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# Access to Health Care for English Division Students of the Medical University of Warsaw[1]

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Foreigners face certain barriers in accessing medical care, though international medical students are in many aspects privileged in this field. The aim of this study is to explore whether these students are facing problems in accessing healthcare. An original survey questionnaire was prepared and distributed online and on paper among students. In total 138 questionnaires were filled out. The results were analyzed using statistical methods. The main barriers faced by students are the lack of knowledge about the healthcare system and language problems. The study shows there is a need to start working on institutional solutions to provide information about access to healthcare and to overcome language barriers in healthcare institutions.

**Keywords:** International students, immigrants, health care barriers, health seeking behaviours

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## Introduction

In 2016 over 65 000 international students were admitted to Polish universities (Główny Urząd Statystyczny, 2017, p. 119). The percentage of foreign students in Poland amounts to only 4,88% and remains one of the lowest among EU countries. However, in recent years a rapid increase can be observed: in 2016 it was 15% higher in comparison to the previous year (Siwińska, 2017, p. 7).

This tendency to choose Poland as a destination country can be noticed not only among people searching for education but also other groups of migrants. It may pose new challenges for the Polish society and all of the social systems within it, including that of healthcare. Adapting the work of healthcare institutions to the needs of newcomers is still at a very early stage and there are no standards and solutions regarding the services provided to these patients at the national level.

The article presents the results of a survey focusing on foreigners' access to healthcare, conducted among students from the English Division of the Medical University of Warsaw. First, the existing theories concerning barriers that migrants commonly face when coming in contact with healthcare services are discussed. Next, we present our research design: the aim, materials and methods. The main part of the article describes the results of the research: general information about the sample under study, the preferred strategies in case of illness, bases of health insurances, ways of overcoming language barriers, experiences connected with discrimination and cultural barriers. We conclude the article with a discussion and summary of our findings.

## Barriers that migrants face when accessing healthcare

Migrants face different barriers in accessing health care (Priebe et al., 2011; Scheppers, van Dongen, Dekker, Geertzen, & Dekker, 2006). The first challenge is legal access to the healthcare system. Depending on the social welfare system of the destination country and the legal status of the migrant, there are different bases on which access to healthcare is granted. However, the possibility of legal access in itself is not enough to guarantee that migrants can use the healthcare system – there is a need for the implementation of mechanisms that can assure that legal regulations are known and practically acknowledged by the service providers (Czapka & Sagbakken, 2016; Jabłecka, 2012; Rechel, Mladovsky, Ingleby, Mackenbach, & McKee, 2013).

Another barrier is linked to communication – a good command of the local language is crucial to enable quality medical service. In case of patients with limited language proficiency, the risks of misdiagnosis and medical errors are higher (Ku & Flores, 2005) and can also result in the prolongation of hospitalization and readmission of these patients (Lindholm, Hargraves, Ferguson, & Reed, 2012). There are different

strategies that can be used when the patient communicates in a different language than that of the healthcare workers. The most convenient and safe solution for the patient is to get help from bilingual providers or by using professional interpreters, either in person or via telephone. If a professional interpretation service is not available, medical staff who can communicate in the patient's language are often used as interpreters. In this case it is important to ensure that their language skills are sufficient enough to avoid mistakes in translation, preferably if the skills are evaluated and confirmed by a language certificate (Squires, 2018). To achieve the best results the medical staff should be also prepared to conduct a conversation via an interpreter and treat him or her as a member of the medical team (Hsieh & Kramer, 2012; Li et al., 2017). Using family members or friends as interpreters bares ethical difficulties and carries the risk of missing something in translation – the patient and the interpreter may not feel comfortable while discussing certain information, for example connected with sexual health or substance abuse. Using online translation applications is not recommended as it carries a high risk of mistakes during translation (Squires, 2018).

