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ORIGINAL ARTICLE

Healthcare delivery in the shadow of war: The experiences of Turkish nurses providing care to Syrian asylum-seekers

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Abstract

The Syrian civil war caused humanitarian tragedy, resulting in significant losses and massive migration movement, significantly impacting nursing services. The purpose of this study was to identify the problems and experiences of nurses who provided care for Syrian asylum seekers in Turkish border hospitals during the war. This phenomenological and qualitative research selected participants with maximum diversity sampling. Interviews were conducted with 68 nurses who provided care and treatment to asylum seekers during the peak of the war. Data analysis identified two main themes and nine sub-themes: language differences, interpreting services, intercultural differences, complex patients, non-compliance with hospital rules, treatment programmes and discharge issues. The nurses experienced both positive and negative emotions during the process. During the Syrian war, patient care issues were identified as being primarily caused by language and cultural differences among asylum seekers and nurses. During this process, nurses who cared for severe injuries and asylum-seekers experienced both positive and negative emotions simultaneously.

This study was produced from the part of doctoral thesis of Ayşe Çiçek Korkmaz under the supervision of Professor Ülkü Baykal.

INTRODUCTION

In recent years, wars in several nations have triggered global migration movements. Two prominent examples are the mass migration of millions of people fleeing the Syrian civil war in the past and, more recently, the Russia-Ukraine war.

The initial mass movement of asylum-seekers towards Turkey, which shares a 911 km border with Syria, began in April 2011 with the admission of 252 Syrian citizens through the Hatay province border gate (Disaster and Emergency Management Presidency [AFAD], 2016). As the crisis in Syria escalated, from June 2011 onwards, Turkey granted 'temporary protection' status to Syrian citizens seeking refuge, adopting an open-door policy. These individuals were accommodated in camps established in border provinces such as Hatay, Şanlıurfa, Gaziantep, Kilis, Kahramanmaraş, Adıyaman, Adana, Osmaniye, Malatya and Mardin. Shortly after, Turkey hosted the most significant number of refugees worldwide (AFAD, 2013).

While the number of people forcibly displaced due to conflict, violence and oppression has reached record levels globally, Turkey still hosts the highest number of asylum-seekers/refugees in the world (United Nations High Commissioner for Refugees [UNHCR], 2022). As of March 2023, Turkey hosts approximately 3.6 million Syrian and 68,000 Ukrainian asylum-seekers for protection, which increases day by day. Currently, 98% of Syrians live in urban areas of Turkey (Refugee Association, 2023).

Background

The massive wave of migration triggered by the internal conflict in Syria has brought with it numerous health risks for asylum seekers. While struggling with hunger, disease and poverty, these Syrian asylum seekers are unable to adequately meet basic needs such as water, food, electricity and medical supplies (Çiçek Korkmaz, 2016). Displaced Syrians face significant barriers to accessing health services in their new living conditions due to physical and psychological traumas. Factors such as financial difficulties, lack of health insurance, local government's inability to meet the needs of asylum seekers, challenges of being a foreigner, legal issues, transportation, language and cultural differences, healthcare workers' lack of knowledge about the specific health needs of asylum seekers, and discrimination create obstacles to accessing health services (Beşer & Tekkaş Kerman, 2017; Değer et al., 2018; Torun et al., 2018). Additionally, the insufficiency in the number of hospitals and human resources adversely affects not only the health problems of the asylum seekers but also the health status of the communities they live in (Çiçek Korkmaz, 2014).

The need for urgent medical care among Syrians crossing into Turkey has particularly complicated the provision of health services in border provinces (Çiçek Korkmaz, 2014). In border cities like Gaziantep and Kilis, treating civilians and combatants severely injured due to the war has increased the workload on health institutions. The pressure on emergency care services, operating rooms and outpatient clinics has increased, while patient admission systems and care needs have changed. These transformations have significantly impacted nursing services. Problems such as the inability to apply the nursing process, resource insufficiency, failure to ensure patient and employee safety and adverse effects on nurses' working conditions have emerged (Çiçek Korkmaz & Baykal, 2023). Nurses have been forced to respond to increasing health needs more technically, further complicating already challenging working conditions (Brewer & Ryan-Wenger, 2009).

Nurses in these environments face both workload, difficult working conditions and increased emotional and psychological burdens. It has been noted that nurses, mainly due to encountering severe injuries or deaths among young people caused by the war, experience emotional problems. The presence of a large number of seriously injured people, particularly affecting young nurses with limited clinical experience, has been indicated to cause feelings of inadequacy, guilt, doubt and depression (Kenny & Hull, 2008; Scannell-Desch & Doherty, 2010). In line with this, it has been mentioned that between 2011 and 2014, a total of 60 healthcare workers (nurses, midwives,

health officers) at Kilis State Hospital were forced to request transfers due to the adverse conditions in the work environment caused by the war (Çiçek Korkmaz, 2014).

Despite the extensive coverage in the literature on the challenges Syrian asylum-seekers face in accessing healthcare services (Alawa et al., 2019; Chen, 2021; Zhang & Worthington, 2021), particularly nurses working in hospitals near border areas have not been as thoroughly examined. It is essential to address the problems and experiences of nurses providing care to war casualties for the first time in Turkey's border hospitals due to the increasing asylum-seeker numbers. As far as we know, there are limited studies on nurses' experiences with asylum seekers. However, most of these studies have not been conducted with nurses working in hospitals near the border or during the most intense periods of the war and have not yet been qualitatively analysed in Turkey (Backlund & Olausson, 2021; Savcı & Şerbetçi, 2019). Therefore, this study aims to examine the problems and experiences of nurses caring for Syrian asylum seekers. By focusing on nurses' experiences, this study seeks to contribute valuable insights to the existing literature on immigrant healthcare services and develop a deeper understanding of the difficulties encountered in healthcare delivery.

METHODOLOGY

Study design

This study used a qualitative approach using a phenomenological design. The COREQ checklist was used to report the study findings (File S1).

Setting and participants

The study used maximum variation sampling to select nurses who provided healthcare to Syrian asylum-seekers in a university hospital, five private hospitals in Gaziantep and a state hospital in Kilis, two border provinces most affected by the Syrian war. The inclusion criteria were as follows: (1) providing care to Syrian asylum-seekers, (2) having at least 1 year of work experience in hospitals and (3) being willing and able to have individual interviews. The exclusion criteria were: (1) not providing care to Syrian asylum-seekers, (2) having work experience in hospitals less than 1 year and (3) not participating or failing to complete the interviews. The study included 68 nurses, of whom 61.7% were university graduates, aged 19–52 years (mean 30.59), with professional experience of 1–33 years (mean 9.2) and institutional experience of 1–32 years (mean 5.23), as shown in Table 1.

Data collection

Interviews were conducted during the period during the peak of the Syrian civil war and the arrival of Syrian asylum-seekers to Turkey (July 2015–December 2015). After obtaining legal permissions, the researchers interviewed the managers of sampled institutions to determine the clinics and the number and qualifications of nurses providing care to Syrian patients in those clinics. The data were collected using semi-structured, pilot-tested and face-to-face interviews. Pilot interviews were not included in the study. The interviews were conducted in a quiet, well-lit executive's or nurse's office. During the interviews, the researcher observed changes in participants' tone of voice and emotions and took field notes when necessary. The interviews were conducted only once with each

TABLE 1 Participant characteristics.

