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## THE OPINIONS OF SYRIAN REFUGEES ABOUT HEALTH SERVICES, THE CASE OF BENEFIT FROM HEALTH SERVICES AND THEIR SATISFACTION FROM NURSING SERVICES

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### Abstract

In this study the case of benefit from health services of Syrian refugees living in Şanlıurfa is investigated and this study was carried out qualitatively to find out their satisfaction from Nursing Services. The sample consists of 86 Syrian families that know Turkish and that applied to health services in January and February and hospitalized for at least 2 days in any of public or university hospitals. The data were collected by means of questionnaire and satisfaction with nursing scale. The data was assessed descriptive statistics and Mann Whitney U, Kruskal Walls test. It was identified that 30.2% of the Syrian refugees participating in this study were in the range of age 21-30 and that 51.2% of them were female. It was found that 32.6% of Syrian refugees were illiterate and that 65.1% of them was married and 60.3% of them have at least 4 children. When the reasons for Syrian refugees not to necessarily apply for health services are examined, 64.3% expressed that; "health staff did not know their native languages", therefore they did not apply for health services, while 23.8% stated that health staff behaved them badly. For Syrian refugees, the mean of satisfaction from nursing scales was calculated as 63,57±20,45. The refugees especially who has higher education, who are being married, and fathers give higher scores ( $p < 0.05$ ). It was identified that Syrian refugee families live in bad and negative conditions; that they utilize health services in emergency cases. It's determined that Syrian refugee families they are satisfied with health services.

**Keywords:** Syrian Refugees, Health Services, Nursing, Satisfaction, Opinion.

### 1. INTRODUCTION

Immigration is defined in the way that moving from where an individual or group have been living to another place to settle; going from an individual's own place to another place that individuals shift from their original places to another place permanently or temporary (Korkmaz, 2014; Erten Z.K et al, 2014). It is known that immigration affects the society and individuals socially, culturally and physically. Individuals face with the problems such as low income level, nonconformity of the house they live in, insufficient nutrition, traditional life conditions and they can not benefit from health insurance (Yalçın, 2004; Topçu and Beşer, 2006).

Due to war which has been continuing since March 2011, while the number of Syrians displaced reached to millions in Syria, also more than 1.1 million Syrians citizens crossed the borders of country. Most of the refugees shelter mostly in Turkey due to its strategic position. Syrian refugees mostly shelter in cities Şanlıurfa, Gaziantep, Hatay, and Kilis mostly and Şanlıurfa has a border with Syria and the number of refugees are over 50,000 in Şanlıurfa (Baltas and Steptoe, 2000; Ünal, 2014; Boyraz, 2015; Cengiz, 2015, Tunç, 2015).

For International Organization of Migration (IOM), health of the immigrating individuals is a prioritized issue. Nurses play important role in developing the quality of life of the refugees. At this point, it is necessary for the nurses to learn the biological, environmental, sociocultural variables, their life styles, health behaviors, and beliefs that are very effective on health of those migrating (Şahin et al, 2009; Topçu and Beşer, 2006).

Nurses, like members of all risk groups, should also accept the migrating individuals as risk group and evaluate their health (4). As health workers, while nurses examine the refugees in the area they deliver service, they should examine the individuals in their cultural patterns, and take into consideration this in their approaches. Nurses, with the cultural data they collect, can detect the neglected and misunderstood cultures and help health care systems about how one will serve to societies (Erten et al, 2014; Korkmaz, 2014; Topçu and Beşer, 2006).

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This study determining the case of Syrian refugee families to utilize health services, their thoughts, and their satisfaction with nursing services is considered important because, there hasn't been any kind of studies specific about nursery in this field.

## 2. Methods

A descriptive and qualitative study.

**2.1 Setting and Sampling :** The sample of the study is the Syrian refugee families dwelling in the city Şanlıurfa. The sample of the study consists of 86 Syrian refugees, who

- hospitalized at least two nights,
- are in the stage of discharge,
- are in age 18 and over
- can read and write in Turkish,
- whose health condition do not form any harm to participate in the study,
- who are conscious, and
- who accept to participate in this study,

in all public and university hospitals in the city Şanlıurfa in February –March 2014.