The specific situation of particular groups of migrants may bring with it other barriers in the access to medical care. Cultural differences can hinder communication and even lead to cultural conflicts (Majda & Zalewska-Puchała, 2011). Culture affects health through a specific lifestyle and behaviours characteristic to a community, including attitudes and beliefs related to health, illness, and treatment (Jaroszewska, 2013, pp. 119–154). Therefore it is necessary to consider the patient's religious and cultural background during diagnosis and therapy, as well as in health promotion and prevention. Lack of sufficient intercultural competencies of healthcare staff may result in difficulties in giving correct diagnoses and recommendations (Purnell, 2009). Awareness of cultural differences and the ability to provide care for patients from different cultures is essential to ensure equal access to medical care (Betancourt, Green, Carrillo, & Owusu Ananeh-Firempong, 2016). According to an analysis of curriculums of Medical Universities in Poland, there is no compulsory cultural competency training in programs of teaching medical professionals. Knowledge about cultural differences is included in different general subjects during a course of study (as sociology, psychology of medicine, psychiatry etc.), but there are no standards describing how much time should be devoted to this topic (Głodowska & Bendowska, 2016).

Prejudice and stereotypes related to race or religion may result in discrimination by healthcare workers or other patients (Nelson, 2002). Sometimes these behaviours can be expressed indirectly, for example studies show differences in the administration of painkillers to patients of different racial backgrounds, which is not clinically justified (Burgess DJ et al., 2014; Staton et al., 2007).

## Migrants' health seeking behaviour

'Health seeking behaviour' is the term that describes actions that are taken by an individual in a situation when he or she perceives themselves as having health problems (MacKian, 2003). The decision about taking or refraining from actions is influenced by many different factors, such as individual past experiences, socioeconomic variables, cultural preferences, the possibility of accessing the healthcare system, etc. (Thompson et al., 2016).

The situation of migrants – the barriers they face but also opportunities they have access to – results in specific strategies taken in regards to health problems. These may include waiting to return to their country of origin to get medical help or looking for a doctor from the same ethno-cultural community. Economic conditions and the migrant's legal situation (undocumented status or lack of permanent contract) may result in avoiding public healthcare and taking sick leave (Osipovič, 2013).

Returning to one's home country while ill, or more broadly medical travel to any other country is a growing phenomenon (Eissler & Casken, 2013; Kangas, 2010). Research shows that this is common among migrant communities, such as Polish people in the UK (Main, 2014; Osipovič, 2013) or Romanian migrants in Ireland (Stan, 2015). This is also true of other people who travel looking for better, cheaper, more available health care (Bell, Holliday, Ormond, & Mainil, 2015) or procedures which are denied in their home countries (Whittaker, Manderson, & Cartwright, 2010). When it comes to immigrants, the reasons for choosing travel are complex and often connected with unequal access to public healthcare services (Bell et al., 2015; Whittaker et al., 2010).

## The main theories connected to the state of health in migrant communities

Despite all the barriers that migrants face in access to medical care, many studies indicate better health conditions of immigrant populations than the level of health of the host country's population (Razum, Zeeb, Akgün, & Yilmaz, 1998). Although statistics vary according to country (depending on the group of migrants and health of the host society (Moullan & Jusot, 2014), lower morbidity and mortality is noticeable among some populations of migrants, paradoxically, despite a worse socioeconomic situation of foreigners. There are a few hypotheses that attempt to explain this phenomenon, which have all found some evidence in research conducted in various communities.

The 'healthy migrant effect' is a hypothesis that indicates the importance of the selection of people deciding to go abroad. Usually, the decision to migrate is made by young people with good health and above average social skills. People who are weaker, burdened with chronic diseases or disability, rarely decide to move to another

country (Razum et al., 1998), although in some communities different tendencies can also be noticed (Constant, García-Muñoz, Neuman, & Neuman, 2018).

The 'salmon bias' hypothesis assumes that sick or weaker migrants return to get medical help in their home country (Markides & Eschbach, 2011). Return migration of the ones who experience health problems can be an explanation for a lower mortality rate among migrant groups. Terminally ill patients prefer to go back to their country of origin, to die in their homeland (Razum et al., 1998).

Finally, the 'time traveller' hypothesis assumes that people migrating from the Global South to the Global North have the opportunity to make the best use of the progress of medicine and social development. In countries of the Global South infectious diseases, complications related to pregnancy and childbirth as well as the lack of access to advanced medical care still remain the sources of a large percentage of mortality. When migrants arrive in countries of the Global North the risk of death from these causes rapidly decreases. Meanwhile, risks factors characteristic for developed countries – lifestyle-related causes of ischaemic heart disease and cancer – remain low for a longer period of time (Razum & Twardella, 2002).

