referred me to a health center, and they said they could give me an appointment for physical therapy after two or three months. In the same facility, when I tried to make an appointment privately and pay for it, I could get an appointment the next day. So, if you have the financial means, you can get things done quickly, but if you lack financial resources in Poland, it can be difficult” (Male, 45).

The long waiting and high fees in Poland related to healthcare cause high unmet medical needs, considerably higher than the EU average (OECD/European Observatory on Health Systems and Policies, 2019). The long waiting periods and financial constraints not only affect the immigrants to use the public healthcare system effectively but also lead to private healthcare facilities. On the other hand, immigrants who occupy low-income jobs or are students tend to wait for public treatment due to the lack of enough resources for private healthcare treatment, creating a dilemma in which immigrants must either wait for public facilities or devote their funds to private services. Similarly, Ukrainian immigrants in Poland have a negative opinion about access to the healthcare system and sufficiency of treatment which makes them think that only paid care is available (%11) (Ukraińcy na polskim rynku pracy – doświadczenia i perspektywy cited in Michalski, et al., 2021, 3).

Furthermore, the pandemic and the following requirements have caused problems in the relationship between trust and the healthcare system for the whole world. The immigrants' interaction with the healthcare system during the pandemic was an example of this complex relationship in terms of trust and accessibility in Poland. One of the participants explains the matter as follows:

“No, I mean that's why when I asked any of my Turkish or Uzbek friends what they do when they get sick, their response was, 'I go back to my country; I don't trust this healthcare system at all.' healthcare professionals. Yes, we went, but they didn't admit us to the hospital. So, during that time, even though the illness we experienced might not have been a severe one, normally when I get any flu, I would feel worse than that. However, I have anxiety issues; I had a panic attack during this period, which made everything worse for me” (Male, 25).

This shows that trust in the Polish healthcare system has decreased during the COVID-19 due to prolonged waiting times, which appear to have impacted. However, the language proficiency of participants offers an interesting factor: participants who are fluent in the Polish

language tend to trust the Polish government and its pandemic-related regulations which shows that language is decisive not only in accessibility but also in trust. In this sense, one can say that participants' trust is a significant sign of system adaptation in Poland which is visible in the following statement:

"No, but I trusted in the adherence to the rules. The measures taken were very effective, and that's why I felt safe. I trusted in the measures implemented, such as mandatory mask-wearing, continuous police supervision, and their efforts to warn and educate people. These measures created a sense of safety and security, and most individuals complied with these rules. Of course, some may not follow the rules, but I didn't encounter any such instances" (Female, 36).

Trust and mistrust in the Polish healthcare system

The COVID-19 pandemic period demonstrated the importance of the language for immigrants, as the information related to healthcare became significantly important for both the host society and the immigrants. These circumstances impact the level of trust in the effectiveness of the healthcare and requirements, especially for those who struggle with language or have limited interaction with host societies.

The lack of trust in the Polish healthcare system is underpinned by information and awareness about the healthcare system, public opinion and stigmatisation, communication and cultural barriers, existing cultural norms and practices, the influence of social networks, the subjective negative experiences, and, notably, the pandemic related factors. The participants' favourable socioeconomic positions and social status create a satisfactory interaction with the host society. Due to this interaction, participants are well aware of the stigmatization of the healthcare system in Poland. Despite the blend of cultures in the backdrop of bi-cultural marriages and the immigrant's extended period of residence in Poland, it is important to note that the participants lack trust in the healthcare system, contrary to the general tendency of their adaptation to the system and lifestyle image. A participant attests to this observation with the following remark:

"I didn't have much trust, there are insufficient, inadequate hospitals; we have heard rumours that hospitals are inadequate, and they keep people waiting. There have been cases of people not being admitted to hospitals, and we have heard of people dying at home, but of course, we cannot be certain. The discussions on social media or among Polish people are generally negative, which has led to some mistrust, to be honest" (Male, 45).