**2.2. Compliance with Ethical Standards;** The study was implemented with the written consent of the Governor of Şanlıurfa and all of the hospitals in Şanlıurfa . In the data collection phase, the participations were also informed about the research topic, objective, duration, and the procedures to be performed, in order to fulfil the “informed consent” principle. They were also informed about the fact that they can withdraw from the study at any time, in order to fulfil the “autonomy” principle, and that the information they give will not be shared with anybody else, in order to fulfil the “Privacy and Protection of Privacy” principle, and that their identities will be kept confidential to fulfil the “Non-identity and Security” principle. Ensuring these principles, the researchers obtained data from the individuals who agreed to participate in the study. This study was not funded.

**2.3.Data Collecting:** In order to identify the thoughts of Syrian refugees about health conditions and health services, data were collected by means of the method of face to face in depth interview by using semi-structured questionnaire, formed by the researchers in the direction of Cultural Defining Guide in Nursing Care developed by Tanrıverdi et al. In order to determine the satisfaction of Syrian refugees from nursing services , Newcastle Satisfaction with Nursing Scale (NSWS) was utilized.

**[Newcastle Satisfaction with Nursing Scales (NSNS)]:** Newcastle Satisfaction with Nursing Scale (NSWS) measures satisfaction of patient from nursing care (McCull et al. 1996; Thomas et al. 1996a, 1996b). The validity and reliability of the scale in Turkish was made and demonstrated that it could be used by Turkish patients (Akin and S Erdoğan, 2006 ). All items of Satisfaction with Nursing Scale are positive. The points given for the questions are collected ( *I am not satisfied with at all = 1 point; I am a little satisfied with it = 2 points; I am considerably satisfied with it = 3 points; I am too satisfied with it = 4 points; and I am too much satisfied with it = 5 points* ). Maximum score obtained from the scale is 95 and minimum score is 19. By transforming the total points into 100, an assessment is made. The increase in total points obtained from the scale indicates that satisfaction with nursing is high.

For being able to carry out the study, board permission was received from hospitals and oral approval is taken from the individuals (Thomas et al, 1996).

## 2.4. Data Analysis

The qualitative data of study were evaluated by the method of descriptive analysis. Conversation text was shown in Italic. The body languages during conversations were shown by icons.

The quantitative data of the study were assessed by entering the data into the program of ‘Statistical Package For Social Science’ (SPSS 16.0). In the data, descriptive statistics and Mann Whitney U, Kruskal Walls test were used.

## 3. Findings:

In Table 1, sociodemographic characteristics of Syrian refugees is shown. When regarded to these data, it was identified that 20.1% of the refugees were aged 20 and less; 30.2%, in the range of age 21-30; and 51.2% were females. 32.6% of Syrian refugees was illiterate; 65.1% were married; and the number of children of 63.1% were 4 and more. It was seen that 55.8% of the refugees hasn't been working in any job bringing income; and that current working states were as high as 76.7%. All of employees work in temporary works that does not require any skill. A participant expresses the familial condition of Syrian refugees as follows:

*“I do everything, after asking to my husband, I cannot do anything without giving information to him. I do housework, care to my children, cook and the order of house belongs to him. According to our tradition, women do not work. Men work and bring money to home. Until our children grow and have an occupation, parents care to them. After they grow, they care to their parents.”*

The conditions of Syrian refugees related to immigrating to Turkey are presented in Table 2. It was identified that 38.4% of Syrian refugees migrated 6 months ago. While 45.3% of these people stay in the house of the other people, 36.1% of them expressed that they are homeless. 68.1% stated that the number of room in the places they stay were 2-3. 27.1% of the refugees said that they had no monthly incomes.

75.6 % of Syrian refugees expressed that their familial structure changed and this change is negative; that the order of their families disturbed; that their concerns are much more; that the family more than 3 live in the same house; and that nothing was convenient. In spite of this, 86.8% of Syrian refugees consider that escaping from war was positive.