## International and medical students

The study presented in the article is the first in Poland to research foreign students' access to medical care. Students who travel to other countries to study in English are a specific group of foreigners who are in many aspects privileged when it comes to the necessity of using medical care. They have a command of both oral and written English that allows them to study in that language, including a medical vocabulary. As English is the most commonly used second language in Poland and is included in the compulsory program of study for medical professionals, it is easier to find medical staff who speak English, in comparison with other languages. It can also be assumed that students relatively rarely suffer from chronic or age-related diseases, due to their average age group. The situation of students and their social life at universities gives them the opportunity to socialize with other students – both from foreign countries and Poland – which may be helpful when they need to access information about the healthcare system.

Students of the medical faculty are also a specific group because of their higher level of health literacy than other patients. 'Health literacy' is a combination of skills that enables one to gain access and use medical help efficiently, understand medical information and behave in a way that maintains good health (Iwanowicz, 2009; Kickbusch, Pelikan, Apfel, Tsouros, & World Health Organization, 2013). They also have contact with medical professionals and institutions during theoretical and practical classes, which may give them opportunities to ask for first-hand practical information about the healthcare system.

## The aim of the study

There has not been much research about the problems that migrants face in regards to healthcare systems of countries where immigration is just emerging as a social phenomenon. This study is aimed at filling this gap. One of the challenges connected with conducting a survey research among migrants are their heterogeneity and the small sizes of immigrant communities. Some populations, like undocumented migrants, are very difficult to access (Hnilicová & Dobiásová, 2011; Rechel et al., 2013). To be sure that all migrant groups are included and equally represented, costly and time-consuming research methods are required. Conducting a survey about access to health care among a privileged (in this aspect) group, allows for the assumption that if this category of migrants faces problems in accessing the healthcare system in Poland, then other categories of migrants have at least the same difficulties.

The presented research was conducted among students from the English Division of the Second Faculty of Medicine at the Medical University of Warsaw (ED MUW). The English Division in this Faculty was established in 1993. In the 2017/2018 academic year there were 580 students enrolled in the 6-year program. In 2015, a study on International Students' Satisfaction, Needs and Well-Being was conducted at the Medical University of Warsaw. In this study, 50% of students declared difficulties in learning to use the healthcare system in Poland (Włodarczyk, Łazarewicz, & Winiarska, 2015). This result was one of the inspirations to investigate this topic[3].

## Materials and methods

In order to study the access of students from the English Division to medical care in Poland, an original questionnaire was prepared consisting of 27 closed, open and semi-open questions. The survey was made available online (link posted on the student council's website). In addition, a paper survey was distributed to students of the first, second and third years of study. In total, 138 questionnaires were filled out, which makes up 24% of all students of the 6-year study program of the ED MUW in the academic year 2017/2018.

Some necessary data was also obtained directly from the Dean's Office of the English Division of the Second Faculty. The results of the survey were analysed statistically using descriptive statistics tools and the Statistica program.

[3] The presented research is also interesting as an example of the influence of research on social reality. In response to the survey being conducted (before the results were announced), the student council from the English Division included the topic of access to medical care into the Orientation Week program, which consists of sessions addressed to students of the first year of studies, aimed at preparing them for life in Poland. It shows that sometimes even conducting research can bring some small social changes.

## Description of the tested group

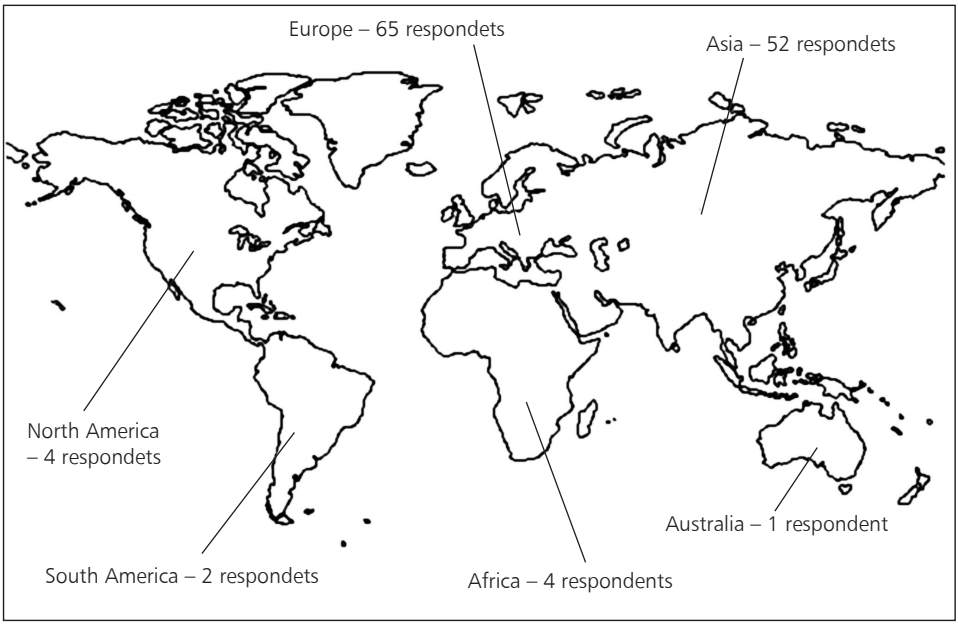
The majority of respondents (66%) were women. 87% of respondents at the time of the study were aged between 19 and 26 years old. The average age was 23 years.