Hospital type																		
The State Hospital							The University Hospital							The Private Hospital						
SBH-No	Position	Age	Education	Years of work	Years of nursing	Work unit	UH-NO	Position	Age	Education	Years of work	Years of nursing	Work unit	OH-NO	Position	Age	Education	Years of work	Years of nursing	Work unit
1	SN	39	HG	18	4	Delivery Room	1	SN	19	HG	2	1	Paediatric Unit	1	UM	24	AD	4	4	Intensive Care Unit
2	SN	31	BD	7	3	Neonatology Unit	2	SN	30	BD	6	4	Cardiology Unit	2	SN	26	HG	7	1	Neonatal Intensive Care
3	SN	42	BD	18	18	Delivery Room	3	UM	33	BD	10	10	Paediatric surgery Unit	3	SN	35	HG	9	1	Neonatal Intensive Care
4	UM	45	BD	27	23	Gynaecology Clinics	4	UM	35	BD	14	5	Paediatric Unit	4	SN	23	BD	1	1	Adult Intensive Care
5	SN	29	BD	3	1	Gynaecology Clinics	5	SN	25	BD	2	2	Paediatric Unit	5	UM	25	HG	8	4	General Unit
6	SN	25	BD	2	2	Small surgery unit	6	SN	30	BD	5	4	Haematology Unit	6	SN	19	HG	2	2	General Unit
7	SN	29	BD	8	2	General Unit	7	SN	29	BD	2	1	Cardiovascular Unit	7	UM	21	HG	4	4	General Surgery
8	SN	41	AD	22	14	Delivery Room	8	SN	25	BD	4	4	Orthopaedics Unit	8	SN	26	HG	9	1	General Surgery
9	SN	28	BD	4	4	Gynaecology Clinics	9	UM	28	BD	5	5	Orthopaedics Unit	9	SN	23	BD	1	1	Sergery Intensive Care
10	UM	40	BD	20	10	General Unit	10	UM	38	BD	14	1	Neurosurgery Unit	10	SN	24	BD	4	2	General Surgery
11	SN	25	BD	2	1	General Unit	11	SN	29	BD	7	7	Neurosurgery Unit	11	SN	26	BD	1	1	General Surgery Intensive Care

TABLE 1 (Continued)

Hospital type																		
The State Hospital							The University Hospital							The Private Hospital						
SBH-No	Position	Age	Education	Years of work	Years of nursing	Work unit	UH-NO	Position	Age	Education	Years of work	Years of nursing	Work unit	OH-NO	Position	Age	Education	Years of work	Years of nursing	Work unit
12	SN	28	BD	3	1	Internal Medicine Unit	12	SN	28	BD	7	7	Transplantation Unit	12	UM	38	HG	19	1	General Intensive Care
13	SN	20	HG	2	2	Internal Medicine Unit	13	UM	27	BD	4	4	Chest Diseases Unit	13	UM	26	HG	8	1	General Unit
14	UM	43	BD	21	10	Emergency Unit	14	SN	33	BD	8	8	Chest Diseases Unit	14	SN	27	HG	9	1	General Unit
15	SN	30	BD	8	7	Paediatric Unit	15	SN	30	BD	6	5	Urology Unit	15	SN	21	HG	4	1	General Unit
16	UM	40	UM	20	3	General Surgery	16	UM	24	BD	2	2	Gastroenterology Unit	16	SN	25	HG	1	1	General Surgery Intensive Care
17	SN	39	BD	20	1	General Surgery	17	SN	26	BD	2	2	Infectious Diseases Unit	17	SN	27	BD	3	2	Surgery Intensive Care
18	UM	35	HG	15	15	Small surgery unit	18	UM	38	AD	18	17	Urology Unit	18	UM	49	AD	30	3	Neonatal Intensive Care
19	SN	24	BD	2	2	Small surgery unit	19	UM	37	MD	17	15	Ear Nose Throat Unit	19	SN	21	HG	4	4	Neonatal Unit
20	SN	30	BD	9	5	Small surgery unit	20	SN	34	BD	10	10	Ophthalmology Unit	20	UM	29	HG	11	1	General Intensive Care
21	SN	35	HG	17	8	Chest Diseases Unit	21	UM	52	HG	33	32	Delivery Room	21	SN	25	BD	2	1	General Intensive Care

(Continues)

TABLE 1 (Continued)

Hospital type																			
The State Hospital							The University Hospital							The Private Hospital					
SBH-No	Position	Age	Education	Years of work	Years of nursing	Work unit	UH-NO	Position	Age	Education	Years of work	Years of nursing	Work unit	OH-NO	Position	Age	Education	Years of work	Years of nursing	Work unit
22	SN	25	BD	3	3	General Surgery	22	UM	41	BD	22	21	Paediatric Emergency Unit							
23	SN	39	BD	15	4	Intensive Care Unit	23	SN	32	BD	10	5	Paediatric Emergency Unit							
24	SN	35	HG	9	3	Intensive Care Unit														

Note: Position: SN, Staff Nurse; UM, Unit manager.Education: AD, Associate degree; BD, Bachelor's Degree; HS, High School; MD, Masternns degree.

participant. Six participants dropped out of the study before the interview. Considering data saturation, the completed interviews lasted 30–85 min and were recorded.

This doctoral thesis was conducted under the supervision of a second author by the first author, who has a master's degree in nursing management. The second author is a female researcher with a PhD in Nursing Management. Both are experienced in qualitative research. The first author transcribed the interviews onto a computer and wrote a report.

Data analysis

To analyse the data, Yıldırım and Şimşek's (2013) content analysis was conducted in four steps: (a) coding the data, (b) identifying the coded data themes, (c) organizing the codes and themes and (d) describing and interpreting the findings (Yıldırım & Şimşek, 2013). The thesis advisor and committee reviewed the main and sub-themes to finalize the analysis. Quotations were selected to explain the findings' theme sections. Institution names and interviewer numbers were indicated after quotes to ensure participants' anonymity, with 'SBH1' for the first interviewer in the state hospital, 'U1' for the university hospital and 'O1' for the private hospital.

Trustworthiness

Three experts evaluated the face validity of the interview questions beforehand. The researchers used credibility, dependability, confirmability, transferability and authenticity to ensure the reliability of the data (Connelly, 2016). The research includes quotations from different participants to increase the transparency and reliability of the findings and verify the data.

Ethical considerations

Ethical approval was obtained from a university's Health Sciences Ethics Committee (Approval date: 20.04.2015, Protocol number: 128) and institutional approval from the related institutions. All participants provided written informed consent. Confidentiality of all data was maintained and used solely for research. The first author stored electronic data on a password-protected computer and kept printed surveys in a locked file cabinet. Procedures complied with the Helsinki Declaration and ethical standards of the hospitals.

RESULTS

Data were categorized into 11 subthemes under two main themes.

Theme 1: Problems faced in patient care

This main theme was created to identify the problems that nurses face while providing healthcare services to Syrian patients (see Figure 1).

