

Final Report
To the Ministry of Health Care of the Netherlands
“Monitoring of the pilot project “Polish nurses in the Netherlands;
“development of competencies”

Executing agency:	IOM
Project partner agencies:	Dutch and Polish ministries of Health care
Geographical coverage:	The Netherlands and Poland
Project Management site:	IOM The Hague
Target groups:	Dutch and Polish intermediate agencies (Jobnet, Cross Border, Centrum Niderlandzkie), Polish nurses, Dutch healthcare institutions
Project period:	1 January 2003-30 April 2005
Reporting period:	1 January 2003-30 April 2005
Total budget:	€ 99.999,-
Total funds available:	€ 99.999,-
Expenditures during reporting period:	€ 75.884,-

Summary:

The pilot project Polish nurses in the Netherlands; development of competencies” has been developed by the Dutch and Polish ministries of healthcare. Within the framework of this project, Polish nurses got the opportunity to learn and work in nursing homes in the Netherlands for a maximum period of two years. The Dutch government requested IOM to monitor of the activities of three intermediate organizations that recruited Polish nurses as part of the pilot project. The monitoring done through interviews, meetings and questionnaires focused on the whole process of recruitment and selection, preparation before departure, employment and return of the nurses. IOM’s findings and recommendations can be used for improving activities related to international recruitment of nurses or help develop new initiatives in the field of labor migration of health workers.

1. Project Description

1.0 Background

Agreement on employment of foreign nurses in Dutch health care

The Dutch healthcare sector faced personnel shortages during the 1990s and the years thereafter. In particular, there was a demand for nurses in both hospitals and nursing homes. The shortage was partly caused by aging (more people needing care) and a lower influx of students at educational institutions at that time (less attractive profession). Attracting foreign personnel, especially from Non EU countries, was seen as a possible short term solution for the problem, but not necessarily the best solution. Hospitals and nursing homes started however recruiting personnel from abroad with mixed results.

With increasing demand for foreign personnel fear was raised that the Dutch labor market would be at some point “invaded” by foreign nurses. This was highlighted by former Polish Prime Minister Busak in December 2000 who “offered” 40.000 nurses to former Prime Minister Kok. To meet this demand and to arrange the temporary employment of foreign nurses properly, an agreement was signed in 2000 between the Dutch ministries of Health Care and Social Affairs and employer and employee organizations from the health care sector. The agreement called “Convenant Arbeidsmigratie in de Zorg” (CAZ) allowed employers to recruit foreign personnel for a maximum period of two years. The agreement would last for four years until there would be enough personnel on the Dutch labor market to fulfill vacancies. The employment of foreign nurses as envisaged in the agreement was intentionally temporarily. It was agreed that a maximum of foreign personnel would be allowed depending on the size of the employer’s total personnel. Employers furthermore had to take care of proper housing and supervision and cover the costs of recruitment and travel. Also, the nurses to be recruited should follow a Dutch language course. The CAZ agreement operated within the existing Dutch regulations on foreign labor.

Regulations for foreign labor in Dutch health care

Dutch government policy towards labor migration is restrictive and protecting the local labor market. On the other hand however it tries to accommodate the needs of employers for foreign personnel. Therefore labor migrants can enter the Dutch labor market only on a temporary basis.

The following basic requirements apply to working as a foreigner in Dutch health care:

- Registration at the Individual Health Care Professions Act (BIG). Diplomas obtained in Non EU countries should be formally recognized by the Dutch Ministry of Health. Registration of foreign diplomas is arranged by the BIG Act.¹
- Foreign health workers furthermore need a work permit which is regulated by the Foreign Labour Act (“Wet Arbeid Vreemdelingen”). The regulations are formulated by the Ministry of Social Affairs and Employment and carried out by the Employment office (CWI). If an employer can prove it can not find personnel on the Dutch labor market nor within the EEA, a work permit can be granted for a maximum period of three years. After three years a foreigner is allowed to work freely in the Netherlands

¹ Source: Ministry of Health of the Netherlands

if he has had a residence permit as well during that time.²

-Based on the Alien Act (“Vreemdelingenwet”), foreign workers need an entry visa (“MVV”) and a staying permit for a period of more than three months.

Letter of Intent: Polish nurses in the Netherlands

Based on an advice of the Social Economic Council (SER) in February 2001 to allow workers from the future EU members in Central and Eastern Europe to work freely in the Netherlands, the former Minister of Health Care, Mrs. Dr. Borst, decided to put priority to the recruitment of nurses in Poland. Temporary employment of Polish nurses could help solve the problem of personnel shortages in Dutch health institutions. In Poland there was high unemployment of nurses at that time. A working group consisting of representatives of the Polish and Dutch ministries of Health and health experts discussed possibilities for a more structured recruitment of nurses from Poland. In July 2002 a Letter of Intent was signed between the two governments allowing Polish nurses to temporary work in the Netherlands for a maximum years (within the framework of the CAZ-agreement and the existing regulations on foreign labor). The Letter of Intent consisted of a pilot project titled “Polish nurses in the Netherlands; development of competencies”. The goal of the pilot project was twofold:

- (1) To make a contribution to the personnel shortages of Dutch health institutions.
- (2) To develop and improve competencies of Polish nurses, which meant recognition of Polish diplomas after the two year employment.