Most of the students who took part in the study came from European and Asian countries. The most represented countries were: Norway (24), Saudi Arabia (19), Sweden (12), Germany (9), Great Britain (9), Malaysia (8), India (7) and Pakistan (5).

Below is a map showing how many respondents came from a particular continent.

Figure 1

The origin of respondents participating in the survey: the number of people from different continents.




As a result of the method of conducting the study (distribution of the paper version of the survey only among students from first to third years), the majority of people participating in the study came from younger years. 54 first-year students took part in the study, which accounted for 39% of respondents and 35 students from the second year and 35 students from the third year (both represented 25% of respondents), whereas only 12 people from years four–six participated in the study (8% of respondents).

Students were asked to rate their knowledge of Polish on a scale of 1 to 5. Level 1, meaning "I do not know Polish", was chosen by 40% of respondents. Subsequently level 2 – 33%, 3 – 13%, 4 – 4%. Level 5 "I know Polish fluently in speech and writing" was chosen by 8% of respondents.

# Results

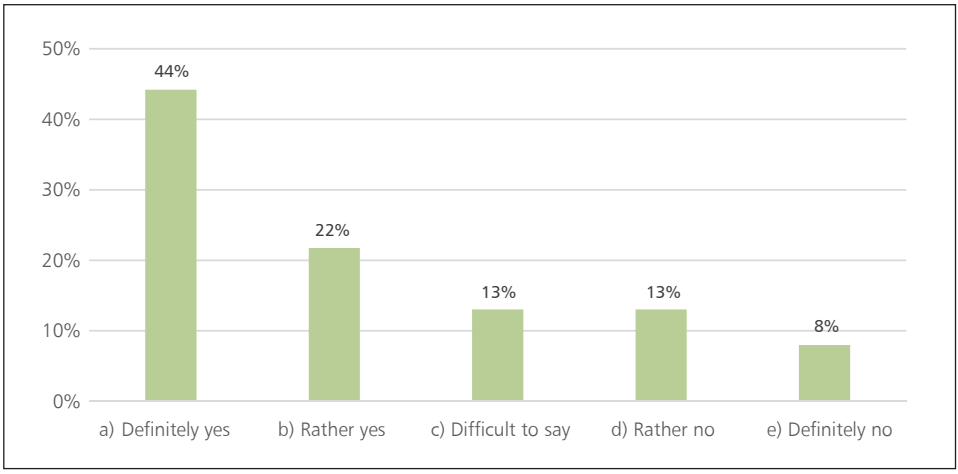
## Reactions to illness: chosen strategies

The first question asked concerned usual behaviour in the situation of illness. The purpose of this question was to define the strategy adopted by respondents in case of falling ill. 78% of students answered that they usually try to cure the illness by themselves. If they were going to see professionals, they would usually choose the private healthcare system. 35% indicated that they go to private doctors or clinics and 18% use a private insurance package. In comparison, using public health care in case of disease was chosen only by 3% of students. Another strategy was using informal help: 17% stated they usually find help from friends who are physicians or health care providers. In the open answer option, two students also declared asking for medical advice from parents, who are doctors.

In case of illness, most of the students who participated in the survey prefered to be treated in their country of origin, even if it involved postponing the doctor's appointment over time. 66% of respondents stated that they sometimes postpone visits to a doctor so that they can use medical care in their country of origin. The exact results are shown in the chart below.

Chart 1

Percentage results of the answer to the question: "Do you sometimes postpone visits to a doctor so that you can use medical care while you are in your country of origin?"