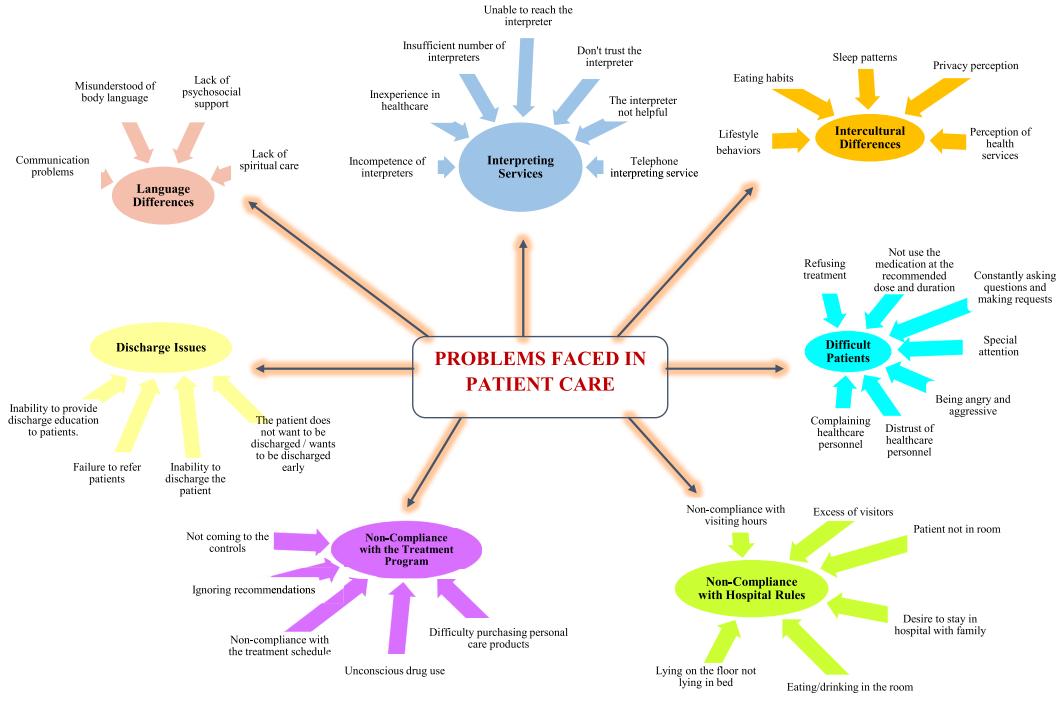

FIGURE 1 Identified problems faced in patient care themes and subthemes.

Subtheme I: Language differences

Communication problems arose because Syrian patients' native language was Arabic. Nurses emphasized that language barriers had a negative impact on nursing care quality:

> The nursing care quality changed negatively. We could not and cannot work providing quality care to patients. The main reason is the language problem.
>
> (UH, 2)

Nurses wanted to communicate using nonverbal communication, but they realized body language was misunderstood. Therefore, they started to learn Arabic:

> ...we try to communicate through gestures, body language, but it leads to misunderstanding. We try to learn Arabic. I say something, remembering a few words I learned in Arabic.
>
> (SBH,7)

Although nurses defined the positive effect of psychological support on treatment adherence as

> Psychological support is as important as medicine in terms of spirituality, healing the illness and responding positively to treatment
>
> (UH,11)

they mentioned that language barriers lead to focusing on physiological care. A nurse stated:

> Our communication is problematic… We want to care for patients psychologically as much as drug infusion.
>
> (UH,1)

Nurses were aware that they could not provide spiritual care to patients due to communication problems:

> We cannot provide them with spiritual care. If I were Syrian, I would expect nurses to understand me with love, respect, and help because I need help.
>
> (SBH,7)

Subtheme II: Interpreting services

Nurses stated that they aim to overcome the language barrier with Syrian patients through interpreters, but the interpreters have a negative impact on patient care and safety. According to nurses, interpreters' competence, including factors like misunderstandings in interpreting and accent differences, is the most critical concern.

> Interpreters cannot read or write and speak different Arabic dialects. They speak old Arabic. They cannot understand words because they use old Arabic and provide us incorrect information.
>
> (SBH,3)

Another nurse stated that interpreters do not know how to translate health-related conversations between nurses and patients:

> …we explain a diabetes patient's insulin application to the interpreter, but the interpreter cannot explain it, because they have not received health education.
>
> (SBH,13)

As a statement shows, they do not trust interpreters:

> I asked the interpreter if there was any prosthesis or metal in the patient's mouth. The interpreter said there was nothing. I could not see the prosthesis in the patient's mouth, so I did not notice it. A minute was written against me. We cannot trust interpreters.
>
> (SBH,21)

Nurses reported having difficulty accessing interpreters. Despite the statement 'Interpreters in the hospital are few' (*UH*, *5*) during interviews, the existing interpreters could not be reached: 'There are only two interpreters in the hospital, we mostly cannot find them, and they fall short' (*UH*, *15*). Some nurses stated that 'interpreters are not helpful' (*SBH*, *4*) and they find solutions with provisional interpreters to the interpreter shortage, saying, '…we have phone conversations with interpreters' (*UH*, *9*) or 'get help from Arabic-speaking friends or patients' family members' (*SBH*, *19*).

Subtheme III: Intercultural differences

The nurses mentioned cultural factors negatively affecting the care process of Syrian asylum-seekers. For example, regarding privacy perception: 'We encounter privacy issues during treatment in the ward. Male nurses cannot

provide treatment for female patients' (*SBH, 7*). Other cultural differences include lifestyle behaviours, eating habits, sleep patterns and perception of health services. Examples of statements include:

> ...their families are crowded, with two or three wives and 8–10 children.
>
> (UH,6)

> Their eating habits are very different; they have difficulties with meals. It prolongs their treatment and recovery. They stick to their nutrition culture here.
>
> (UH,19)

> They sleep daytimes and are awake at night. We have many night shifts after midnight.
>
> (SBH,15)

> They find it strange because they do not receive the same treatments and procedures as in their country.
>
> (UH,1)

Subtheme IV: Difficult patients

Some nurses described Syrian patients, who impede the treatment and the nursing care as 'difficult.' Nurses labelled patients as tricky when they refused treatment [*Some refused medication and did not want treatment* (*UH, 8*)] or did not use the medication at the recommended dose and duration [*It is easier to administer IV medications, but challenging to agree on the dosage for oral medications, they do not take them timely* (*UH, 4*)]. Nurses were subject to verbal and physical abuse: 'They yell and hit desks' (*UH, 15*); 'I think psychological and verbal violence has increased after the Syrians came. When there are insulting conversations, we say, 'These are Syrian patients, they came from war, their psychology is affected, we cannot compromise' (*OH, 10*). As the quote indicates, nurses associated the reasons for the patients' tendency towards violence with being war victims and having a language barrier. However, they had high expectations and demanded special attention, saying, 'Their expectations are very high, they say 'We are from Syria, we need more attention' (*UH, 12*). Most nurses emphasized that patients didn't trust them, which increased their complaints. For example:

> It becomes a trust issue, complaining 'Being in a different region and hospital... We are not cared for because we are Syrian patients. You discharge us before we recover...' They are difficult patients for us.
>
> (UH,16)

Subtheme VI: Non-compliance with hospital rules

In the interviews, nurses pointed out that Syrian patient visitors often come crowded and don't adhere to visiting hours:

> ...they come in crowds, there shouldn't be any visitors outside of visiting hours. They come to see their patients at midnight.
>
> (SBH,17)

Other issues were also present. Among the problems were that Syrian patients stayed in the room with their family members [*the patient's father, other siblings, children*, etc. *all sleep here* (*UH*, *15*)], engaged in activities such as eating and drinking in the room and visit other patient rooms [*we enter the room to treat the patient, but a table is set-up on the floor. Patients from other wards come in. They chat and drink tea* (*UH*, *20*)] and [*they sleep on the floor and don't use the bed* (*UH*, *19*)], as noted by the nurses.