Within the framework of the pilot project, the Polish nurses got the opportunity to receive appropriate training during their stay in the Netherlands. Furthermore a proper preparation before departure (including language training) was required and the governments committed themselves to facilitate also the process of the return and reintegration on the Polish labour market.

1.1 Pilot project

In the Letter of Intent, three intermediate organizations were mentioned that were already active in the field of recruitment of nurses in Poland:

- 1. Jobnet/treneman Consult**
- 2. Centrum Niderlandzkie**
- 3. Cross Border**

The nurses recruited by these three organizations have been the majority of Polish nurses working in the Netherlands. The organizations have agreed to work within the framework of the pilot project.

The International Organization for Migration (IOM) was assigned by the Dutch Ministry of Health to do the monitoring and evaluation of the pilot project “Polish nurses in the Netherlands; development of competencies”. It was in particular the intention to monitor the activities of the three intermediate organizations. The monitoring activities intended to focus on the whole process of:

- (1) recruitment and selection in Poland

² Source: Employment office (CWI)

- (2) preparation before departure (language and cultural orientation, organization of practical matters and formal procedures)
- (3) employment in the Netherlands (supervision, training opportunities, general living and working conditions) and
- (4) return and reintegration to Poland

For the Dutch government monitoring the pilot project also meant an opportunity to gain a better insight and understanding of the process of recruitment, selection and employment of foreign nurses in general as public opinion in the Netherlands about employment of foreign nurses was quite negative. The findings from the pilot project could create a more accurate image of labor migration in health care and the lessons learned could be used for similar initiatives to be developed bilaterally or in a broader European context.

IOM reported on a regularly basis to the Dutch Steering Group of the pilot project. The Steering group consisted of representatives from the Ministry of Health, the Dutch Hospital Association (NVZ) and the labor union for nursing personnel (NU '91). The representative of NU '91 was also representing the International Council of Nurses. The Polish Ministry of Health, although it signed the Letter of Intent in 2002, had no actual involvement once the project became operational.

IOM started monitoring the project in January 2003 until April 2005. In total ninety one nurses were employed as part of the pilot project. The first group already came to the Netherlands in May 2002. On the first of May 2004 seventy two nurses were still employed. Nineteen nurses returned to Poland during the two year employment.

The nurses were employed as nursing assistants in nursing homes. They were and most of them still are employed at the following institutions:

Jobnet (two groups of nurses):

1. **GDVV Groep**: fourteen nurses; three from the first group have returned to Poland and one stayed at GDVV; two nurses from the first group got an opportunity to work at another institution, AHSS; five nurses from the second group stayed at GDVV and three got the opportunity to work at AHSS.
2. **Stichting De Stromen** : eight nurses from the first group; seven of them got a new contract, but four in another nursing home (Egmontshof, AHSS and Zorggroep Noord-Limburg); one left.
3. **Algemene Haagsche Stichting Sammersbrug** : seven nurses from the first group; three of them returned to Poland; four continued their employment. The seven nurses of the second group are also still employed.
4. **Zorggroep Noord-Limburg**: six nurses of the first group; four of them stayed after May 2004.
5. **Stichting Zorgkompas** : six nurses of the first group; all of them stayed after the first of May 2004.
6. **Stichting de Egmontshof**: six nurses of the second group, one withdrew during the first year.
7. **Stichting Bosch en Duin**: four nurses of the second group.

Centrum Nederlandzkie (two groups of nurses):

1. **KVV/Florence** (13 of 17 nurses are still employed).
2. **SZR Rijswijk** (8 nurses, unknown if they are still employed).

Cross Border (one group):

1. **Vizier Foundation:** 8 nurses started in October 2002; two withdrew during the first year and three did not extend their contract after the first year. Three were officially employed till October 2004.

1.2 Inputs

IOM made its structures and experts available and sought the cooperation of all the parties involved in the pilot project. The project activities were carried out by Mr. Ralph Welcker, project consultant hired by IOM The Hague in close cooperation with the IOM office in Warsaw. Both IOM Missions were assisted by IOM Headquarters, especially by Migration Health services (MHS) and Labour Migration (LM).

The Dutch Ministry of Healthcare co-ordinated the project as a whole and provided the necessary funds to IOM to carry out the monitoring.

