

DIFFICULTIES ENCOUNTERED BY NURSING STUDENTS IN CARING OF REFUGEE WOMEN: A QUALITATIVE STUDY

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ABSTRACT

Purpose: This study was done as for the purpose of manifesting the problems experienced by nursing students.

Material and Methods: This study was planned as a phenomenological type of qualitative research. Thirty-five students volunteered to participate in this research. The students were divided into five groups, seven students per group, and focus group interviews were conducted for each group.

Results: The average age of the students was 21.08 ± 0.61 years, 68.6% of the students were women, and 31.4% were men. Five themes were formed regarding the difficulties experienced by the students in the content analysis: inability to give active care because of the language barrier, displaying a sympathetic approach because of feeling mercy and thinking that she/he cannot give adequate care, fear of contagious diseases, and the inability to apply enough practice/learn in the clinical environment as a male nurse because of the perception of privacy.

Conclusion: It was determined that student nurses experienced problems during the maintenance of refugee women in particular the problem of language-related communication, women's expectations of respect for privacy, concerns about the risk of communicable disease. It may be recommended to add intercultural nursing to the academic program, increase course content on patient-nurse communication, and increase students' knowledge of asepsis/antisepsis due to infection concerns.

Keywords: Difficulty, nursing student, refugee women, qualitative study

INTRODUCTION

It is seen that many Syrians were obliged to flee from their countries and take refuge in various neighbor countries such as Lebanon, Jordan, Iraq and Turkey since the year of 2011 because of the civil war in Syria (1-5). Turkey is hosting the most crowded Syrian refugee population (nearly four and a half millions). It is stated that 75% of Syrian refugees who live in other countries as asylum seekers are women and children and most of women are at their reproductive age (1-3). Especially the women in 15-49 age group can face

situations with special impacts such as disease and death during pregnancy and birth they experienced only because of their gender (even though they are physiological and social processes) in this period (3-5).

It is seen that the usage level of healthcare services of Syrian refugees who live in the camps in Turkey is high; and nearly 90% of men and 94% of women have been benefiting from these services (1,2) Studies have shown that unintended pregnancies, risky pregnancies, miscarriages, birth complications and

sexually transmitted infections, including HIV/AIDS, are among the most frequent health problems in refugees (1,2). The reported health problems encountered are primarily gynecological. Healthcare personnel should realize the requirements of migrated women, have knowledge about how to approach them, and be sensitive about cultural differences (3-6). In this context; with increasing diversity in healthcare, nurses, as frontline care providers, are also expected to provide sensitive and culturally appropriate care to patients and families from diverse cultural and social backgrounds (7) The prejudiced and negative approach of nurses who are not well trained and equipped to provide treatment and nursing care to individuals, families or communities from other cultures can negatively affect the quality of health care (8). It is claimed that such negative attitudes in our country make compliance with treatment difficult, reduce the rate of utilization of health services, and negatively affect the physical and psychiatric health of refugees (8,9). Professional nursing aims to provide cross-cultural care that is respectful of cultural values, beliefs and lifestyles. Leininger defined transcultural nursing as “an important field of study and practice that focuses on the comparative cultural care (care) values, beliefs, and practices of individuals or groups from similar or different cultures.” Providing intercultural care is the professional responsibility and moral obligation of nurses. Healthcare and nursing organizations worldwide emphasize the need to provide transcultural and sensitive care (7). Receiving culturally sensitive or intercultural care improves patients' overall well-being and makes them feel valued and respected in healthcare settings (10) It also increases patient satisfaction with healthcare and the behavior of care providers and promotes positive health outcomes (11). Therefore, it is very important for healthcare personnel to be aware of the needs of immigrant women, to have knowledge about how to approach them, and to be sensitive to cultural differences (3-6). In our country, the concept of intercultural care; In terms of nursing education, the content of theoretical and practical training curricula needs to be developed. In this context; it is extremely important to develop a comprehensive understanding of the challenges faced by nurses and nursing students and approaches to providing intercultural care. Because providing intercultural care is a core nursing competency. It is important to have a comprehensive understanding of the challenges

nurses and nursing students face when trying to provide cross-cultural care in clinical settings. However, there are a very limited number of studies on this subject in the literature.