Subtheme VII: Non-compliance with the treatment programme

Nurses remarked on unwanted consequences from patients who don't come for follow-up: '*We had three ex-patients because they didn't come for follow-up'* (*SBH*, *9*). One nurse explained this: '*Patients have difficulty returning for follow-up appointments after discharge. They don't have a place to stay here or near the hospital. If they go back to their country, they won't have a chance to come back'* (*SBH*, *11*). Additionally, nurses had negative statements about patients not receiving their recommendations but making attempts to disrupt their treatment schedule: '…we tell them to come hungry, but there are those who come after having breakfast. Their surgeries get canceled' (*SBH*, *6*) or '…the patient is not in place on time, we cannot administer treatment' (*SBH*, *12*).

The nurses also stated that patients could not meet some personal needs and could not take their medications: '*Those who cannot afford, cannot buy food… There are some medications that should be purchased, but the patients cannot afford'* (*UH*, *10*). This quote also highlights the difficulties that Syrian patients face in purchasing and accessing medications. Some nurses noted that patients didn't take their medications as required or on time during their treatment and used them unconsciously: '*They use medication recklessly and randomly without knowing its purpose. They use medications for treatments such as blood pressure and diabetes without knowing which ones to take'* (*SBH*, *11*).

Subtheme VIII: Discharge issues

The most significant problem in this subtheme is the inability to provide discharge education to patients. Although nurses stated the main reason was 'we have language problems,' patients' reluctance towards education was also a reason: 'They cannot practice what we provide, they dismiss it by saying 'okay' when we train them' (*UH*, *6*). Some nurses stated, 'We should have materials that Syrians can understand' (*UH*, *11*), and 'I think it is because our living conditions and cultures are different' (*UH*, *5*).

This study revealed that different problems are experienced during hospital discharge. For example, state hospital nurses usually expressed, 'We have difficulty referring patients to a higher institution or ICU' (*SBH*, *8*). In contrast, private hospital nurses stated, 'We couldn't find a place to discharge this patient and he/she had no relatives' (*OH*, *1*).Furthermore, university and private hospital nurses stated that patients refused discharge even after their treatment:

> Our patient had an organ transplant, but he/she wants to stay here because he has nowhere to stay.
>
> (UH,12)

Conversely, state hospital nurses mentioned that patients wanted to be discharged before their treatment was completed:

> A Syrian patient was admitted in the evening and wanted to be discharged in the morning, but the doctor didn't want to discharge him. Finally, we discharged the patient upon his/her signature.
>
> (SBH,4)

Theme 2: Nurses' experiences

This main theme was created to determine nurses' experiences in this process, where they both have positive and negative experiences (see Figure 2).

Subtheme I: Positive experiences

Nurses reported personal and professional gains and positive emotional effects from caring for Syrian patients.

Examples of statements that contribute to the personal development of nurses:

> I encounter new diseases and cases I haven't seen before and research them: How is it done, how is nursing care provided, how is it treated, and what medications are used?
>
> (SBH,7)

> We have seen various situations such as limb loss, partial bodies, and lost organs, which require patience. We have seen different patients.
>
> (UH,9)

> I remember constantly doing chest compression on a patient for 30–40 min. This gave me confidence and directed me to be consistent with the patient.
>
> (SBH,2)

> With so many cases, we gained insight into which cases required greater attention. There were terrible cases I cannot describe; I don't know what to say. We got used to it. Now I know what it is, and

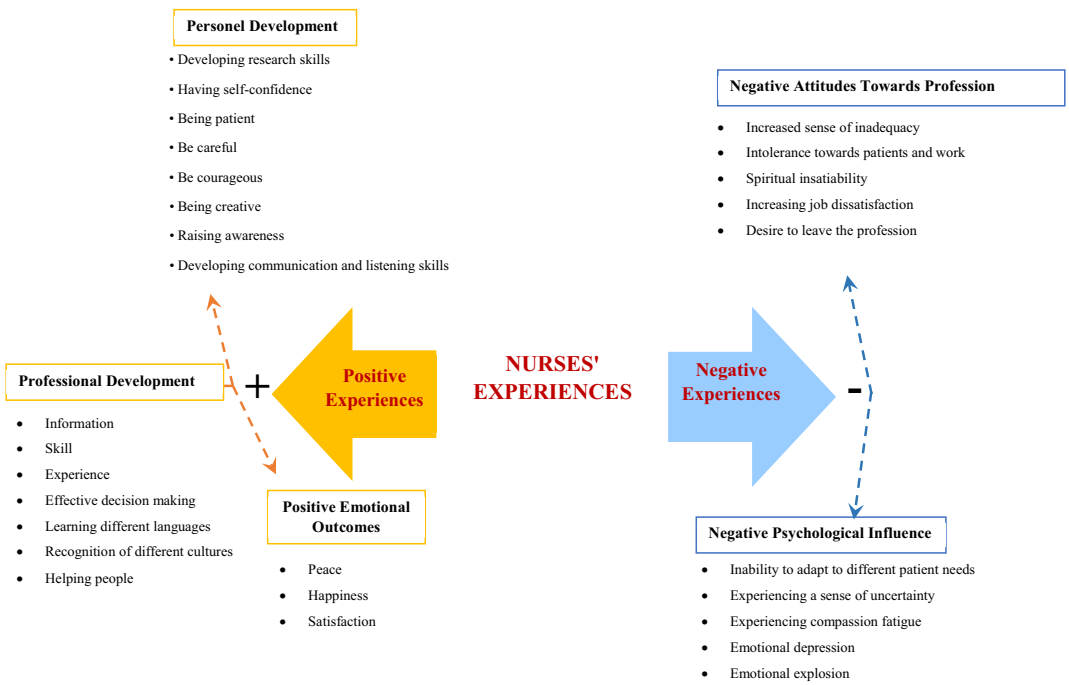

FIGURE 2 Identified Nurses' Experiences Themes and Subthemes.

> I have awareness. We faced difficulties but became more conscious. We have increased experience and are more courageous … it taught us self-improvement, prevented routine thinking, and taught us creativity, i.e., to seek solutions.
>
> (SBH,23)

Examples of statements helping nurses in their professional development:

> We have encountered and heard of every case with Syrian patients in the emergency department … colleagues from other cities on assignment are surprised, saying 'What kind of patients and conditions are these?' 'Our expertise and skills have increased, and we have developed new practices. We gained more professional experience, thanks to Syrian patients who taught us things we haven't done before.
>
> (SBH,14)

> You can make decisions quickly, becoming more active.
>
> (SBH,13)

> We are forced to learn Arabic because of these patients. Our communication has improved, and we have learned it.
>
> (UH,17)

Examples of nurses' positive emotional expressions:

> … it is good to provide care and assistance to patients from different cultures. You learn their perspective on the disease and how they overcome it.
>
> (UH,17)

> Helping war victims makes me feel good.
>
> (SBH,7)

> Seeing Syrian patients recover and survive gives peace.
>
> (SBH,15)

> I feel happy providing care to asylum-seekers. It is satisfying spiritually to serve societies in war.
>
> (UH,9)

Subtheme II: Negative experiences

During this process, nurses shared their negative attitudes towards nursing and psychologically challenging experiences.