The three intermediate organizations, Jobnet, Cross Border and Centrum Nederlandzkie, the employers and other parties involved provided relevant information about their activities.

1.3 Overall objective

The overall objective of the project was to make a contribution to the cooperation between Poland and the Netherlands in the field of migration of health personnel.

1.4 Project purposes

The project purposes were:

- To monitor and evaluate the activities of the three intermediate organizations mentioned in the Letter of Intent with regard to the recruitment, preparation, employment and return of the Polish nurses.
- To acquire more knowledge about the exchange of foreign healthcare personnel in order to conclude if a more structural continuation of this kind of migration could be useful or not.

2. Activities

- During the project, meetings and discussions have been held with the nursing homes that cooperated with one of the three intermediate organizations. The institutions were quite cooperative and helpful to provide relevant information to IOM, although there was some reluctance to go into detail too much. An overview of all meetings is enclosed.
- Meetings, interviews and discussions have been held with a number of nurses before their departure, during the employment and after their return.
- IOM developed two questionnaires for the Polish nurses.

- 1) The first questionnaire included aspects such as expectations and ambitions and satisfaction with preparation and information before departure as well as employment conditions and training opportunities. Several nurses, in particular from the Centrum Niderlandzkie and Jobnet projects, returned the questionnaires.
- 2) The second questionnaire was addressed to the nurses who already returned to Poland and focused on experiences gained in the Netherlands, professional training offered, working and living conditions in the Netherlands and opportunities for further professional development. Several nurses from Cross Border who returned to Poland in autumn 2003 completed this questionnaire.

In total forty six nurses have filled in the questionnaires.

- A third questionnaire has been sent to the employers in July 2004 to get more insight in their experiences with the nurses. Most employers completed the questionnaires and returned these to IOM.
- All other relevant information about the activities of the intermediate organizations gathered by IOM, including the number of Polish nurses currently employed in the Netherlands and the ones that have returned to Poland, has been put in separate project documents. The documents have been sent to the intermediate organizations for comments and or approval.
- IOM Warsaw conducted a working visit to the Netherlands from 15 till 17 September 2003. The aim of the visit was to discuss the progress of the monitoring activities and to exchange experiences and views with some of the employers IOM The Hague conducted a working visit to Poland from 16 till 17 December 2004 to evaluate the project activities and discuss a possible follow up.
- Several nurses asked IOM for assistance regarding matters such as housing, extension of contracts and residence permit procedures for family members. They did not make use however of the support IOM could provide. Apparently the nurses were able to solve the problems themselves or received help from their employers.
- IOM reported to the Dutch Ministry of Health Care on a regularly basis. The progress of the activities of IOM and possible follow up activities, have been discussed with the Ministry's representatives and with the project's Steering Group. IOM wrote six progress reports and a final report covering the whole two year period. The Polish government authorities involved received the progress reports as well.

3. Results

3.0 Concrete project results

The monitoring of IOM resulted in:

1. Six progress reports;
2. Three project documents that contain descriptions of the activities of the intermediate organizations involved;
3. Three questionnaires completed by forty six nurses;
4. A final report containing the main findings and recommendations;
5. Furthermore IOM gained valuable and useful information and insight in the process

- of recruitment, selection, preparation, employment and return of the Polish nurses;
6. IOM developed a follow up project proposal in the field of informed migration to the Netherlands (Migration Information Service, MIS);
 7. IOM made a proposal for providing supporting services to one of the participating institutions (Vizier Foundation).

3.1 Main findings of monitoring

It can be generally concluded that Jobnet and Centrum Niderlandzkie operated professionally and thoroughly as can among others be deprived from the questionnaires and the interview with the employers. The Cross Border project encountered a number of problems, including insufficient organization and coordination and complicated formal procedures. The goals and approaches they have pursued differed significantly. The recruitment activities of Jobnet for example were demand driven and based on (temporary) personnel shortages of Dutch employers, whereas Cross Border had a more idealistic goal by focusing on stimulating cooperation within Europe by exchange of skills and experiences. Centrum Niderlandzkie focused primarily on recruiting jobless nurses. Detailed information about the objectives and activities of the intermediate organizations can be obtained from three separate project documents. Based on the meetings, interviews, questionnaires and discussions it can be said that both the nursing homes and the nurses were in general quite positive about the employment and the recruitment process.

More specific findings based on the interviews, questionnaires and meetings are presented hereafter.