The reason for preferring medical care in their homeland, that was given most often, was easier communication due to the language barrier. This answer was chosen by 64% of people who declared preferring healthcare in their country of origin. Greater confidence in the quality of medical care in their country of origin was stated

by 57% of students. 37% answered that the reason for choosing medical care outside Poland is the lack of knowledge about how to register at a clinic or get medical tests in Poland. 34% of the respondents indicated that in their homeland they use the help of a doctor who knows their medical history. 16% of students answered that they do not have health insurance in Poland. However, we can assume that some of these people are insured: 6 of the 17 students, on the question about their insurance declared that they have a European Health Insurance Card (EHIC)[4]. It seems that the discrepancies in the answers given results from the lack of awareness of students regarding their insurance plan.

Among the answers given by the respondents in the open option, the price of treatment came up very often – treatment in the country of origin is cheaper than treatment in Poland (people who gave this answer came from Ukraine, India and South Korea[5]).

Difficulties faced in access to medical care in Poland, combined with greater distrust in medical care, result in respondents deciding to go back to their country when they are ill. As one of the respondents wrote:

> *Extremely poor access/language issues. Poor cultural competency. Rudeness from staff. Unable to get help when we ask. It is easier/better to fly home (if you are from a European country) when you are seriously ill (as I did with a 38.5 degree fever) than try to access health care in Poland. [F, 29 yrs]*[6].

## The basis of health insurance for students from the English Division of the Medical University of Warsaw

Depending on the country of origin and personal situation, English Division students are insured on different bases. The largest group of students (42 people or 30% of respondents) answered that they are insured in another EU country and use the EHIC card. 29% (40 people) declared that they had bought their own health insurance – most of them have chosen private companies, among this 9 people purchased voluntary insurance in the National Health Fund. 16 students responded that they were insured by an external institution: in this group the most numerous were students from Saudi Arabia (11 people) for whom insurance is part of their scholarship. Among the respondents, 6 students declared that they were insured by the Medical University of Warsaw.

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[4] EHIC – The European Health Insurance Card enables European Union citizens insured in one European Union or European Free Trade Association country to use public healthcare during a temporary stay in another Member State.

[5] The answers that the treatment was cheaper in the homeland were given by four students – two from Ukraine, one from India and one from South Korea.

[6] In all respondents' quotations, the original syntax were preserved.

According to the data obtained from the Dean's Office of the Second Faculty of Medicine, the university provides insurance for about 45 students of all years. Insurance by the University is only possible for students with certain types of resident permits[7]. These students can apply to the Dean's office to obtain insurance.

14 people – which accounted for 10% of people participating in the survey – declared no health insurance, 9 people replied that they did not know what the basis of their insurance is. In total, it accounts for 17% of the respondents.

People who used medical care in Poland were asked whether health care workers with whom they had contact knew their insurance conditions. 44% declared that the staff knew the legal bases of their insurance, 29% answered that it was difficult to say, and 23% of students stated that the staff didn't know if they have the right to health care in Poland or what the conditions of their insurance are. One of the respondents complained about problems connected to getting help on the basis of an EHIC card:

> *The public system is a disaster regarding foreigners: the language, almost no English speakers, no one was familiar with the EU-health card, they weren't very interested in helping. [F, 27 yrs.]*

Although getting medical insurance is legally possible for all students of ED MUW, the number of respondents who are not covered by insurance or do not know if they are covered remains quite high at 17%. One of the reasons may be insufficient knowledge about the medical system in Poland, which will be described in the next section.

## Knowledge of ED students about the Polish healthcare system

Most of the students taking part in the survey assessed their knowledge about the medical care system as insufficient. On the questions about whether this knowledge is enough to know what medical help they can get and where, 31% answered definitely not, while 33% rather not. Only 17% of the respondents rated their knowledge of medical care as sufficient.

Statistical analysis using the Pearson Chi2 test showed statistically significant differences between respondents with low knowledge of the Polish language and the assessment of knowledge about medical care in Poland ($Chi^2 = 43{,}3613$, $df = 16$, $p =, 00025$). The results are presented in the cross table below.