Examples of nurses' expressions, including negative attitudes towards their profession:

> Inability to provide complete nursing care and pay much attention to Syrian patients… I feel inadequate.
>
> (UH,14)

> … Repeatedly stitching the patient without recovery is a discouraging experience. Seeing non-healing wounds… It is disheartening to witness that efforts are ineffective or insufficient.
>
> (OH,8)

> Deterioration of a patient's condition brings sadness. If the patient recovers, we feel happy and satisfied. Otherwise, unhappiness and spiritual dissatisfaction follow…
>
> (UH,2)

> Nursing interventions provide job satisfaction beyond patient care and treatment. The lack of such interventions can hinder job satisfaction… some patients don't understand us and cannot express their problems. This reduces work enthusiasm due to communication failure with the patient, creating job dissatisfaction.
>
> (UH,14)

> Nurses have increased working hours, and due to the inadequate number of nurses, we can work for 72 hours instead of 48 hours per week…some nurses quit their job because they cannot cope with such workload, cases, and hospital circulation. (*OH, 6*) *or* This is a war hospital … severely injured patients … some friends got stressed, many of them asked for a transfer.
>
> (SBH,2)

Examples of nurses' negative emotional expressions:

> The war's impact is unprecedented, leaving a lasting effect. I still look and see I haven't got over things yet coldblooded. Syrians face bomb explosions, requiring facial reconstruction, but then are re-injured. They have so many bedsores that they lead to psychological trauma. Despite being exposed to such cases, I cannot become accustomed to it—negative experience.
>
> (OH,8)

> … people in different countries have different cultures. I have difficulty providing care for them. I cannot get used to their situation …
>
> (OH,10)

> We had three times 90 (patients) and once 100 (patients) in this mass casualty event. For instance, when we suddenly see so many patients, we are initially bewildered because we haven't seen so many injured before.
>
> (SBH,14)

> I went to the emergency service, the yellow area … the biggest problem in such situations is that no one knows what to do, and there is no coordinator. I feel uncertain, saying, I have gone there; they have called me there, but why have they called me? Why am I going there as a nurse? What is my purpose? What will I do after I get there? Will I establish vascular access? Will I drip-feed? Will I take electrocardiography?… Everything is obvious, but what will happen to the patients is uncertain.
>
> (SBH,22)

(While speaking, the nurse burst into tears):

> … we worked with so much dedication. We were crying, tears streaming down our faces, and our hands and feet were shaking. We were helping patients, but we were worse than a war hospital, as

> if we were working amid a war where bombs were dropped in Turkey. We witness patients dying, empathize, and are negatively affected. We feel compassion. We live our emotions by thinking about them for hours, not sleeping in our beds at night. Likewise, I saw many healthcare professionals crying behind closed doors. Some of my friends could not overcome this psychologically for months because experiencing this was hard.
>
> (SBH,2)

> … war caused me great fear. War is a terrible thing, but experiencing it is completely different. You provide care for these people, and psychologically, it is a great depression. I have become afraid of things that didn't scare me before.
>
> (OH,9)

DISCUSSION

Problems experienced in patient care

The study reveals significant challenges nurses face in delivering high-quality care to Syrian patients, especially amidst language barriers and communication challenges. These barriers negatively impact patient care, leading to potential misdiagnoses, medication errors and decreased patient satisfaction, ultimately restricting nurses' ability to provide adequate healthcare (Morris et al., 2009; O'Donnell et al., 2008). Additionally, the research highlights the indispensable role of psychological and spiritual support in enhancing patient adherence to treatment and overall well-being. However, it clearly shows that language barriers impede the delivery of such essential care, further complicated by the war's psychological effects on nurses, which extends beyond simple language issues (Sweileh et al., 2018). This study emphasizes the urgent need for effective communication strategies in multicultural healthcare settings, as echoed by nurses' experiences.

While innovative, nurses' implementation of basic Arabic phrases and non-verbal communication techniques underscores the limitations and sometimes inadequacy of these temporary solutions in meeting communication needs between nurses and immigrant patients. This study aligns with Li et al. (2012), highlighting how the lack of a common language may cause ineffective communication and how cultural differences may cause misinterpretation of non-verbal communication.

Furthermore, this study underscores critical concerns regarding interpreters' competence, availability and reliability, highlighting their vital role in overcoming communication barriers between nurses and patients. The existing literature underlines the need for professional, well-trained interpreters in healthcare to avert misunderstandings, errors and adverse health outcomes (Hudelson et al., 2014; Lee et al., 2010). Establishing trust between healthcare providers, patients and interpreters is essential for effective communication and quality care, emphasizing the importance of carefully selecting and training interpreters with a thorough understanding of language, cultural nuances and medical terminology (MacFarlane et al., 2014).

This study also draws attention to the difficulties in accessing interpreters, with nurses frequently reporting a scarcity of such professionals in hospitals. The healthcare system, particularly in refugee health, faces challenges in meeting the demand for interpreter services (Lor & Martínez, 2020; Morris et al., 2009). Addressing this issue requires healthcare institutions to prioritize hiring and training interpreters, as the absence of adequate interpreter services can lead to missed appointments and non-compliance with hospital regulations (Giwa et al., 2020; Lor & Martínez, 2020).

When this research data was collected, the SIHHAT Project was initiated in 2015, a collaborative effort between the European Union and the Ministry of Health of the Republic of Turkey, which marked a significant step forward in addressing the healthcare needs of Syrian citizens. The establishment of Immigrant Health Centres and Community Mental Health Centres in provinces with a high concentration of Syrians, along with the employment

of approximately 4000 health workers, has enabled these centres to meet the health needs of immigrants (SIHHAT, 2024). It is crucial to highlight that during this phase, the Immigrant Health Centres were relatively new entities focused primarily on providing primary care services to Syrians within the centres themselves rather than offering interpreter services to those seeking medical help in hospitals, including mass casualty victims from conflict zones (Alawa et al., 2019).

Understanding patients' cultural backgrounds is essential in healthcare settings as it can ensure better communication, increased patient satisfaction and higher quality care (Truong et al., 2014). The study findings are consistent with the literature and reveal nurses' challenges due to cultural differences when caring for Syrian patients. The findings of this study, collected in 2015, align with broader literature, indicating the persistent challenges nurses encounter due to cultural differences, mainly when providing care to Syrian patients. This issue transcends the specific timeframe of this study, with similar cultural challenges being documented both prior to and following 2015 in research involving patients from diverse cultural backgrounds (Jager et al., 2021; Jirwe et al., 2010). These findings underscore the importance of nurses adapting their care practices to effectively navigate and bridge these cultural gaps.

The study also mentions challenges nurses encounter when caring for Syrian patients who display disruptive behaviour. Nurses associate patients' reluctance to treatment, high expectations and tendency towards violence with their experiences of war and language differences. Individuals who have experienced war or other traumatic experiences may exhibit various psychological and behavioural challenges, such as reluctance to treatment, emotional and verbal aggression and increased care expectations (Altawil et al., 2023; Charlson et al., 2012). These behaviours can be attributed to various factors, such as mental health issues, mistrust and communication barriers. Healthcare workers need to receive trauma-informed care training better to understand the unique needs of patients with war-related trauma and to respond to challenging behaviours empathetically and effectively. Similarly, language barriers have been identified as a significant challenge contributing to mistrust between nurses and patients (Al-Jumaili et al., 2020; Tol et al., 2020). Nurses report that language differences create mistrust between Syrian patients and healthcare staff, leading to increased patient complaints and perceptions of neglect.