Outcome of the first questionnaire:

- The majority of the nurses decided to go the Netherlands in order to improve their financial situation. In many cases they were not aware of the pilot project and the Letter of Intent signed by the Polish and Dutch ministries of health (the nurses were not represented during negotiations about the Letter of Intent).
- The age of the project participants varied from 22 to 42, with an average of 30.
- 38% of questioned nurses are married and 19% have children.
- 76% were employed at the moment of recruitment, 40% of which took unpaid leave for the time of employment in the Netherlands.
- The nurses had different levels of education:
 - 46% had finished 5 years medical secondary school (similar to level 3 education in the Netherlands, nursing assistant)
 - 23% post-secondary school (similar to level 4 in the Netherlands, but usually recognized at level 3)
 - 26% higher education (academy or university level, similar to the Dutch HBO-V level)
 - 5% social workers (university level)

- The professional experience varied from 0 to 23 years, with an average experience of 7 years. 86% of all queried project participants worked as a nurse before going to the Netherlands. 70% of which were employed in hospitals. 30% of all surveyed nurses had additional specialization, mostly in anesthesia or intensive therapy. 62% participated in different courses in Poland, such as resuscitation and rescue (39%), anesthesia (22%), oncology and chemical treatment, intensive care or palatial care (9%).
- According to the questionnaire, after the pre-departure training: 78% of queried nurses declared to have gained a good knowledge of the Dutch medical system and Dutch customs. 32% were familiar with the Dutch legal system and regulations. 65% declared to have knowledge of the prices and cost of living in the Netherlands. 62% have declared not to be able to communicate easily in Dutch.
- Diploma recognition: 81% of the diplomas have been recognized at level three. Also some diplomas of higher education (master degree) have been recognized at level three.
- Employment and training opportunities: 70% of the surveyed nurses were satisfied with the working conditions. In general they declared to have a good working relation with their Dutch colleagues and the patients. 63% had an opportunity to participate in vocational training. However the nurses have varying opinions regarding the training. In many cases they affirmed that they have not acquired any additional knowledge or skills.

The third questionnaire has been sent to all participating employers (ten). Seven employers completed and returned the questionnaires. In general the employers were positive about the nurses and especially their qualifications. All employers experienced bottlenecks with language and communication and formal procedures (work permit application). The employers were generally satisfied with the services of the intermediate organization, except for the one that cooperated with the Cross Border Project (Vizier Foundation).

Preparation before departure

All Polish nurses have been prepared before their departure to the Netherlands. The preparation contained a language course and a culture awareness and orientation training (focused on working and living conditions in the Netherlands). In general the preparation was satisfactory. The following observations have been made from the analysis:

- Since the positive result of the language course was a sine qua non condition for going to the Netherlands, the nurses were not sure to get the contract till the end of the pre-departure training in Poland. Therefore many nurses did not inform the Polish employers about their participation in the project and did not terminate the contract before the final language test. In order to participate in

the language training they took annual leaves or unpaid leaves, if possible, or were obliged to exchange working hours with colleagues. The last option resulted in numerous hours of continuous work during the break in training and in overwork instead of rest.

- Many employers admitted that they didn't have adequate knowledge and experience in working with foreign personnel and did not know how to deal exactly with all necessary formalities. In the case of the Cross Border Project, the employer also experienced insufficient communication and coordination with the intermediate organization and the Polish partner organization, the provincial government of Wielkopolska. This has led to some bottle necks, such as time consuming formal procedures, insufficient information exchange and disappointing experiences regarding for example the expected language level.
- Jobnet did not do any health check for the first group of nurses before their departure. As a result one of the nurses of Jobnet had to quit her job because she was infected with the hospital bacteria (MRSA). The second group was screened however in time, twice before the language training and before the departure. Centrum Niderlandzkie and Cross Border did do a health check before departure. In case of Centrum Niderlandzkie MRSA screening and TB test were done in the Netherlands. Although the employers usually do medical checks after arrival, in general it is better to do the screening before departure as well to minimize any risks.

Vocational training

- The nurses of all three organizations were employed at level three (nursing assistant), even though many of them had higher educational qualifications and many years of working experience in hospitals in Poland. This is also the case for the few nurses whose diplomas have been recognized at level four. The nurses were aware of the fact that they would be employed at a lower level. On the other hand, most nurses had no prior experience with elderly care.
- An important motivation for many of the nursing homes to employ the Polish nurses was to fill personnel shortages. In several cases however, for example Vizier Foundation (Cross Border) and KVV (Centrum Niderlandzkie), there seemed also to be an interest and willingness to contribute to the improvement of the Polish health sector by investing in training opportunities for the nurses which could be beneficial after returning to Poland.
- All three intermediate organizations put attention to the improvement of skills and competencies of the nurses. However, the employers involved paid attention to this aspect in varying degrees. Some nursing homes participating in the Jobnet project for example provided additional training, whereas others offered no training opportunities at all. Although the nurses got the opportunity to gain new working experience, it seems that the development of competencies was not a priority for all employers. This can partly be explained because of the limited duration of the employment (initially two years, later

three years), which means that providing training opportunities is a costly investment. On the other hand, the first group of nurses which have been sent by Centrum Niderlandzkie got the opportunity to upgrade their qualifications towards level four and the nurses and social workers of the Cross Border project all received training towards level three. As it seems the level of skills upgrading offered depended not only on the initial goals of the intermediate organizations involved, but also on the priorities of the nursing homes and on the availability of financial means to invest in training.