The expressions of participants related to immigrating are as follows:

*"Our life fell apart. All of us feel ourselves helpless. We have nothing left. I do not even know where one of my sons is. After he came here, he said that he could do nothing here. He left the house. I wonder where he is. Is he dead or living?"*

*"Since my husband is died in the war, I came here with two children of mine and my aunt. Here, I first stayed in Nusaybin, Mardin. There, they marry with Syrian women mostly. Somebody told me that, there. He/she introduced me with my husband. I was obliged to get married. I had no other alternative. As a lonely woman, how could I look after two children. I am married for about 1.5 years. Fortunately, my husband is a very good man. He does not discriminate my children from the other children. My aunt returned again to Syria. I have no relatives in Turkey, all of them are in Syria."*

*"Here, we were obliged to live as 15 people in two rooms. In Syria, it was not like this, we all used to have rooms".*

*"In fact, facing a bad event like war made us more connected to each other. While we were living in Syria, we did not used to recognize the value of each other. Our family bonds are strengthened. But we are not happy here at all. I work, if there is any job. it is very difficult to live here. We hardly make both ends meet."*

*"In fact, we used to study hard. While we were in Syria, our target was to enter Medical Faculty and we were very successful in the school. If we were there, we would be doctors. Coming here also changed our profession. Since the courses here are very different, we have difficulty to study lessons. So our siblings have difficulties also. Our imaginations were stolen. For the first semester, the courses I failed are too much. We could not adapt and also going and coming from the camp to school also sounded difficult for us."*

*"In Syria, you will either study in the school or will become a farmer. They discriminate Syrian students going to Turkish schools. They do not accept them to the schools"*

*"I cannot use pots and pans made of aluminum and iron. The glass pots and pans are cleaner. However, I obligatorily use them since they are cheap. The meals in Syria are more tasty but the fruits in Turkey are more delicious. Here, since there is water, more delicious fruits grow. Since everything is expensive, I cannot buy everything I desire. I cannot not cook every time". "The meal of Turkey is bitter. Its bulgur and bread is different. The bread of Syria is thinner and its bulgur is sold in grilled way without cooking. After buying it it's only boiled. In Syria, village bread is heated in more different ways in the ovens. The oven is heated about for 10 hours from the evening, the brim of oven is closed. When we wake up in the morning, the inside of oven is cleaned by olive oil and breads are cooked. The cheese in Syria is softer. They are not made in spring and not conserved until winter like in Turkey. They are freshly eaten."*

Table 3 shows the opinions of Syrian refugees about health services in Turkey. While the rate of those considering the concept of being healthy in the way that "if there is no pain in any place of body you are healthy" was 37.2%, the rate of those saying that "lack of war means being healthy" was identified as 11.6%. When we focus on the case of presence of sick people in the family, in 72.1% of the families, there is a person being ill. The 21.0 % of the parents are ill. While among the most urgent health problem of Syrians, the lung diseases are in the first order, renal and hearth diseases are in the second order. 37.2% of Syrians don't do anything for not being ill and about half of them (41.8%) utilize health services in only emergency cases. The reason for the Syrian refugees not to utilize health services as they desire is examined and, 64.3% of them expressed this in the way that "health staff does not know our language" and 23.8% told that "health staff behave us very badly."

The thoughts of Syrian refugees about health and illness are as follows:

*"It is necessary to eat things with vitamins. We boil, lemon, orange and some herbs. It was more easy in Syria. We didn't use to stand in line too much. I used to go for controls. I used to go to hospital on my own. There was no need for another person with me. We used to go to the doctor that we know he is good. We used to sometimes go to our private doctors. There are many private doctors in Syria. It is not expensive. If the doctor doesn't have enough knowledge, your doctor will direct you to public hospitals,"*

*"Health for us means being rid of war and returning to our land".*

*"We came here to gain our health. We escaped to protect ourselves. If we are in safe, it means that we are healthy".*

*"There are private and public hospitals in Syria. We have heard about social insurance in here, we didn't know in Syria. Syria is cheaper than Turkey about health" .*

*"[In Syria], female gynecologists are preferred for maternity. Only non-Muslims get examined by the male doctors. We want to get examined by the female doctors in Turkey. Our family takes us to the hospital"*

*"There is a building providing free of charge health service here. There are Syrian doctors and nurses. It is better to go there"*.

As seen in Table 4, the mean score of the average value of the given points by the Syrian refugees about satisfaction from nursing care was calculated as  $63.57 \pm 20.45$ .

In Table 5, according to the sociodemographic characteristics of Syrian refugees, their scores of Satisfaction with Nursing Care are presented. While the median of the male refugees receive from the scale is 45.15, this value is 37.85 for females. Any significant statistical difference was identified between gender and Satisfaction with Nursing Care ( $p > 0,05$ ).