Moreover, the study illuminates the broader socio-economic challenges Syrian asylum seekers face, including poverty and difficulties in accessing basic needs, which compound the healthcare access issues (Al-Rousan et al., 2018; Lyles et al., 2018). The complexities surrounding healthcare access are further complicated for those without proper registration or temporary identification documents, impacting their ability to complete treatments or follow discharge instructions (Alawa et al., 2019; Chong, 2018; Zencir & Davas, 2014). Additionally, the study sheds light on the critical issue of medication accessibility. Although the provision that registered asylum seekers are entitled to have their medication costs partially covered, with 80% funded by the Disaster and Emergency Management Presidency, the reality remains that many are either unaware of this protocol or unable to comply due to various barriers, thus bearing the total cost of medications (Turkish Medical Association-TMA, 2016).

The experiences of nurses during this process

This research delves deeply into the unique challenges and experiences faced by nurses providing care to Syrian asylum-seekers in cities adjacent to conflict zones. While previous studies broadly address the experiences of nurses caring for patients from diverse cultural backgrounds (Alemi et al., 2019; Al-Rousan et al., 2018; Backlund & Olausson, 2021), this study specifically focuses on the intricacies encountered by nurses working near conflict areas. The findings highlight the impact of caring for war-injured individuals and the increased mobility of asylum-seekers on nurses working in such environments.

This study details the rapid personal and professional development observed in response to these unique challenges. Nurses report extensive professional progress through encounters with various cases and diseases

(Firouzkouhi, 2013; Kelly, 2010), opportunities for learning new languages and enhancing communication skills (Kaiser et al., 2017). There is also a noted increase in research skills, patience, confidence, creativity and awareness (Duncan et al., 2005; Sarnecky & Mason, 2001; Scannell-Desch, 2005;Scannell-Desch & Doherty, 2010). Caring for patients from different cultures has significantly contributed to nurses' professional growth (Kaiser et al., 2017). Furthermore, the research reveals that caring for patients affected by war brings about positive emotional effects such as peace, happiness and spiritual fulfilment among nurses (Elliott, 2015; Scannell-Desch, 2005). This professional and emotional development is a direct adaptive response to the challenges of working close to conflict zones. This study's targeted approach contributes significantly to the existing body of knowledge. It sheds light on the unique experiences of nurses on the front lines of humanitarian crises, enhancing our understanding of the resilience and adaptability required in such challenging environments. Understanding these experiences, health institutions can better support and prepare nurses to work in such environments and improve the quality of care provided to vulnerable populations.

This study emphasizes that war and migration provide opportunities for personal and professional development to nurses, yet negative experiences affect their professional lives and mental health. Nurses' feelings of inadequacy and uncertainty in dealing with mass casualty situations reflect a critical area of concern, particularly acute in border city settings (Alzghoul, 2014; Sabo, 2006; Sandström et al., 2016). Furthermore, the study brings to the forefront the issue of compassion fatigue among nurses, exacerbated by the prolonged care of patients with a broad spectrum of physiological and psychological traumas. This aspect of the research not only aligns with the existing literature but also goes further by illustrating how the direct impact of war and migration intensifies the emotional toll on healthcare professionals (Chargualaf & Elliott, 2019; Elliott, 2014; Scannell-Desch & Doherty, 2010). The range of emotional responses from nurses, including anger, disappointment and frustration, highlights the complex emotional demands of their roles in high-stress settings (Walker et al., 2005). This complexity is further evidenced by the vivid emotional impact observed, with nurses experiencing tears, trembling, or speech difficulties during interviews. Such intense reactions underscore the significant psychological toll of working closely with war-affected individuals, emphasizing the need for robust support systems to address the emotional challenges faced by healthcare professionals in these environments.

Strengths and limitations

This study's qualitative method allowed researchers to explore the subject in-depth and develop a comprehensive perspective (Karataş, 2017). Furthermore, data collection during the peak period of the Syrian civil war, asylum-seeker influx to the country and the use of maximum diversity sampling along with individual in-depth interviews facilitated achieving the study's aim. Despite being conducted with 68 participants working in seven different hospitals, the study cannot be generalized. Furthermore, because the interview transcripts were not given to the participants after the interviews, they could not make any additions or corrections to their statements.

CONCLUSION

The Syrian civil war has led to a significant influx of asylum-seekers into Turkey, particularly affecting the border cities of Gaziantep and Kilis. These cities, due to their proximity to the conflict zones, have faced unique challenges in providing healthcare services, notably in addressing the urgent need for intensive treatment of war injuries and managing the dynamics of increased asylum-seeker mobility. This study focuses on the dual impact of war and forced migration, underscoring nurses' challenges and opportunities in these critical areas. The investigation highlights the distinct experiences of nurses dealing with war-related injuries and the care delivery complexities in environments where asylum-seekers are highly concentrated.

The study emphasizes that language and cultural differences among asylum-seekers constitute the primary reasons for challenges in patient care. It highlights issues such as difficulties in providing interpreter services, non-compliance by Syrian patients with hospital rules and treatment programmes and problems related to the discharge process.

When examining nurses' experiences during this period, some reported positive experiences in providing care to individuals injured in the war, noting significant contributions to their personal and professional development and a positive psychological impact. Conversely, nurses who described the experience as overwhelmingly challenging and negative highlighted how these circumstances fostered adverse attitudes towards their profession and led to negative psychological experiences.

Relevance to clinical practices

The escalation of mass migrations triggered by global conflicts, such as the situation in Syria and the ongoing conflict between Russia and Ukraine, significantly amplifies the importance of this study with each passing day. It is imperative to organize in-service training for nurses during their professional education and afterward to prepare them for exceptional situations like wars. Targeted training can aid nurses in enhancing their cultural awareness and language skills, helping them to surmount language and cultural barriers and better address the diverse needs of patients.

Furthermore, training programmes focused on psychological support, counselling, stress management and coping strategies should be implemented to support the mental health of nurses. These measures can increase their job satisfaction and improve the quality of healthcare services. By promoting a more supportive and adaptable healthcare workforce, these initiatives can significantly elevate the overall quality of care provided to patients affected by the complexities of migration and conflict.

AUTHOR CONTRIBUTIONS

Study conception and design: AÇK, ÜB. Data collection: AÇK. Data analysis and interpretation: AÇK, ÜB. Drafting of the article: AÇK. Critical revision of the article: AÇK, ÜB.

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CONFLICT OF INTEREST STATEMENT

The author(s) declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICAL STATEMENT

Ethical approval for this study was obtained from the Gaziantep University Human Research Ethics Committee in Health Sciences (Approval Date and Protocol Number: April 20, 2015/128).