- During meetings with the nurses of Jobnet, it also turned out that many of them were not fully aware of the overall training objective of the pilot project at all. Training opportunities were for example not mentioned in the contract between Jobnet and the employer.
- Although the nurses knew that they were going to be employed at a lower level than their level of competence in Poland, the nurses accepted the offer to work in the Netherlands. Many considered their employment foremost as an opportunity to earn more money (overwork) or as an adventure or challenge, besides an opportunity to increase qualifications.
- Several of the nurses told IOM that the training (within level three) provided by the employer had no real added value for them because it was mainly limited to the development of technical skills they already had. They also didn't know if they would continue working in elderly care after their return to Poland and if they would really use the newly acquired skills. The employers on the other hand tried to put also attention to the management skills during the training. Although technical skills of the nurses were indeed already sufficient, aspects such as responsibility, initiative and independent way of working were in several cases not sufficiently developed, according to some of the employers. One employer of the Jobnet project was not willing to extend the contract of the nurses, among others because of these limitations.

Language Skills

- Many of the employers acknowledged that the nurses' level of Dutch language skills was not really sufficient to function in an optimal way. In some cases, the employers did experience a delay in the progress made with the additional training provided due to the language gap. In some cases the language course provided was simply too short. Better-prepared language courses (for example by focusing more on specific vocabulary in healthcare and general communication skills) might improve the language level, but it probably will remain a bottle neck. On the other hand, thorough supervision on the job during daily work is also crucial to bridge both language barriers and cultural differences.

Motivation and Expectations

- As it seemed, the nurses were not fully aware of the new regulations for residence permit and work permit for the citizens of the new EU member states. Nevertheless the results of the questionnaire showed that numerous

nurses liked to return home after the end of the contract, if only job opportunities and work conditions in Poland would improve. On the other hand many nurses wished to stay in the Netherlands and continue the employment.

- It turned out that many of the nurses had a preference to work in a hospital in The Netherlands rather than in elderly care. All of them were however qualified at level three (nursing assistant) by the intermediates based on the needs of the employers and therefore were not allowed to work in hospitals. It can be expected that a number of nurses whose contracts have been extended in May and September 2004 will try to switch to working in a hospital if there are opportunities and their qualifications will be recognized at the appropriate level.
- Considering the above it would probably be good to focus more on the matching between nurses' qualifications and ambitions and employer's needs.
- Some nursing homes on the other hand did not extend the contracts, because of insufficient language skills of the nurses, limited independent way of working and lack of financial means to cover the additional costs (such as for housing facilities).

Formal Procedures

- The formal procedures for visa, work permit and recognition of diplomas were not eased by the Dutch government as part of the Letter of Intent. Not all organizations involved were fully aware of this.
- Many nurses seemed not very well informed about the diploma recognition procedure in the Netherlands. This has led to some confusion and disappointment, because the nurses felt they were placed at a lower level than they expected or hoped for.
- In general there was a need for more information, not only about diploma recognition matters, but also about general working and living conditions, social security and other practical matters. 59% of the nurses acknowledged the lack of knowledge about the Dutch law and regulations. The nurses who already returned to Poland expressed a need for information about social insurance contributions and taxes paid in the Netherlands. Several employers also expressed a need for more information and coordination to make better preparations.
- All three organizations had some difficulties obtaining visa and work permits for the nurses due for example to incomplete documents provided by the employers or time consuming procedures undermining the timeframe of the organizations.

Working and living conditions

- Family situation of nurses: All employers involved preferred single persons. Nurses who wanted to bring their families or visit them had to arrange it by

themselves and had to pay for all expenses. Most of the nurses came alone, except for two or three, who have been joined by their family during the employment period. The employers could have given however more consideration to the family situation by providing more opportunities and helping nurses who decide to bring their families.

- In general, the employers rented reasonable apartments for three or four nurses. The nurses had to pay a certain amount of money for the rent. In some cases, the employer covered the rest of the costs, including furniture. Housing facilities were however not always satisfactory. Some of the nurses had to travel more than one and a half hour to get to their work. Other accommodation was below average standards, according to the nurses.
- Although it could have been expected that cultural differences and miscommunication between the Polish nurses and their Dutch colleagues were present in daily work routine, serious communication problems between the Polish nurses and their Dutch colleagues and clients did not seem to have occurred, according to the supervisors.