Student nurses perform clinical applications for practicing and corroborating their theoretical knowledge. It is needed proper clinical environments for the effectivity of these applications. The case and practice variety that can be encountered in clinical environments creates rich learning conditions for students. In this context, it is thought that giving care to refugee patients is beneficial for the clinical learning of the student nurses. It is necessary for providing maximum benefit for students to manifest the problems they experienced while giving care to the refugee patients and to develop effective solution offers. This study was done as a phenomenological qualitative study for the purpose of manifesting the problems experienced by nursing students who will enter the profession in near future while giving care to the refugee women in clinical environments and of providing solution offers.

MATERIAL AND METHODS

Design and Sample

This study was planned as a phenomenological type of qualitative research. Phenomenology is a research type that attempts to understand or reveal the human experience (12). The subject that will be examined as a phenomenon in this study is “nursing care given to refugee women” and the experiences of nursing students about this phenomenon (12). It was aimed in this study to identify the experiences, thoughts and approaches of the students who practiced their clinical application of Gynecology-Women Health and Diseases Nursing course in the 3rd grade of the nursing department of Health College in a university in the South of Turkey in the hospital during the treatment and care practices towards refugee women.

The population of this research was composed of 102 students who study in 3rd grade of nursing undergraduate education at Health College in a university in the South of Turkey in the fall semester of 2017-2018 school year. Gynecology-Women Health and Diseases Nursing course is given in the fall semester of third school year in Health College that gives 4-year undergraduate education. The fall semester continues for 14 weeks. This lesson is studied for the entire semester through 6 hours theoretical education in school and 12 hours practical

Table 1. Interview Form

Interview Form Content	
It was asked	
I.	How and in what way their experiences of treatment and care towards refugee women are,
II.	What their most experienced problems/challenges or subjects in the treatment and care towards refugee women are (in terms of Gender/Religion/Language/Culture),
III.	Whether there are situations during which they behave as attentive/careful differently from Turkish patients while giving service to refugee women, and if any, what they are,
IV.	Whether there are practices or expectations they want to conduct differently from student nurses during the treatment and care towards refugee women, and if any, what they are,
V.	What kind of arrangements are needed about the services provided for refugee women, and what their recommendations about this issue.

application in the hospital each week. 35 students who accepted voluntary participation were involved to the research. It is preferential to have a homogenous group for the phenomenological research (12). It was formed groups with similar characteristics in terms of the age, gender, education semester and socio-economic conditions of the students for providing the homogeneity of the sample group. Because of that the research examines the problems experienced in care practices towards Syrian women, the students were chosen from those who made practice for 14 weeks in gynecology clinics and give care to Syrian refugee women. It was formed 7-persons homogeneously pertinent groups with the criteria determined in accordance with the purposive sample choice among the students. It was conducted focus group interviews with 5 different groups in total as of one interview for each group.

Data Collection

Focus group interviews were conducted using the semi-structured question form (Table 1). Research data was collected between January 1, 2018 and January 31, 2018 after the 14-week clinical practice ended. In the focus group interviews, one of the researchers participated as the interviewer and the other as the observer. While the observer took notes on the research, the interviewer asked the students questions about their experiences, views, and approaches about the difficulties they encountered while giving care to the Syrian refugee women. Thirty to forty-five minutes were allotted for each focus group interview. The interviews were recorded with a voice recorder with the permission of the participants, which was received with written informed consent before the interviews.

Data Collection Tools

The question form (Table 1), which included five questions prepared by academic members who were proficient and experienced in their field of Women's Health Nursing (one associate professor, one assistant professor).

Ethical Principles of the Study

Permission for this study was granted given by Faculty of Health Sciences of University and ethical approval was received from from the Hatay Mustafa Kemal University, Tayfur Ata Sokmen Medical Faculty, Clinical Research Ethics Committee for this study (Data: 02.11.2017, No: 15). Written consent was received from all students who participated in this study. In addition, it was decided that there was no ethical or scientific disadvantage in carrying out the work at the relevant center. It was said to the participants that they can stop the interviews whenever they want during the interviews and they can leave the study. It was also stated that no payment would be made to any participants and it would not be given the identities or any descriptive information that can cause the publicity of the researchers while reporting the data obtained from the study. In accordance with the data obtained from the research, the research results were shared with the Health College Directorate for developing solutions towards overcoming the problems experienced by the student nurses during treatment and care process.