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REFERENCES

Alawa, J., Zarei, P. & Khoshnood, K. (2019) Evaluating the provision of health services and barriers to treatment for chronic diseases among Syrian refugees in Turkey: a review of literature and stakeholder interviews. *International Journal of Environmental Research and Public Health*, 16(15), 2660. Available from: https://doi.org/10.3390/ijerph16152660

Alemi, Q., Stempel, C., Koga, P.M., Montgomery, S. & Smith, V. (2019) Determinants of health care access and utilization among Syrian refugees in Lebanon. *International Journal for Equity in Health*, 18(1), 162. Available from: https://doi.org/10.1186/s12939-019-1053-x

Al-Jumaili, A.A., Ahmed, K.K. & Koch, D. (2020) Barriers to healthcare access for Arabic-speaking population in an English-speaking country. *Pharmacy Practice (Granada)*, 18(2), 1809. Available from: https://doi.org/10.18549/pharmpract.2020.2.1809

Al-Rousan, T., Schwabkey, Z., Jirmanus, L. & Nelson, B.D. (2018) Health needs and priorities of Syrian refugees in camps and urban settings in Jordan: perspectives of refugees and health care providers. *Eastern Mediterranean Health Journal*, 24(3), 243–253. Available from: https://doi.org/10.26719/2018.24.3.243

Altawil, M.A., El-Asam, A. & Khadaroo, A. (2023) Impact of chronic war trauma exposure on PTSD diagnosis from 2006-2021: a longitudinal study in Palestine. *Middle East Curr Psychiatry*, 30(1), 1–8. Available from: https://doi.org/10.1186/s43045-023-00286-5

Alzghoul, M.M. (2014) The experience of nurses working with trauma patients in critical care and emergency settings: a qualitative study from Scottish nurses' perspective. *International Journal of Orthopedic and Trauma Nursing*, 18(1), 13–22. Available from: https://doi.org/10.1016/j.ijotn.2013.04.004

Backlund, M. & Olausson, S. (2021) Nurses' experiences as care providers for refugees in emergency and critical care in Jordan: a qualitative interview study. *Global Qualitative Nursing Research*, 8, 1–14. Available from: https://doi.org/10.1177/23333936211056932

Beşer, A. & Tekkaş Kerman, K. (2017) Barriers to immigrants access to health services and priority health problems. *Türkiye Klinikleri J Public Health Nursing-Special Topics*, 3(3), 143–148 Available from: https://www.turkiyeklinikleri.com/article/en-goc-eden-bireylerin-oncelikli-saglik-sorunlari-ve-saglik-hizmetine-ulasimdaki-engeller-80569.html

Brewer, T.L. & Ryan-Wenger, N.A. (2009) Critical care air transport team (CCATT) Nurses'deployed experience. *Military Medicine*, 174(5), 508–514. Available from: https://doi.org/10.7205/MILMED-D-02-2608

Chargualaf, K.A. & Elliott, B. (2019) Psychological effects of military service: applying research to civilian & academic environments. *OJIN: the Online Journal of Issues in Nursing*, 24(3), 2. Available from: https://doi.org/10.3912/OJIN.Vol24No03Man02

Charlson, F.J., Steel, Z., Degenhardt, L., Chey, T., Silove, D., Marnane, C. et al. (2012) Predicting the impact of the 2011 conflict in Libya on population mental health: PTSD and depression prevalence and mental health service requirements. *PLoS One*, 7(7), e40593. Available from: https://doi.org/10.1371/journal.pone.0040593

Chen, E.C. (2021) Syrian refugee access to and quality of healthcare in Turkey: a call to streamline and simplify the process. *International Perspectives in Psychology: Research, Practice, Consultation*, 10(1), 55–57. Available from: https://doi.org/10.1027/2157-3891/a000005

Chong, C. (2018) Temporary protection: its impact on healthcare for Syrian refugees in Turkey. *International Health*, 10(4), 217–218. Available from: https://doi.org/10.1093/inthealth/ihy032

Çiçek Korkmaz, A. (2014) The problems caused to the health and nursing services by the asylum seeker. *Journal of Health and Nursing Management*, 1(1), 37–42. Available from: https://doi.org/10.5222/SHYD.2014.037

Çiçek Korkmaz, A. (2016) Refugee and asylum Seekers' health problems: the nursing approach. *Middle East Journal of Refugee Studies*, 1(2), 82–89. Available from: https://doi.org/10.12738/mejrs.2016.1.2.0002

Çiçek Korkmaz, A. & Baykal, Ü. (2023) The change created by Syrian asylum seekers in health and nursing services provided in hospitals: a qualitative study. *NHSJ*, 3(3), 277–284. Available from: https://doi.org/10.53713/nhsj.v3i3.258

Connelly, L.M. (2016) Trustworthiness in qualitative research. *Medsurg Nursing*, 25(6), 435–437 Available from: https://pubmed.ncbi.nlm.nih.gov/30304614/

Değer, B.V., Ertem, M., Durmuş, H., Çiftçi, S. & Balcı, E. (2018) Maternal safety of Syrian refugees in Southeast Turkey. *The Anatolian Journal of Family Medicine*, 1(2), 56–61. Available from: https://doi.org/10.5505/anatoljfm.2018.03521

Duncan, R., Pansoy, C., Towe, L., Nosalik, B., Sundem, B., Snyder, L. et al. (2005) Grace under fire. *Nursing 2020*, 35(5), 62–64.

Elliott, B. (2014) Post deployment: a military nurse's journey. *Nursing*, 44(1), 18–22. Available from: https://doi.org/10.1097/01.NURSE.0000438723.58463.3b

Elliott, B. (2015) Military nurses' experiences returning from war. *Journal of Advanced Nursing*, 71(5), 1066–1075. Available from: https://doi.org/10.1111/jan.12588

Firouzkouhi, M., Zargham-Boroujeni, A., Nouraei, M., Yousefi, H. & Holmes, C.A. (2013) Nurses experiences in chemical emergency departments: Iran–Iraq war, 1980–1988. *International Emergency Nursing*, 21(2), 123–128. Available from: https://doi.org/10.1016/j.ienj.2012.03.002

Giwa, O., Salami, B.O. & O'Rourke, T. (2020) A scoping review of nurse practitioner roles in immigrant health. *The Journal for Nurse Practitioners*, 16(6), 428–432. Available from: https://doi.org/10.1016/j.nurpra.2020.03.012

Hudelson, P., Dominice Dao, M., Perneger, T. & Durieux-Paillard, S. (2014) A "migrant friendly hospital" initiative in Geneva, Switzerland: evaluation of the effects on staff knowledge and practices. *PLoS One*, 9(9), e106758. Available from: https://doi.org/10.1371/journal.pone.0106758

Jager, M., den Boeft, A., Versteeg-Pieterse, A., Leij-Halfwerk, S., Pelgrim, T., van der Sande, R. et al. (2021) Observing cultural competence of healthcare professionals: a systematic review of observational assessment instruments. *Patient Education and Counseling*, 104(4), 750–759. Available from: https://doi.org/10.1016/j.pec.2020.10.010

Jirwe, M., Gerrish, K. & Emami, A. (2010) Student nurses' experiences of communication in cross-cultural care encounters. *Scandinavian Journal of Caring Sciences*, 24(3), 436–444. Available from: https://doi.org/10.1016/j.nedt.2014.10.021

Kaiser, A.P., Kabat, D.H., Spiro, A., III, Davison, E.H. & Stellman, J.M. (2017) Women at war: the crucible of Vietnam. *SSM-Population Health*, 3, 236–244. Available from: https://doi.org/10.1016/j.ssmph.2017.01.003

