American Journal of Public Health and Epidemiology
Volume.8, Number 4;July-August, 2022;
ISSN: 2644-0032 | Impact Factor: 6.16
https://zapjournals.com/Journals/index.php/ajphe
Published By: Zendo Academic Publishing

BRIDGING THE GAP: EXPLORING THE EXPERIENCES OF NURSING STUDENTS IN REFUGEE HEALTHCARE IN JORDAN

Maria Andersson Johansson[1], and Henrik Eriksson Nilsson[2]

Article Info

Keywords: Refugees, Jordan, Healthcare, Nursing students, Refugee health

Abstract

The global refugee crisis has forced millions of people to flee their homes, seeking safety and shelter in host countries. Among these host nations, Jordan stands as a prominent destination for refugees, hosting a substantial number per capita due to its proximity to conflict- and war-affected regions. The majority of refugees in Jordan either establish temporary residences or utilize the country as a transit point to other nations, such as Sweden. This unique demographic and geographical position presents significant challenges and opportunities for healthcare organizations in Jordan. To adequately prepare for the healthcare needs of this diverse refugee population, it is essential to gain insights into the experiences and perspectives of those who interact closely with these individuals, including nursing students. This study aims to shed light on the refugee health situation by exploring the experiences of nursing students in Jordan. By understanding the challenges they face and the strategies they employ, healthcare organizations can better tailor their services to address the specific needs of this vulnerable population.

1.0 Introduction

Approximately 65 million people have left their homes under traumatic circumstances, and Jordan, which is adjacent to many conflict- and war-affected countries, hosts a large number of refugees per capita. Most refugees either settle temporarily or use Jordan as a point of transit to other countries, for example, Sweden. Therefore, it is important to highlight the refugee health situation so that healthcare organizations will be prepared. One way to do this is to describe the experiences of nursing students in this area.

1.1 Background

A refugee is a person who has left his/her native country with no intention to return because of fear of persecution on the grounds of race, religion, social group or political opinion. Jordan has approximately 685,000 refugees, mostly from Syria, Iraq and Palestine (UNHCR, 2015a, 2015b; WHO, 2016). The increasing population of refugees puts pressure on education, health and water systems, which need improvement. For example,

[1] Institute of Health and Care Sciences, University of Gothenburg, Sweden[1&2]

cardiovascular and infectious diseases cause problems worldwide (WHO, 2016), and the prevalence of non-communicable diseases (NCD) among refugees is high in urban areas in the Middle East (Amara & Aljunid, 2014; Doocy et al, 2014; McKenzieet et al, 2015). Moreover, refugees face an interruption of treatment due to their lack of access to healthcare or the limited availability of drugs, increasing ill health (Amara & Aljunid, 2104; WHO, 2016). In addition, researchers (Amara & Aljunid, 2104) describe links between refugees and NCD, including unhealthy habits such as smoking and obesity. For example, 50% of Jordanians are overweight, and many are smokers (Eshah, 2011; Mahasneh, 2001). Therefore, nursing students must be prepared to contribute to healthy lifestyles by promoting health (Eshah, 2011; Shishani, Nawafleh & Froelicher, 2008), which is in line with the ethical guidelines taught in nursing schools regarding a nurse's responsibilities to promote health, prevent disease, restore health and alleviate suffering (ICN, 2012; Numminen, van der Arend & Leino-Kilpi, 2009).

Research shows that nurses around the world use knowledge and skills to support patients/refugees in developing a healthy lifestyle (DeCola et al, 2012) based on communication skills and cultural awareness (Hultsjö & Hjelm, 2005; Sevinç et al, 2016). The challenges a nurse may encounter include language barriers between patients and health professionals, which can make it difficult to identify patients and care needs and may impair patients' ability to understand their medical treatment (Antonovsky, 1987; Farsi-Razavi, et al, 2011). One cultural difference is the number of family and friends involved in health care, which can affect nurses' work (Hultsjö & Hjelm, 2005); another issue relates to the patient's lack of responsibility for his/her health situation. Knowing how the healthcare system works facilitates awareness of human rights in healthcare (Farsi-Razavi, et al, 2011).

A sense of coherence (SOC), including comprehensibility, manageability and meaningfulness (Antonovsky, 1987), is a tool to manage life changes such as being a refugee by focusing on health instead of disease. Furthermore, research (Barley & Lawson, 2016) has shown that guidance and support from nurses contributes to increased manageability of disease and ill health: individuals with a strong SOC manage and understand ill health and have fewer subjective symptoms. SOC is a useful tool for involving patients, relatives and nurses in decision making processes according to their care situation (Fok, Chair & Lopez, 2005; Salamonson et al, 2016), i.e. individuals' involvement in life changes such as being a refugee in a foreign country. Receiving countries such as Jordan and Sweden must be prepared to manage refugees' healthcare needs related to unhealthy habits such as smoking, poor diet and physical inactivity, along with experiences of trauma such as broken families and war (Kira et al, 2014). Though nursing students are part of the future healthcare workforce, the aim of this study was to describe nursing students' experience of caring for refugees in Jordan.