What is interesting is that statistical analysis shows lack of significant difference in self-assessment of knowledge about the health care system between students from different years of study (at least in early years – in this analysis only students studying

[7] It is required for students who apply for health insurance provided by University to have a PESEL number – a unique identification number given in Poland for Polish citizens and residents under certain restrictions

Chart 2

Summary cross table: observed frequencies with the percentages of answers to questions about language skills and knowledge of the Polish healthcare system.

| Do you think that your knowledge of the Polish healthcare system is sufficient | Summary cross table: observed frequencies | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | How would you rate your level of competence in the Polish language from 1 to 5 | | | | | | | | | | | |
| | **1** | **Level 1 – %** | **2** | **Level 2 – %** | **3** | **Level 3 – %** | **4** | **Level 4 – %** | **5** | **Level 5 – %** | **Total** | |
| **a) Definitely yes** | 0 | 0,0% | 0 | 0,0% | 0 | 0,0% | 2 | 33,3% | 3 | 27,3% | **5** | **3,7%** |
| b) Rather yes | 6 | 10,9% | 4 | 9,1% | 3 | 16,7% | 1 | 16,7% | 3 | 27,3% | **17** | **12,7%** |
| c) Difficult to say | 11 | 20,0% | 9 | 20,5% | 3 | 16,7% | 1 | 16,7% | 1 | 9,1% | **25** | **18,7%** |
| d) Rather no | 17 | 30,9% | 15 | 34,1% | 7 | 38,9% | 2 | 33,3% | 3 | 27,3% | **44** | **32,8%** |
| e) Definitely no | 21 | 38,2% | 16 | 36,4% | 5 | 27,8% | 0 | 0,0% | 1 | 9,1% | **43** | **32,1%** |
| **Total** | **55** | **100%** | **44** | **100%** | **18** | **100%** | **6** | **100%** | **11** | **100%** | **134** | **100%** |

from first to the third year were checked). Although further studies are required, these results show the importance of knowing the language as an important indicator of the ability to learn how to use the healthcare system.

Lack of sufficient knowledge regarding the functioning of the health care system is also expressed in responses to the next question regarding the occurrence of problems with obtaining medical help due to a lack of knowledge about the system. 55% of respondents said that they had such problems while only 28% of respondents did not have a problem in obtaining medical help.

Among the sources of information on medical care, the prevalence of informal sources and contacts can be noticed. Students most often (45% of respondents) pointed to Poles – friends or family – as the main sources of knowledge about medical care in Poland. Other foreigners were chosen by 33% of students as the main source of knowledge. The Internet is the basic source of information for 26% of respondents. When searching for information on the Internet, students most often stated that they were looking for answers to their questions through the Google search engine or private health care centres' websites.

Less students pointed to the use of information provided by healthcare institutions. Health care workers were indicated as the primary source of information by 8% of respondents. 4% of students indicated WUM employees and the same number of non-governmental organizations for foreigners. 25% of the respondents were unable to determine the main source of information about medical care.

The results signalizing a lack of knowledge of the Polish medical system are similar to the results obtained in the international student survey conducted at the Medical University of Warsaw in 2015 as part of the SUPP program. In this study, 50% of students declared difficulties in learning to use the healthcare system (Włodarczyk et al., 2015).

## Experiences related to the use of medical care in Poland

67% of students used medical help in Poland. Most often they used outpatient assistance: 54% primary health care, and 56% specialist consultations. 16% of students declaring the use of medical care had been hospitalized, whereas 3% stated that they had visited the Emergency Ward (but without hospitalization).

22% of students did not use medical help because during their stay in Poland they did not experience any health problems. 11% of respondents declared that they did not use medical help in Poland despite having had some health problems. The reasons for not using medical care in Poland were partly connected with mild health issues, but many students also pointed out the lack of knowledge of the system and language difficulties. These problems can make it impossible to get medical help despite their efforts. As one respondent stated: "[I] *Did not know where to go, despite attempting to at the reception." [F, 23yrs.]*

Students who used medical help also expressed difficulties in getting access to it. 63% of them admitted that they were delaying a visit to the doctor due to a lack of knowledge about the medical care system.

## Language barriers

The majority of students used English in contacts with the healthcare system (75% of all who have received medical care in Poland). 30% had the experience of using the help of an interpreter: 17% came to the medical institution with a friend who knew Polish, 13% used the help of someone from the institution who could translate during contact with the rest of the medical staff, and 2% paid someone to translate. 19% of students declared that they knew Polish at a level that enabled communication and used it to communicate with healthcare professionals.