Data Analysis

The records taken during the interviews were transcribed as a whole by the researchers. Content analysis technique was used in analyzing the qualitative data collected from the participants. The

Table 2. Themes Formed According to Content Analysis

Themes Formed According to Content Analysis	
I.	Inadequate Treatment and Care due to Language Obstacle
II.	Responsibility to Show More Care/Show More Sympathy
III.	The Obligation to Be Careful Against Infectious Disease Risks
IV.	Cultural and Religious Barriers
V.	Arrangements
	<ul style="list-style-type: none"> • Opening Hospitals specific to Refugees/Training towards Refugee Women (Women Health, Family Planning, Newborn Care, Personal Hygiene) • Increasing the Number of Translators in Hospitals • Language Courses for Health Personnel

aim in the content analysis is to gather similar data together and to interpret them by arranging them as understandable by the reader (12). While the conceptual structure of the research was specified by adopting the content analysis approach through complying with this fundamental principle, the data were supported by direct quotes from the opinions of the participants about the subject. For the purpose of increasing the validity-reliability of the research; the transcriptions of the interviews were done on the same day, themes were formed after reading the data twice on different times by two researchers in the analysis process, and it was asked to a group of participants whether the themes formed after the transcriptions and the words in the interviews were reflected true through making them read. Themes were summarized in 5 categories according to the data revealed by research questions as a result of the content analysis (Table 2). In the presentation of the findings, direct quotations were included to reflect the opinions of the participants. While presenting the quotes, the participants were defined as "Female/Male Student". Additionally, the student nurses' age was added to the end of the quotes.

RESULTS

Demographic Information

A total of 35 students were interviewed in our study. The average age of the students was 21.08 ± 0.61 years, 68.6% of the students were women, and 31.4% were men.

Data analysis in qualitative research; it includes preparing the data for analysis, coding the data, bringing the codes together and reducing them to themes, and finally presenting the data in tables or discussion. Creswell (13) coding; it is the process of symbolically assigning words or short sentences to research data in line with research purposes. Depending on what the researcher is looking for, the

codes may differ. Open coding was used in this research. Open coding can be defined as the process of comparing, identifying differences or similarities in the data to discover commonalities that will form categories or themes. It is generally a process performed by reading the resulting text line by line as soon as the data is collected. Sometimes coding can be done line by line or word by word, and sometimes open coding can be done in a more expanded form in the form of sentences, paragraphs or even sections. The purpose of open coding is to provide prior knowledge to build concepts and categories. Five themes were formed based on the difficulties encountered by the students from the content analysis (Table 2).

Inadequate Care Due to Language Barrier

Students stated that they could not give adequate care as they intended because they did not speak the same language with the patients. Therefore, it was determined that their experiments in this subject are not on a positive level.

"While I was giving care to refugee women, I has disagreement with them when I try to explain in Turkish because of that I do not know Arabic." (21-year-old, male student)

"We are not successful enough in this subject, namely during the treatment and care, we generally only look at one another. They do not react much. We are only giving them the treatment and leave. That is to say, we give care too, yes, but we are giving care without having any communication with the patient about these." (21-year-old, female student)

Responsibility to Show More Care/Show More Sympathy

Student nurses expressed that they paid more attention and showed more sympathy to Syrian refugee women compared to Turkish.

"We do not have difficulties while giving service to Turkish patients because we have a common language. But while I was giving care to refugee patients, I try to tell a subject again and again through gestures and facial expressions; I behave more attentive and careful in this issue." (21-year-old, male student)

"I check the patient frequently, I am more attentive... Because I observed that the tendency to remove branules and to close serums by themselves of Syrian patients is much more than Turkish patients, so I always try to hinder them to do these by keeping a close watch on them. And I am a little uncomfortable about hygiene. They have grown up in a different culture." (21-year-old, female student)

"We can show more tolerance and more empathy to these patients. Because they can not understand well because of the language difference." (22 -year-old, female student)

"I Show more tolerance while I was giving service to refugee women because of that they do not understand our language. I am attentive to be more compassionate and more good humored because I think that they feel themselves embarrassed before us." (21 -year-old, female student)

"I sympathize them much more because of the trauma they experienced and I behave them in an easy fashion and good humored to provide them to feel better and to avoid a bad psychology." (21-year-old, female student)

The Obligation to Be Careful Against Infectious Disease Risks

While practicing care and treatment of refugee women, some nursing students stated that they were more attentive and careful in their physical contact with refugees compared to other patients in the same service to prevent the risk of infectious diseases.