Return and reintegration

- All the nurses of Cross Border returned to Poland. Some of them did not want to extend their contract and the others could not extend their work permit. Most of the nurses that came via Jobnet or Centrum Niderlandzkie were offered the opportunity to stay in the Netherlands. The employers extended their contracts as they were already working in the Netherlands. In total nineteen nurses returned to Poland for different reasons.
- A questionnaire was sent to all returned nurses whose data were available to IOM in order to learn more about their experience in the Netherlands and their future plans. Six questionnaires have been returned to IOM (five from Cross Border and one from Jobnet). In general the nurses were quite open to talk to IOM and share their experiences. There were some individuals that were reluctant to talk to IOM. The following findings have been made based on information given in the questionnaire:
 - a) The period of employment in the Netherlands varied from 2 to 18 months.
 - b) None of the returned nurses communicated very well in Dutch during the employment.
 - c) In general the nurses were not satisfied with the pre-departure process.
 - d) The diplomas of the Cross Border nurses have not been recognized until the end of the employment in the Netherlands.
 - e) Several nurses did not know that the monthly contribution for social insurance was deducted from their gross salary.
 - f) There was a general lack of information about the rules concerning residence and work permit, social contributions and taxes, especially with regard to the reimbursement of social security contributions after the return to Poland and submission of the yearly income declarations.
 - g) All nurses had difficulties at work related to the inadequate knowledge of the Dutch language.
 - h) The low level of language skills was also an obstacle to follow training.

- i) On the other hand nearly all nurses believe that training had no added value for them and constituted only an opportunity to improve language skills and learn medical vocabulary. The nurses did not think the provided training may influence and support their professional career.
- j) In general, the survey showed the nurses did not think the experience gained in the Netherlands might be useful in Poland. Two nurses who returned to Poland even before the end of the project were been reemployed. All others did not found any employment so far. There is no follow up project provided for them in Poland.

3.2 Recommendations

Information & Preparation

As has been seen, there is a general need of the employers and the nurses to receive reliable and adequate information on the employment conditions, real professional development opportunities and everyday life conditions. This has also been mentioned in the questionnaire sent to the employers in July 2004. Most employers have been missing adequate information about legal aspects of employment of foreign personnel, procedures to follow. Furthermore the diploma recognition procedure should be better known to both to the nurses and the employers in order to avoid confusion and disappointment so often experienced so far. It seems necessary to explain the rules of diploma recognition to all parties involved. The nurses, as well as the employers should know why the diploma was recognized on a certain level. It will help to prepare vocational training programs tailored to the real needs of both nurses and employers. To meet the needs for information, IOM will be able to provide accurate and reliable information and counselling to both nurses and employers, if needed.

As Labour migration from Poland to the Netherlands will probably continue or even increase within the next few years, it might be useful and recommended to provide migrants with adequate knowledge about rules concerning living and working conditions in the Netherlands, conditions for access to certain professions and immigration procedures, before they decide whether to go. Such information should be an essential factor in migrant's decision to seek new opportunities abroad. Inaccurate information received through different informal channels often creates an unrealistic image of daily life and may generate a chain of negative events. On the other hand, better informed migrants with realistic expectations will adapt much better to their new environment.

IOM has established migration information centres (MIC) in several countries, where free and accurate migration information is available. A hotline has also been established in Poland to inform potential migrants interested in going to the United Kingdom about the rules and conditions before they decide to go. Its activities could be extended to include information concerning the Netherlands, if needed. The employers responded positively when asked about the supporting services of a migration information centre.

It seems also recommended to provide the Dutch employers with more knowledge about the level of qualification of the Polish nurses, in particular the health

career and experience of the nurses, as the level of diploma recognition does not necessarily reflect this.

Besides providing accurate information, thorough guidance and support is necessary regarding all practical matters involving the foreign employment, including matters such as housing arrangements and formal regulations. Many of the nurses indicated through the questionnaires and meetings held with IOM that this kind of support was much needed.

It would also be good to organize appropriate training and support to both nurses and employers about each other's health care practices and about cultural differences prior to the start of the employment through for example an introduction course.

Language skills

Many of the Dutch employers acknowledge that the level of Dutch language skills is in many cases not sufficient enough to function in an optimal and independent way. Many nurses still have problems with communication and have difficulties to follow any professional training. The communication problems at the beginning seem normal and unavoidable, but it would probably be useful to give nurses some time to adapt and to focus more on the improvement of the language skills within the first weeks after arrival in the Netherlands.

Training opportunities

All nurses were employed at level three regardless their professional experience, skills and education level. Some nurses were offered vocational training towards level four, but most were offered only training within the level three. According to the interviewed nurses the training within level three had no real added value for them and did not constitute any upgrading of qualifications. In fact, the training consisted of development of technical skills the nurses already possessed. It might have been avoided if the employers had more accurate information about the level of competence and experience the nurses had.