Karataş, Z. (2017) Paradigm transformation in social sciences research: rise of qualitative approach. *Turkish Journal of Social Work Research*, 1(1), 68–86 Available from: https://dergipark.org.tr/en/pub/tushad/issue/31792/350444

Kelly, J. (2010) Battlefield conditions: different environment but the same duty of care. *Nursing Ethics*, 17(5), 636–645. Available from: https://doi.org/10.1177/0969733010373434

Kenny, D.J. & Hull, M.S. (2008) Critical care nurses' experiences caring for the casualties of war evacuated from the front line: lessons learned and needs identified. *Critical Care Nursing Clinics of North America*, 20(1), 41–49. Available from: https://doi.org/10.1016/j.ccell.2007.10.013

Lee, J.Y., Kearns, R.A. & Friesen, W. (2010) Seeking affective health care: Korean immigrants' use of homeland medical services. *Health & Place*, 16(1), 108–115. Available from: https://doi.org/10.1016/j.healthplace.2009.09.003

Li, H., Ang, E. & Hegney, D. (2012) Nurses' perceptions of the barriers in effective communication with inpatient cancer adults in Singapore. *Journal of Clinical Nursing*, 21(17–18), 2647–2658. Available from: https://doi.org/10.1111/j.1365-2702.2011.03977.x

Lor, M. & Martínez, G.A. (2020) Scoping review: definitions and outcomes of patient-provider language concordance in healthcare. *Patient Education and Counseling*, 103(10), 1883–1901. Available from: https://doi.org/10.1016/j.pec.2020.05.025

Lyles, E., Hanquart, B., Chlela, L., Woodman, M., LHAS Study Team, Fouad, F.M. et al. (2018) Health service access and utilization among Syrian refugees and affected host communities in Lebanon. *Journal of Refugee Studies*, 31(1), 104–130. Available from: https://doi.org/10.1093/jrs/fex014

MacFarlane, A., O'Reilly-de Brún, M., De Brún, T., Dowrick, C., O'Donnell, C., Mair, F. et al. (2014) Healthcare for migrants, participatory health research and implementation science—better health policy and practice through inclusion. The RESTORE project. *The European Journal of General Practice*, 20(2), 148–152. Available from: https://doi.org/10.3109/13814788.2013.868432

Morris, M.D., Popper, S.T., Rodwell, T.C., Brodine, S.K. & Brouwer, K.C. (2009) Healthcare barriers of refugees post-resettlement. *Journal of Community Health*, 34, 529–538. Available from: https://doi.org/10.1007/s10900-009-9175-3

O'Donnell, C.A., Higgins, M., Chauhan, R. & Mullen, K. (2008) Asylum seekers' expectations of and trust in general practice: a qualitative study. *British Journal of General Practice*, 58(557), e1–e11. Available from: https://doi.org/10.3399/bjgp08X376104

Refugess Association. (2023) Number of Syrians in Turkey March 2023. Available from: https://multeciler.org.tr/

Republic of Turkey Prime Ministry Disaster and Emergency Managment Presidency (AFAD). (2013) Syrian Refugees in Turkey, 2013 Fields Survey Results. Available from: https://www.afad.gov.tr/suriye-raporlari

Republic of Turkey Prime Ministry Disaster and Emergency Managment Presidency (AFAD). (2016) Syrian Guests in Turkey. Available from: https://www.afad.gov.tr/suriye-raporlari

Sabo, B.M. (2006) Compassion fatigue and nursing work: can we accurately capture the consequences of caring work? *International Journal of Nursing Practice*, 12(3), 136–142. Available from: https://doi.org/10.1111/j.1440-172X.2006.00562.x

Sandström, L., Nilsson, C., Juuso, P. & Engström, Å. (2016) Experiences of nursing patients suffering from trauma–preparing for the unexpected: a qualitative study. *Intensive & Critical Care Nursing*, 36, 58–65. Available from: https://doi.org/10.1016/j.iccn.2016.04.002

Sarnecky, M.T. & Mason, D. (2001) Army nurses in 'The Forgotten War'. *AJN The American Journal of Nursing*, 101(11), 45–49.

Savcı, C. & Şerbetçi, G. (2019) Determining the difficulties faced by nurses and midwives who give care to the patients coming with migrant/refugee/asylum seeker. *International Social Sciences Studies Journal*, 5(43), 4631–4637. Available from: https://doi.org/10.26449/sssj.1669

Scannell-Desch, E. & Doherty, M.E. (2010) Experiences of US military nurses in the Iraq and Afghanistan wars, 2003–2009. *Journal of Nursing Scholarship*, 42(1), 3–12. Available from: https://doi.org/10.1111/j.1547-5069.2009.01329.x

Scannell-Desch, E.A. (2005) Lessons learned and advice from Vietnam war nurses: a qualitative study. *Journal of Advanced Nursing*, 49(6), 600–607. Available from: https://doi.org/10.1111/j.1365-2648.2004.03335.x

SIHHAT. (2024) Project activities. Proje Faaliyetleri (sihhatproject.Org).

Sweileh, W.M., Wickramage, K., Pottie, K., Hui, C., Roberts, B., Sawalha, A.F. et al. (2018) Bibliometric analysis of global migration health research in the peer-reviewed literature (2000–2016). *BMC Public Health*, 18, 777. Available from: https://doi.org/10.1186/s12889-018-5689-x

Tol, W.A., Leku, M.R., Lakin, D.P., Carswell, K., Augustinavicius, J., Adaku, A. et al. (2020) Guided self-help to reduce psychological distress in south Sudanese female refugees in Uganda: a cluster randomized trial. *The Lancet Global Health*, 8(2), e254–e263. Available from: https://doi.org/10.1016/S2214-109X(19)30504-2

Torun, P., Mücaz Karaaslan, M., Sandıklı, B., Acar, C., Shurtleff, E., Dhrolia, S. et al. (2018) Health and health care access for Syrian refugees living in Istanbul. *International Journal of Public Health*, 63, 601–608. Available from: https://doi.org/10.1007/s00038-018-1096-4

Truong, M., Paradies, Y. & Priest, N. (2014) Interventions to improve cultural competency in healthcare: a systematic review of reviews. *BMC Health Services Research*, 14, 99. Available from: https://doi.org/10.1186/1472-6963-14-99

Turkish Medical Association-TMA. (2016) *War, migration and health*. Ankara: Türk Tabipleri Birliği Yayınları. Available from: https://www.ttb.org.tr/kutuphane/siginmacilar_rpr

United Nations High Commissioner for Refugees. (2022) What is a refugee? Available from: https://www.unhcr.org/what-is-a-refugee.html

Walker, P.H., Bibb, S.C.G. & Elberson, K.L. (2005) Research issues in preparedness for mass casualty events, disaster, war, and terrorism. *Nursing Clinics*, 40(3), 551–564. Available from: https://doi.org/10.1016/j.cnur.2005.04.008

Yıldırım, A. & Şimşek, H. (2013) *Qualitative research methods in the social sciences*, 9th edition. Ankara: Seçkin. Google Scholar, pp. 246–247.

Zencir, M. & Davas, A. (2014) *Syrian refugees and health services report*. Ankara: Turkish Medical Association Publications. Available from: https://www.ttb.org.tr/kutuphane/siginmacirpr.pdf

Zhang, E. & Worthington, R.P. (2021) Barriers to healthcare access and utilization among urban Syrian refugees in Turkey. *Journal of Student Research*, 10(2), 1–8.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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