"I am more sensitive about hygiene with them differently than Turkish patients. I wear gloves while entering the rooms of all patients, but I show a nervous approach in refugee patients. I try to be more careful because I do not know their medical story well and that I cannot ask them." (21-year-old, female student)

"I am careful about self-protection methods. When we consider that they came from a war, there is much possibility for carrying a contagious disease. For this reason, I am protecting myself differently while I am giving care and treatment." (21-year-old, female student)

Cultural and Religious Barriers

Students stated that refugee women have higher expectations regarding respect for privacy because of their religious and cultural backgrounds compared to other patients during treatment and care practices. Male students had difficulties during their gynecology internship due to this situation.

"Some refugee women say that they exactly do not want male students due to their culture and religion, I direct female friends in these situations." (22-year-old, male student)

"I observe that they generally refrain from male personnel and can refuse treatment in accordance with their customs. I also see that they have been anxious while I am giving care and applying treatment." (21-year-old, female student)

Arrangements

Students suggested that hospitals specific for refugees have to be opened. There is a need for additional training, particularly for women's health issues (women's health, family planning, newborn care, personal hygiene), for refugee women. This need has to be satisfied through different training methods, the number of translators in hospitals has to be increased for service, and healthcare personnel have to take Arabic language courses.

"I think that refugee women should receive treatment and care under another roof, namely in a different center from Turkish patients, a hospital which will give treatment in compliance with their culture, language and religion. When they are in the same place, they can understand each other better, they can feel better psychologically." (22-year-old, female student)

"It should certainly be provided a translator in each service, it should be given training to refugee women on the issues of women health, newborn care, hygiene, family planning." (21-year-old, female student)

DISCUSSION

Communication, which is a fundamental part of nursing, is an important factor with regards to patient satisfaction and qualified nursing care (14-16). In our study, the student nurses stated that they could not give adequate treatment and care as they intended, namely because they did not speak the same language as the patients. Similarly, in other studies, healthcare professionals that provided healthcare services to refugee and migrant patients stated that the most important service obstacle was "language",

and therefore they had difficulties establishing communication (16-20). In a qualitative study conducted with 25 nursing students caring for refugee patients in Turkey; all of the participants mentioned the language and communication barriers in their communication with refugee patients (21). In another study conducted in our country; It has been reported that the biggest obstacle for nursing students in providing care to refugees is language and communication (22). In the research of Çamlıbel and Uslu (2023), it was found that nurses had problems especially in terms of communication during the care they gave to refugee patients (23). While our study findings correspond with the literature, our study also revealed that the student nurses could not implement the patient care they learned theoretically to practice because of the language barrier.

Professional care has five important features, compassion, competence, confidence, commitment, and conscience (24). In our study, we identified that the student nurses pay more attention and show more sympathy to Syrian refugee patients in comparison to Turkish patients for both feeling compassionate towards the patients and attempting to reduce the communication problems, which resulted from a language barrier. There are also conclusions similar with our findings reported in the literature (14). In another study that examined the experiences of the nurses caring for Syrian refugee patients, the nurses showed compassion to the patients during the care process (19). Studies have underlined that, despite nurses having negative feelings towards the refugee patients due to problems, such as language barriers and increasing work load, they still have empathetic and merciful feelings, among others, towards the patients (20,25) While empathy and compassion are proper behaviors in professional care, the mercy and expressed sympathetic approach due to this mercy can cause the nurses to go beyond their professional relationship with their patients. This situation can cause an identification with the patient, desperation, and exhaustion (26). When the positions and functions of the student nurses in the hospitals are considered, it comes to mind that they can be exploited, for example, having them make Works out of nursing by taking advantage of their compassionate and sympathetic feelings.