When the scale scores of the refugees according to their educational status is examined, while the median illiterate refugees receive from the scale turned out as 32, this value was 51.8 for literate ones; 48.75 for those graduated from primary school; and 39.78 for those having education status of secondary school and over. The difference between education and scale was statistically significant ( $p < 0.05$ ). For the married refugees, while the median value they receive from Satisfaction with Nursing Care was calculated as 48.62, for singles, this value turned out 31.61. There is a statistically significant difference between them ( $p < 0.05$ ).

While the median of Satisfaction with Nursing Care for those, whose position in the family is as father was 46.66, this value was calculated as 39.42 for mothers and 28.89 for children ( $p < 0.05$ ).

#### **4. Discussion**

As the increase in violence in Syria since March 2011, a number of refugees coming to the south border of Turkey bring some problems with them. The most important of the problems is that, millions of people not being able to reach the main requirements such as food, water, electricity, fuel, or medical material struggle with the life in starvation, poverty, and disease. The factors such as lack of sufficient health institutes and human power in this region, insufficient nutrition of refugees, linguistic problems, lack of health insurance, and social and psychological stress not only negatively affect the healthy problems of the refugees but also the health of the society they live in. As the refugees live in poverty, due to unhealthy life conditions in their environment before immigration during immigrations, or before they start to immigrate, they face to important health risks. These negative conditions that Syrian refugees live in is seen in Table 2. The main reason for them to experience these negative conditions is the war. In this study, although significant health problems are experienced, the end of war and returning back to their own country is the most important and priority for them (Ünal, 2014; Boyraz, 2015; Cengiz, 2015; Tuğ, 2015)

In this study, it was identified that, most of the refugees were young, and their education level was low (Table 1). The presence of young population that can easily adapt to the differences and potential of population to integrate to the daily life, even if it occurs due to obligation, forms the strengths of social adaptation process. That most of refugees do not work and that they are obliged to work to sustain their own lives and for the people which they are responsible, this effects the reaction of Turkish society in negative way. In another study, the concern of people to lose their jobs and the perception that their job opportunities are taken from their hands is (68.9%), (Boyraz, 2015). The reality rate of this situation, and the social perception creates social stress; and the decrease in the salaries of the unskilled workers makes a negative effect on people.

The most seen health problem is due to injuries resulted from war and the need for emergency health care (Table 3). This result is also supported by the other studies. Besides emergency departments are very busy, this situation forms the weakness of the effect of Syrians on health services. Due to the problem of capacity experienced in the border provinces, the cases such as the reaction that will form on the people considering that they cannot receive service, the negative effects of reemergence of some illness (poliomyelitis, Aleppo boil, measles, whose number decreases too much) that are not met in Turkey, on the society health, that Syrians heavily use emergency departments disturbs the people, and that these negatively affect the view of people about health service form the major threatening risks. Therefore, that Syrian refugees perceive the concept health as lack of war and they think that if there is no war, the people are not injured and that they are not obliged to go to the hospitals, thus, the other problems do not occur.

The first person is the nurse who witnesses the troubles that the Syrian refugees experience. In the literature research, there is no literature about the problems that the nurses face because of the refugees and the importance of this subject is indicated in other literatures. On this issue; International Committee

if Nurses (ICN) formed the theme 2006 as “Safe Environment –Safe Employment” and, in the theme 2007, focusing on “Positive Application – Working Environment”, it is stated that safe working environment makes important effect to the safety of the worker and patient; that it supports the positive results of the patient; and that it raises the performance of institute to the maximum level (Çiçek, 2012). According to the studies carried out in terms of nurse, the study by Hughes (2008) releases that nurses are not satisfied with their jobs; and that they want to have more autonomy and better working conditions; (Hughes, 2008) In the studies about nurse turnover and intention of nurses to leave the job, it is demonstrated that leaving job or intention to leave is directly related to working environments. When evaluated from this point of view, according to the data of Kilis Public Hospital between the years of 2011-2014, the negativities experienced in working environment due to war obliged 31 nurses, 20 health officer, and 9 delivery nurse to ask to be appointed (Cengiz,2015). In the study was suggested that the rate of leaving job for nurses were on average 19.9%; that among the reasons for leaving the job, there were inadequate communication in working environment, lack of autonomy, not being able to participate in the decisions, and not being able to work with the competent and qualified people. Depending on this, much as nurses are not satisfied, in this study, it was identified that the Syrian refugees were highly satisfied with nursing services (Table 4). This satisfaction increase in married people and those, whose educational level is high ( $p < 0.05$ ). As educational level increases, it can be thought of that people are more aware of the behaviors and expectations of both themselves and others and that consciousness increases.