2.0 Methods 2.1 Settings

Many people have left their homes under traumatic circumstances, and Jordan is a country with many refugees (UNHCR, 2015a; WHO, 2015, 2016). Because healthcare is offered to all, nurses are needed. Nursing education began in 1972 at the University of Jordan (2012). A four-year nursing programme at the bachelor's level is offered, with twice-yearly admissions of approximately 250 seats (70 percent female, 30 percent male). The reason for this gender division is that the university runs one programme for women and men and one for women only; this is because of a shortage of female nurses. The nursing programme includes six courses (85 hours of theory/course): adult nursing, child and adolescent nursing, maternal health nursing, mental health nursing and community health nursing. The programme includes clinical training (480 hours of practice in nursing). The placement consists of a total of 2,448 hours; nursing students are supervised in groups (n=8) by a tutor from the University.

2.2 Design

We used content analysis, a qualitative method that involves an inductive approach, to increase our understanding of nursing students' voice, views and thoughts about caring for refugees. This method reveals conflicting opinions and unresolved issues regarding the meaning and use of concepts, procedures and interpretation. Content analysis illustrates the use of several concepts related to the research procedures to achieve trustworthiness; credibility, dependability and transferability (Graneheim & Lundman, 2004). A qualitative research design that relies on trustworthiness, transparency, verification, and reflexivity and that is "information driven" can be helpful when

developing insightful and appropriate interpretations within nursing education processes (Polit & Beck, 2017). An inductive methodological approach was used to analyses data based on the content of nursing students' thoughts and experiences about caring for refugees (Graneheim & Lundman, 2004).

2.3 Data collection

A small convenience sample appropriate for qualitative methods was used (Graneheim & Lundman, 2004). The inclusion criteria for participation were nursing students in their last year of education at the bachelor's level for general nursing at the University of Jordan, over age 18, with experience in caring for refugees, and the ability to understand and speak both Arabic and English. An international coordinator at The School of Nursing, The University of Jordan sent out an inquiry, and students who were interested in participating called two of the authors (MCL, EP). The first eight nursing students were included, however one student failed to appear, which is why seven nursing students were included (one male, six female). Ethical guidelines for human and social research were considered throughout the study (Polit & Beck, 2017). Data were collected in October 2016, and participants (n=7) were informed about the aim and study procedures; confidentiality was assured.

The interviews started with background questions, including age, education and experience in healthcare. Furthermore, data collection focused on five perspectives: the nursing student's clinical placement, nursing skills related to refugees, preventive care, the use of nursing strategies and future aspects for improvement regarding refugees with health problems. The interviews started with, "Tell me about your experience of refugees with health problems?" Based on the answers, related questions were asked. Examples of situations such as the positive and negative aspects of nursing care were explored, and clarifications and further elaborations were made. Interviews lasted between 11-22 minutes and were performed individually by two of the authors (MCL, EP), and the interviews were recorded and then transcribed verbatim. The participants (one male, six female) were bachelor's-level nursing students aged 20 to 25.

2.4 Data analysis

The interviews were analysed using manifest qualitative content analysis (Graneheim & Lundman, 2004) to interpret the meaning from the content of data to address trustworthiness (Polit & Beck, 2017), with examples drawn from the area of nursing students' experiences of caring for refugees with health problems. Written words were the basis for the analysis, which was performed in the following steps (Table 1): 1. Transcripts were read and re-read to obtain an understanding of and familiarity with the text; 2. Meaning units (words, sentences or paragraphs) corresponding to the content areas were selected using an inductive approach concerning (a) nursing skills and (b) the need for healthcare; 3. Each meaning unit was condensed into a description of its content and labelled with one of 33 codes; 4. Subcategories were identified and grouped related to codes; and 5. One category was identified (provide equal care to all regardless of background) and three subcategories were grouped (respond to refugee health situation, provide care for refugees with a similar religion and culture, and be prepared for future demands by refugees).

Table 1. Example of analysis of content into subcategories that formed a category

Meaning unit	Condensed content	Coding	Subcategory	Category
"Unhealthy, yes: in the school, we had students from Syria. After three visits, we decided to deliver health education about nutrition, because during our break for eating at school, we ate things that were not healthy. Because they were not expensive."	Unhealthy in school, student from Syria. Health education about nutrition. In break, eat not healthy. Because not expensive.	Unhealthy lifestyle Patient education	Respond to refugee health situation	Provide equal care to all regardless of background

The findings are illustrated with quotes.