50% of the students assessed that communication with the hospital staff was satisfactory for them, while 31% said that they were not satisfied with the form of communication. These students were asked to give the reason why they were unhappy with the form of communication with medical professionals.

In the answer to the open question, students pointed to the poor level of English language skills among staff: *"Impossible to communicate with anyone except doctors (and sometimes not even them)."* [M, 22 yrs.], *"People in the clinic don't speak English, finding a doctor who speaks "BROKEN ENGLISH" it's really hard to find." [F, 20 yrs.]*.

Lack of good language skills of the staff led to some respondents having doubts whether the help they received was adequate: *"The Doctor spoke bad English so that I didn't really know if the doctor really understood my problems." [F, 24 yrs.].* Sometimes even respondents using the help of a third party were not sure about the quality of the translation: *"I don't think the translator was able to communicate my medical problem accurately" [M, 28 yrs.]*

The respondents pointed to the disadvantages of using the help of translators, like dependence on the help of a third party: *"Completely depend on friend to translate. Make already difficult situation of being hospitalized even more difficult." [M, 22 yrs.]. "I had no clue what was going on most of the time"[M, 23 yrs.]*. A few students pointed out that the language barrier prolonged the doctor's visit, like one patient who was using the help of the clinic staff and online Google translator confessed: *"It took a very long time to convey matters of importance resulting in greater discomfort due to illness" [F, 19 yrs.]*

The necessity to use an interpreter – especially if it is a friend of the patient – sometimes makes it impossible to keep intimacy: *"It breaks confidentiality and also some important things may be lost in translation" [F, 26 yrs.]*.

One of the respondents revealed that because of communication problems, she was denied help: *"I have been refused to be treated because the doctor said she doesn't know English and she didn't want to use Google translate." [F, 19 yrs.]*

## Cultural barriers and discrimination

Most students did not experience problems related to cultural or religious differences (71%), while 20% of respondents answered that they experienced these kinds of problems.

The most frequent problems reported in the area of cultural differences were discriminatory behaviours: 14 students (15% of respondents using medical care in Poland) reported that during the treatment they felt discriminated against by hospital staff, 3 students noted discrimination from other patients.

In a separate question, students were asked to assess the attitude of medical personnel towards them in comparison to the personnel's contact with Polish patients. The majority of students felt that the staff treated them neither better nor worse than Polish patients. Respondents who noticed differences in treatment more often reported being treated worse than the Poles. The results are in the table below:

Chart 3

A summary of the results of answers for questions "Have you ever felt that the healthcare staff treated you WORSE than the patients who are Polish?" and "Have you ever felt that the healthcare staff treated you BETTER than the patients who are Polish?"

| | **Have you ever felt that the healthcare staff treated you WORSE than the patients who are Polish?** | | **Have you ever felt that the healthcare staff treated you BETTER than the patients who are Polish?** | |
|---|---|---|---|---|
| a) Definitely yes | 15 | 16% | 0 | 0% |
| b) Rather yes | 12 | 13% | 7 | 8% |
| c) Difficult to say | 15 | 16% | 25 | 27% |
| d) Rather no | 20 | 22% | 30 | 32% |
| e) Definitely no | 24 | 26% | 29 | 31% |

6 respondents, who accounted for 6% of those who had experience as patients of the Polish healthcare system, revealed that they felt discomfort when the medical staff of an opposite gender took part in the care process (all persons reporting this problem were women).

When it comes to cultural differences in healthcare, attention is often given to the beliefs and cultural background of the patient. But the source of the barrier can be also religious beliefs of personnel. The story of one Norwegian student, who needed emergency contraception shows this kind of situation. The need to use the help of a third-party during translation made the situation additionally difficult:

*I went to the doctor for my private reasons, so I would prefer going by myself, but that was impossible due to the language. Tried to go by myself, but the staff did not speak English. I went to a public hospital with a Polish friend, and even then they did not help me. Due to Poland being very religious (catholic) the medical staff where I went did not want to help me to get a prescription for "the-day-after-pill". They sent us to 5 different medical centres and when I finally got an appointment, the doctor did not want to prescribe me the medication I needed. I ended up going to a private clinic but it cost me a lot* [F, 23 yrs.].