### 5. Conclusions

In this study, it was identified that Syrian refugee families lived in bad and negative conditions; that they utilized healthy services in emergency cases; and they were satisfied with health services.

Determining the case of Syrian refugee families satisfaction with nursing services is considered important due to the fact in Turkey, any study specific to the domain of nursing about this subject is not met.

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**Table 1. Sociodemographic Characteristics of Syrian Refugees**

Variables	Number	Percentage
Age		
Age 20 and less	12	15.1
21-30	27	30.2
31-40	22	25.6
Age 40 and more	25	29.1
Gender		
Female	44	51.2
Male	42	48.8

Educational Status		
Illiterate	28	32.6
Literate	10	11.6
Primary School	25	29.1
Secondary School and over	23	26.7
Profession		
Housewife or not working	48	55.8
Worker	30	34.8
Public Servant	7	8.4
Marital Stratus		
Married	56	65.1
Single	23	26.7
Widow	7	8.1
Number of Children n=63		
1 or childless	12	19.0
2-3	13	20.7
4 and more	38	60.3
Current Working Status		
Yes	20	23.3
No	66	76.7

**Table 2.** *The cases of Syrian refugees Related to Migration*

Variables	Number	Percentage
Arrival time to Turkey		
1 month ago	5	5.8
6 months ago	33	38.4
1 year ago	23	26.7
More	25	29.1
The place he/she stay		
Camp	16	18.6
House of another person	39	45.3
There is no place to stay	31	36.1
His/her position in family		
Mother	27	31.4
Father	30	34.9
Child	23	26.7
The other	6	6.9
Monthly income		
There is no income	23	27.1
TL 450 and less	20	23.5
More than 450	43	49.4
Number of room in the house he/she stays N=75		
0-1 room	16	21.3
2-3 rooms	51	68.0
More than 3	8	10.7
Water source in house		
There is	63	73.3
There is not	18	20.9
Did the structure of family change?		
Yes	65	75.6
Non	11	12.8

**Table 3.** *The views of Syrian refugees about health services.*

Variables	Numbers	Percent
In your opinion. what does "healthy" mean?		
He/she does not know	25	29.1
If there is a pain in any place of body	32	37.2
Being together with family	6	7.1
Lack of war	10	11.6
Everything giving happiness	13	15.1
Is there anybody being ill in the family?		
Yes	62	72.1
Non	24	27.6
Person being ill N= 62		
Parent	18	21.0
Child	14	15.1
Himself/herself	14	15.1
Person more than one	16	17.8

The things done for not being ill		
Nothing	32	37.2
Materials of herbalist	6	7.0
Nutrition-cleaning-enough sleeping	38	44.2
Being protracted from cold weather	10	11.6
Time for utilizing health services		
In emergency conditions (birth. broken. injury. I-If illness becomes more serious )	36	41.8
In light cases such as weakness	50	58.2
The reason for not utilizing health services N= 42		
Familial health centers do not accept us.	5	11.9
They badly behave to us	10	23.8
Due to linguistic problems	27	64.3

**Table 4. The score cases of Syrian refugees related to Satisfaction with Nursing Scale**

	Min	Max	X±SD
Satisfaction with Nursing Scale	19	95	63.57±20.45

It does not fit to normal distribution. . P<0.05

**Table 5. According to the sociodemographic characteristics of Syrian refugees. Score of Satisfaction with Nursing Care**

Variables	Median	p
Gender		0.165
Male	45.15	
Female	37.85	
Age 20 and less	39.23	0.198
21-30	36.48	
31-40	38.97	
Age 40 and over	50.17	
Illiterate	32.00	0.042
Literate	51.80	
Primary School	48.75	
Secondary School and over	39.78	
Marital status		0.001
Married	48.62	
Single	31.61	
Widow	21.14	
Position in family		0.017
Mother	39.42	
Father	46.66	
Child	28.89	