Return opportunities

It is difficult to foresee at present how many nurses finally will return to Poland in a few year from now. Some employers will probably like to keep the nurses and it is likely that some nurses would like to stay for both private and professional reasons. In several cases, the return depends on opportunities offered in Poland.

It seems useful to put more effort in involving managers of healthcare institutions in Poland with the return and create positions where experience acquired in the Netherlands might be used. The nurses should be informed about the eventual opportunities opened in Poland. It also seems useful to provide returnees with information concerning the rules of the submission of yearly income declaration for the year of return and information about social insurance contribution.

IOM could probably be helpful in facilitating the communication and providing the nurses with reliable and detailed information.

It might also be useful to create a database of returned nurses and their qualifications. The database could be made available to the employers in the Polish health sector in order to increase chances of reemployment in Poland. It seems appropriate to plan and prepare the return and reintegration activities before the nurses actually return to Poland.

Furthermore, based on the experiences with the Polish nurses the following suggestions are made which can be used for developing similar activities that can help facilitate the migration of health workers in a more orderly way:

- As it can be expected that the demand in the Netherlands for foreign health workers will increase again in a few years from now, *bilateral or multilateral agreements* regarding eventual future recruitment and temporary employment of foreign health workers should be encouraged. In the framework of such agreements, both sending and receiving countries should have a clear commitment and active involvement. Other partners should be employers (health care institutions), intermediate recruiting agencies and teaching institutes. The agreement should be beneficial to both sending and receiving countries. Therefore, independent monitoring and evaluation will be crucial.
- *Partnerships between health care institutions* in sending and receiving countries should be stimulated. Some of the employers and intermediate organizations mentioned their interest in this kind of exchange. Focus should preferably be on harmonization of competencies, sharing of experiences and creating good opportunities for return. Through these partnerships, employers could for example help develop the system of elderly care in Poland by providing employment and training opportunities to nurses who wish to specialize in this field and by transferring skills and knowledge directly to Polish health institutions.
- *Better matching* is needed in advance between health worker's competencies and experiences and employer's needs. Offering practical internships to Polish nurses could also be part of preparing nurses in a better way for temporary employment as has been done by Centrum Niderlandzkie.
- *Family situation*: As it turned out, several nurses would have preferred more facilities to bring their families. Employers should take the family situation more into consideration and provide more active support to family reunion.

2.3 Follow up activities

Based on the outcome of the monitoring activities and discussions with relevant parties, IOM has planned the following activities:

- IOM discussed possibilities for follow up activities with one of the employers involved, Vizier Foundation. IOM sent a letter to Vizier offering supporting services to the employment and training of a new group of Polish nurses possibly starting in 2005. Specific terms of cooperation will have to be worked out.

- IOM will also contact the other two organizations, Jobnet/Treneman Consult and Centrum Niderlandzkie, to discuss possibilities for further cooperation. At the end of the project, both organizations have ended its recruiting activities
- IOM is developing a project plan for a Migration Information Service which is meant for both potential labor migrants and employers. The plan will in particular focus on better preparing foreign health workers on living and working conditions in the Netherlands.
- IOM is proposing further research into the labour mobility of foreign health workers and on the demand for health personnel within the Dutch labour market. A more detailed plan will be drawn up and discussed with the Dutch Ministry of Health Care and possible other interested parties, including the Council of Europe and the European Union. The research should possibly lead to a concrete project involving the Netherlands, preferably Poland and one or more other countries, and including a supportive role by IOM.

4. Constraints

- The Letter of Intent did not mean that formal procedures to enter the Dutch labor market were eased, although the intermediate organizations and employers thought it would. Therefore procedures to obtain work permit and visa for the visa took much time and planned departures had to be postponed. The Ministry of Social Affairs which is responsible for the work permit policy was not a partner in the pilot project.
- Unfortunately no input or support was received from The Polish project partner, as it was not actively involved in the project anymore once it became operational. The Ministry of Health did not for example establish a steering group as did its Dutch counterpart. The Ministry was most interested to get recognition of the medical certificates and diplomas through the project. Employment of nurses however was not a direct responsibility of the Ministry. Therefore it could not be involved directly in searching and providing the employment of nurses.
- Most of the nurses did not return to Poland after their initial contract was ended. Therefore IOM was not able to monitor the return and reintegration.
- Some nurses and employers were somewhat reluctant to talk to IOM and share their experiences. No contacts for example have been established with the nurses and their employer at SZR/Florence. In general however IOM was able to gain a good insight from the available information.