The societal stigmatization towards the healthcare system in Poland influences the lack of trust as stressed above within the frame of rumour or general image drawn by Polish society. Another commonly acknowledged concern in the healthcare area is the emigration of Polish healthcare professionals to Western countries such as Germany and England. As a result of emigration, the insufficiency of the local healthcare landscape externalizes the lack of trust as it is further expressed:

"No, Turkey's healthcare system is better. The capacity and level of hospitals in Poland may not be sufficient to handle such a large number of patients, especially considering the population density here. Additionally, we are aware that many medical professionals and doctors from Poland migrate to Western countries for better economic opportunities. Consequently, the remaining healthcare staff in Poland may not be enough to meet the demand" (Male, 51).



The information about emigration among Polish healthcare professionals is often associated with financial shortfalls in payment measures resulting in prolonged waiting queues for patients and contributing to the lack of trust. In addition to factors that exist in the host society, immigrants are concerned about the complex intercultural communication and socio-cultural barriers. A participant summarizes this multifaceted issue with the following statement:

“I have never trusted the healthcare system in Poland. I heard that there was a period when hospitals were overwhelmed, and apart from that, many doctors from here are going to Germany or other countries to earn more money. That's why I don't believe that there is a very good healthcare system here. Additionally, language could be a problem; if I go to a hospital, will I be able to effectively communicate my concerns in the local language?” (Male, 37).

As the immigrant states above, the socio-cultural barriers and intercultural communication are another salient factor that amplifies the lack of trust. Although we clarified the importance of language proficiency in previous parts, it distinguishes itself once again as one of the major factors in the lack of trust from different perspectives. Immigrants who feel insufficient in the Polish language are more closed to engaging with public healthcare facilities. As a result of discomfort, they avoid seeking medical assistance from the local system or directly interacting with people who work in the hospital.

Consequently, the lack of trust and accessibility problems that participants have do not comply with their overall integration process. Rather, they are deeply affected by the sociocultural dynamics of Polish health culture which is an important sign of social immigrants often feel increasingly marginalized and isolated within the system. This feeling increased during the COVID-19 pandemic regulations and the influx of refugees from Ukraine within the last year. As a result of all factors, the administrative procedures regarding work permits, and residence cards are stuck in prolonged delays (in some extreme cases more than 1 or 2 years). Therefore, the waiting period limits the mobility of immigrants beyond the Polish border, unless the destination is to their home country. However, returning to Poland depends on the border guard's individual decision, leading to negative experiences and confusion without a valid visa.

During the COVID-19 pandemic regulations for recognizing immigrants' official documents and papers as valid that concluded recently in August 2023 caused a prolongation in the process of getting new documents. With this situation, immigrants were compelled to remain in Poland, as their documents retained their validity. Consequently, they relied on Polish healthcare facilities for their medical needs, especially for COVID-19-related needs. It is discussed that the COVID-19 pandemic stands out as a significant threat due to its role in generating human insecurity, especially amplifying social inequalities and health-related insecurities (Sirkeci & Cohen, 2020). As seen in Poland with the lockdown and increased border control, the Turkish immigrants started to seek alternative avenues due to a lack of trust in the healthcare system in Poland. Many turned to Turkish communities for help or sought online consultations from doctors in Turkey. In cases where medication is required for certain diseases, immigrants often rely on fellow community members who travel to Poland from Turkey to bring them to Poland. The socio-economic inequalities among Turkish immigrants and prolonged obligatory stay in Poland accelerated a notable escalation in the existing lack of trust in the healthcare system.

Turkish immigrants' confidence and trust in the healthcare system in Poland are influenced by socioeconomic factors by shaping the accessibility and reducing waiting times, language proficiency factors such as the establishing quality communication and emerging trust in the healthcare professionals. Therefore, the location of immigrants is significant in access to quality healthcare services. Turkish immigrants who are residing in major urban centres have more opportunities and options to receive more comprehensive healthcare services while those residing in smaller towns face limited options and capacities which affect their ability to access and trust to the healthcare services.