It is worth noting that in Norway emergency contraception is available without a prescription, in pharmacies, family planning clinics, youth health services and even supermarkets and gas stations – a person buying the pill can simply take it from the shelf and pay at the checkout ('European Consortium for Emergency Contraception', 2018.). In Poland, emergency hormonal contraceptive pills are available only in pharmacies, on prescription. The doctor has the right to refuse giving prescriptions if it is against their moral beliefs (conscience clause). In this kind of situation, the doctor should refer the patient to another healthcare provider where it is possible to get the prescription. Within the European Union the variation of legal solutions regarding reproductive rights can be noted, including differences in access to emergency contraception (D. Szelawa, 2017; Kramer, 2005). The debate on access to contraception and abortion is strongly politicized (Kramer, 2005).

## Discussion

The research conducted among the English Division students shows the difficulties experienced by this group in accessing healthcare. The main barriers faced by students is the lack of knowledge about the medical care system in Poland – the possibility of obtaining insurance, the way to register to see a doctor or go to clinic – and language problems that hinder communication with medical care staff.

At the same time, it should be noted that the feeling of being lost in contact with the public healthcare system and misunderstanding of the language used by medical professionals is not an experience characteristic solely to foreigners. Research shows that although on a smaller scale, Poles also experience similar difficulties in understanding terminology used by doctors and complain about the feeling of not being listened to by medical workers (Dąbrowska, 2008).

In comparison with other difficulties, the cultural barrier was relatively rarely noticed in the research. This can be connected to the specific group that was tested. The majority of students who took part in the survey came from European countries, which are culturally close to Poland. It might also be presumed that medical students are more progressive than other groups of migrants (due to their age and education).

As it was highlighted in the introduction, it can be expected that other students and, more broadly, other migrants, face even greater barriers in accessing medical care than students of the medical university.

It should be assumed that since students of the Medical Faculty complain about insufficient knowledge of the healthcare system – even if they have permanent interactions with medical professionals and visit clinics and hospitals during their practices – the awareness of this issue among people unrelated to medicine is even lower. The group that was participating in the research has the competence and access to tools that can be helpful in searching for the information, but even in this situation, they face barriers in getting sufficient knowledge about the healthcare system.

There is lack of complex, updated and user-friendly sources of information in Poland about how the medical system works and what someone has to do when they fall ill (Jaroszewska, 2013, pp. 241–243). In this situation, the main sources of information for foreigners are Polish people. On the one hand, it shows the role of integration with the host society in the social adaptation, but on the other hand, the need for introducing an information system about health care for foreigners. The research also shows language as crucial for learning how to use medical institutions – the lack of information translated into English can be one of the reasons.

Students perceive communication as a big barrier to using the health care system in Poland. Language is the main reason they prefer to use medical care in their home countries. This study proves that even proficiency in English does not guarantee finding medical care personnel able to communicate with the patient in this language. It can be assumed that other foreigners who cannot communicate in Polish nor English (or their proficiency in English is low) face even bigger difficulties in communication. The potential problems connected with the lack of a translation system were expressed by the respondents: the uncertainty of the quality of the translation and the level of understanding of the problems discussed, difficulties in maintaining medical confidentiality, the dependency of the help of others, prolonging the time of the medical visit and in extreme cases, the inability to get medical help. The study shows the need to start working on institutional solutions for overcoming language barriers. It is necessary to guarantee the safety and comfort of using the health care system.

In the analysis of the results obtained, it should also be remembered that mainly students of the first years of study participated (88% of those surveyed were students from the first to third year). It can be assumed that older students who have stayed in Poland for longer and have had the time to get to know the health care system and language better may experience fewer problems in contact with medical care. At the same time, 67% in the study group already used medical care in Poland. Even among the first-year students participating in the study, 61% had experience of using medical care in Poland, even though they had only studied a few months before completing the survey. The results indicate that even with a few months of stay, the need for medical consultation is quite frequent.

It is optimistic that the research itself has brought hope for changes aimed at improving access to care for ED students by including the topic of access to medical care in the Orientation Week program. This action will not address all problems and must be evaluated in the future, but it can be a good start for seeking low-cost solutions for solving problems connected with access to health care by foreigners.

## Conclusions

Although international medical students are in many aspects privileged in the field of access to medical help, they face certain barriers while having health problems. The main barriers faced by students is the lack of knowledge about the medical care system and language differences.

The study shows there is a need to start working on solutions to provide foreigners information about access to health care and patients' rights, as well as overcoming language barriers in medical institutions.

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