In Turkey, there were 330,000 respiratory tract infection cases and 50,000 diarrhea cases among 2.7 million refugees who came from Syria in 2015 (27,28). The systematic compilation study of Isenring

et al. (29) found that the most frequently encountered contagious diseases in Syrian refugees are *Leishmania tropica* and antibiotic-resistant gram-negative bacteria and colonization. In our study, some nursing students stated that they behave more attentively and carefully in their physical contact with refugee patients compared to other patients in the same service to prevent the risk of contagious diseases. While students can have concerns about contagious diseases, this concern will possibly result in the students taking different approaches towards care (less contact, wearing extra gloves/masks, etc.) and different applications to the refugee patients. This situation can result in the refugee women feeling as if they are being discriminated against. In a study examining the nursing care experiences of Syrian refugees in Turkey, nurses reported that healthcare professionals are at risk due to the infectious diseases of refugees (30). In a study conducted with nursing students in our country; Hygiene and infectious diseases are considered among the most common problems in refugee care (8). Our research findings reveal the prejudices and concerns of nursing students towards the care of refugees. At the same time, it warns us to develop solutions for the fragile points of nursing education.

Many Syrian and Arabic Muslims (both men and women) only touch people of the same gender; they feel uncomfortable exposing their bodies in clinical treatments, and therefore the healthcare professionals should ask for permission to proceed with care (31, 32). In our study, the students stated that during treatment and care practices, refugee women had higher expectations regarding respect for privacy, because of their religious and cultural characteristics, compared to other patients. Similar with our study findings, some studies reported that women demanded woman healthcare personnel during childbirth because they were Muslim, and the healthcare professionals had difficulties in the face of such situations (33, 34). In a study conducted on this subject, it was reported that Syrian refugee women were exposed to a traumatic experience due to lack of privacy during their stay in public hospitals (35). Not all nursing students are women. Thus, this situation will pose an important obstacle during the gynecology internship of male students. On the other hand, privacy is a feeling that all people experience/can experience, whether they are refugees or not. It should not be forgotten that refugee

women may need more intercultural care in a country with a different culture.

In our study, the problems experienced by the students were deeply examined, and it was demanded from the students to bring forward solutions to these problems they experienced. The students suggested that hospitals specific to refugees have to be opened; the number of translators in hospitals has to be increased; healthcare personnel have to take language education. Similar with our study findings, Gönenç et al. (19) reported that the midwife nurses and nurses suggested that separate services should be given to refugees; the personnel should be trained about this issue; service counselors should be available for solving these problems. The recommendations of the students are consonant with the literature.

Limitations of the Study

Although this study is one of the exceptional studies in which the problems experienced by nursing students who will be health personnel in the near future are evaluated in the care of refugee female patients, it was conducted with only undergraduate nursing students of a university. Consequently, the findings of the study can only be generalized for his group. In future, similar studies can be conducted in all the schools which give nursing undergraduate education in Turkey.

CONCLUSION

It is inevitable for the students to encounter with refugee women in healthcare services given in gynecology field because of that the majority of individuals who reside in Turkey as refugees are women and children and there are necessary conditions such as pregnancy-birth in which it must be benefited from the healthcare service. For this reason, it can be said that the students who compose our study sample have been encountering with refugee women frequently and the experiences they shared created a quite rich data. In this context, knowing what these students who will start to perform the profession after one year did experience in the manner of giving trans-cultural care is important in terms of revealing the deficiencies that should be overcome in the educational system and exemplifying for other nursing schools.

The problems identified as a result of content analysis of the experiences of the students are; inability to give active care because of language obstacle, displaying

sympathetic approach because of feeling mercy and thinking that she/he can not give enough care, fear from contagious diseases, and inability to apply enough practice/learn in clinical environment as a male nurse because of the privacy perception.

It was recommended for enabling students to give enough care to refugee patients and feel themselves qualified in this issue to add trans-cultural nursing to the academic program, to perform practices in company with a translator during the clinical practice for the acute solution of the problem, and to teach different education techniques which can be used by the individuals with different languages and cultures in nursing care to the students. It was recommended to increase course contents about patient-nurse communication for enabling them to develop empathy rather than sympathy. For the purpose of prohibiting patient's feeling to be exposed to discrimination because of the healthcare personnel's concern about contagious diseases and the different approaches because of this concern, it was recommended to increase the asepsis/antisepsis knowledge of the students and to address the issues of discrimination and respect to patient dignity through practical cases as part of care ethics. Finally, for the purpose of eliminating the suffering experienced by male students as part of the privacy perceptions of refugee women, it was recommended to address the patient privacy through practical cases as part of care ethics, to incorporate the male students into practices without any privacy problem, and to compensate the incomplete practices in the clinical environment in laboratory environment.

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