Social Adaptation and Intercultural Communication

Participants are notably adapted to the host society's socio-economic and cultural landscape, as they underlined their good connections with Polish society due to marriages or personal relationships. These connections facilitate an understanding of social norms and support a sense of belonging. At various levels, the intercultural interactions between Turkish immigrants and Polish individuals in the socio-cultural landscape help the integration process and cultural understanding. Furthermore, the majority of Turkish immigrants identify themselves as atheist (Koryś & Żuchaj, 2000) Their atheist identity, which can be referred to as secular, facilitates belonging and alignment with Polish culture and reduces the differences that arise from religious factors. Effective communication and mutual understanding are important in diminishing the differences that may occur due to different religious beliefs and cultural backgrounds. It also contributes to the harmonious social fabric between immigrants and the host society.

Another positive factor is bi-cultural marriages which contribute to the integration process and systematical adaptation. Close relations and family ties help them to obtain a comprehensive perspective on norms and traditions as well as official processes and reduce discrimination feeling. Some of the cases showed that immigrants don't feel discriminated against because they are aware the process is the same for Polish individuals. In this sense, one can say that their belonging and cultural understanding motivated them to follow the established regulations and norms. However, this profound sense of belonging does not necessarily contribute to their trust in the healthcare system, which is also a trend mirrored by the host society's distrust. Immigrants who adapted to Polish society's lifestyle and gained cultural insights often display a lack of trust in the healthcare system parallel to the newcomers. Thus, the integration process does not influence the healthcare trust positively opposite to accessibility to healthcare.

Experience in dealing with immigrants and indigenous populations shows the need for the cooperation of representatives of various circles in the development of methods of responding to health crises on a global scale. It should create a database of the best practices using the experiences of countries dealing with health services for immigrants and refugees (Prusaczyk et al., 2023). At the same time, diversity competency policies are not comprehensively implemented in hospitals. There is a need to develop and implement comprehensive policies for the special needs of minority groups in hospitals. In this context, more efforts should be made to develop intercultural competence in the Polish healthcare system (Doricic, et al., 2021). Moreover, refugees and migrants could be beneficial to the health system. As Klugge (2023) stressed refugees can be a solution rather than a source of problems. Among the refugees, many well-trained health and care workers do not have the



necessary licences which the Polish government started to facilitate the integration of qualified refugees into the healthcare workforce (Kluge, 2023).

Conclusion

Focusing on the relationship between the health system in Poland and migrants in the context of Turkish migrants, this study analyses the health experiences of migrants and the factors affecting these experiences. According to the findings, these factors are expressed in three dimensions: 1) the factors that emerged that influence the accessibility of immigrants to the healthcare system; 2) the prevalent lack of trust in the healthcare system among immigrants; 3) positive results of social adaptation and communication among immigrants and host society on healthcare experiences.

The findings point to the complex interplay of challenges and opportunities in migrants' healthcare experiences in Poland. For many Turkish migrants living in Poland, access to health services is still difficult, especially due to language barriers. Research shows that the language barrier is not the only factor in access to healthcare, as it was in the case of refugees in Turkey but one of the main vulnerabilities since the public announcements were in Turkish (Üstübcü and Karadağ, 2020, 27). The information was crucial during the pandemic since the governments took extreme measures, and every individual became more important in terms of public healthcare. Similarly, the lack of official announcements in other languages affected the immigrant's healthcare accessibility and trust in healthcare in Poland.

There was a lack of trust in the health system in Poland. Several factors contribute to the lack of trust, such as the level of knowledge about the health system, the influence of social networks, public opinion and stigmatisation, cultural norms and practices, communication and cultural barriers. Although Turkish migrants in Poland have adapted socioculturally to the host society, problems in the context of the health system remain. To overcome the problems of access and trust in the health system, various policies are needed in the areas of language barriers, fees, information and building trust. To respond to the conditions created by migrations and refugee influxes, there is a need for comprehensive policies to be developed with a holistic approach in the Polish healthcare system.

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