5. Conclusion

IOM has gathered relevant information from the activities of three intermediate organizations and has gained valuable insights in the area of labor migration of health workers thanks to the contribution by the Dutch government. The findings proved that both employers and nurses turned out to be generally quite satisfied with the whole process of recruitment, selection, preparation and employment, except in

the case of the Cross Border project. There were however also bottle necks which would need more attention in future similar activities. These related mostly to Dutch language skills, need for reliable and accurate information and better matching of level of employment and competencies of nurses. Furthermore, most of the nurses did not return to Poland after their initial contract ended in 2004. IOM could therefore not monitor the return or provide support with reintegration. The pilot project's overall objective of providing opportunities to upgrade skills and competencies was not realized in all cases as this was not a first priority for all employers. The results of the monitoring provide important material which could be used for developing similar concrete activities in the field of health migration. One of the three participating organizations for example has approached IOM for follow up training project. Lessons learned from the pilot project can be used for improving these follow up activities.

The findings of the project can also help create a more positive debate in the Netherlands about labor migration as the experiences turned out to be more positive than what was usually written or said about labor migrants in Dutch media in the past years. Instead of 40.000 Polish nurses only about 100 nurses came to the Netherlands. Most Polish nurses wishing to work abroad go to countries such as the United Kingdom and the United States where demand for their skills is much higher. Bureaucratic procedures such as diploma recognition and work permit application also make it difficult so far to enter the Dutch labor market. Although these procedures will become less complicated for most Polish health professionals and it can be expected that more Polish health workers wish to work in the Netherlands, the actual number of nurses who will migrate will probably be rather limited. On the other hand when personnel shortages in Dutch health sector will increase, demand for foreign nurses is expected to increase as well. In that case, experiences such as the pilot project can provide valuable input for better managing migration of health workers.

6. Financial Statement

	Budget in EURO	Expenditures in EURO
I. Subcontracted Salary The Hague	57.737,-	38.432,-
II. Office costs The Hague	6.720,-	3.946,-
III. Working visit The Hague	4.346,-	2.315,-
IV. Staff costs Warsaw	23.837,-	21.629,-
V. Office costs Warsaw	3.993,-	3.325,-
VI. Working Visit Warsaw	3.366,-	2.024,-
VII Office costs Geneva	-	543,-
VII Overhead HQ	-	3.670,-
TOTAL	99.999,-	75.884,-

7. Informants and sources

Aken, R. van, unit manager labour migration desk, immigration department, Dutch Ministry of Justice, Rijswijk
Amersfoort, Mrs. L., Employment Office (CWI), Zoetermeer
Beekman, T., Stichting de Stromen, nursing home “De Vijf Havens”, Rotterdam
Bouve, H., nursing home, “De Egmontshof”, Oud-Beijerland
Claus, B., Stichting Vizier, Malden
Cloudt, Mrs. J.M., nursing home “Bosch en Duin”, The Hague
De Ryckere, N., project coordinator, DPM Management/ Cross Border Project
Feijten, P., project coordinator, Centrum Nederlandzkie
Grzesik, Mrs. E., projectmanager, Centrum Nederlandzkie
Heijden, G.L. van der, Stichting Vizier, Malden
Heuvel, van den, J.L., Dutch Ministry of Health (VWS)
Hoek, Mrs. H., GDVV Groep, The Hague
Houthuizen, S., Stichting De Stromen, nursing home “Schiehove”, Rotterdam
In’t Veld, Mrs. I., nursing home “De Egmontshof”, Oud-Beijerland
Jacobs, T., Zorggroep Noord-Limburg, nursing home “Martinushof”, Venlo
Jakubowski, M., marshall office of Wielkopolska
Laveber, F., Dutch Ministry of Health (VWS)
Letter of Intent “Polish nurses in the Netherlands; development of competencies”, July 2002
Łozińska, Mrs. B., marshall office of Wielkopolska
Mellema, A., Nu ‘91/International Council of Nurses, Utrecht
Molicki, J., director, Jobnet, Warsaw
Polish Chamber of Nurses, Warsaw
Polish nurses from De stromen, De Egmontshof, Vizier, Schiehove, GDVV and KVV
Rejent, Mrs. J., project manager, Jobnet, Warsaw
Schipper, Mrs. A., Florence/ KVV, The Hague
Scholten, Mrs. A., researcher, centre for international recognition & certification (CIRC), Netherlands Organization for International Cooperation in Higher Education (NUFFIC), The Hague
Smits, R., Dutch Association of Hospitals (NVZ), Utrecht
Spek, J. van der, Arcares (Association of nursing homes), Utrecht
Vente, M., project coordinator, Treneman Consult
Verboom, J., Ministry of Social Affairs, The Hague
Wendt, A., marketing manager, Mondriaan Onderwijsgroep, The Hague
Werk-de Vreede, Mrs. I., Stichting Zorgkompas, Rotterdam
Zdienicka, Mrs. M., first secretary, Polish Embassy, The Hague
Zeeuw, R. de, language department, Delft Technical University
Zipser, W. Director, Centrum Nederlandzki, Wroclaw
Zijll, Mrs. C. van, Algemene Haagsche Stichting Sammerbrug (AHSS), The Hague