2.5 Ethical considerations

Ethical approval and permission for the study were obtained from the dean of the School of Nursing, University of Jordan. No ethical approval was used due to Swedish rules and guidelines regarding student theses and/or quality improvement that have no negative effects on the participants (Codex, 2016; Swedish Code of Statutes, 2017:30). However, ethical guidelines for human and social research were followed throughout the study (Codex, 2016). Respect for the individual student was a main concern during the study. All students were informed that their participation was voluntary, that they had a right to withdraw at any time and that their answers would be kept confidential. No names were used because the results are described in categories without identifications. Respect for the informants' integrity and autonomy was thereby shown (Codex, 2016).

3.0 Results

The results revealed one category (provide equal care to all regardless of background) and three subcategories (respond to the refugee health situation, provide care for refugees with a similar religion and culture, and be prepared for future demands by refugees). Similarities in cultural background such as lifestyle and habits and religion were described as a tool to create a common understanding and agreement regarding health care. Categories are presented in Figure 1.

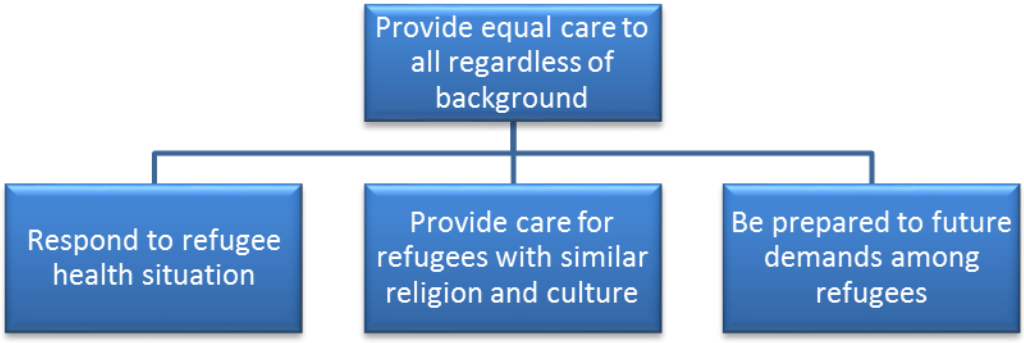

Figure 1. The category and subcategories generated from the results

3.1 Provide equal care to all regardless of background

The category of providing equal care to all regardless of background is described as nursing interventions targeting health prevention related to lifestyle and managing traumatic experiences. Informants highlight that healthcare is provided regardless of nationality (refuge or Jordanian) and the most frequent tasks consists of not only health prevention but also patient education and vaccination. Moreover, ill health among refugees is almost the same as it is among Jordanians and is primarily related to unhealthy lifestyle factors such as smoking, poor diet and a lack of physical activity, which is why diabetes and hypertension are common diseases. Informants also mentioned a lack of health because of war injuries (physiological- psychological aspect), for example, children with traumatized parents with negative memories need a different kind of healthcare.

3.1.1 Respond to refugee health situation

The subcategory of responding to refugees' health situation is described in terms of ill health, unhealthy habits, poor economic conditions, and inadequate housing situations. Ill health is described as various diseases, primarily diabetes and hypertension, but also respiratory and heart disease, anaemia, autism and digestive problems such as constipation and malabsorption. Moreover, mental health problems related to witnessing the killing of family members are exemplified by a child enjoying movies about suicide because of his experiences:

Each time I saw him…. grabbed my hand and... "come to watch this, come to watch this"... and when... this scene came he "look look look" he... there is too much blood and he was so happy... and I did not know, was scared about this situation. I asked my instructor if this is normal.... (Informant 5)

In addition, informants stress that early marriage offered a better future than the refugee camps and that delayed or discontinued education results in inadequate knowledge. They highlight risky behaviour during pregnancy, such as bleeding and smoking, along with children's health issues and self-care/preventive care. Furthermore, informants indicate the availability of preventive healthcare such as free vaccinations for children under the age

of six, along with information about the vaccine's side effects. Other health problems require more attention and education among refugees. Informants emphasize support related to violence and accidents at home, including information about first aid, and argue that women sometimes need help with an intolerable home situation. Health prevention as patient education is used during clinical placement to improve refugees' knowledge about diseases such as diabetes and hypertension, along with the need to stop smoking, increase the frequency of exercise, pay attention to hygiene, and understand nutrition. One informant described this issue as follows:

Eh yes, what you eat. Yes, because it is the largest concern… Junk food yes… the refugees do not eat eh, meals that contain such as iron, folic acid, calcium, phosphorus. Because maybe, eh your costs... of these… (Informant 1)

Informants highlight that refugees from Syria had poor diet; for example, pregnant women need patient education related to how to administer vitamins for optimal absorption. Another example is the nutritional aspects of diabetes. Patient education is stressed as a good nursing intervention that facilitates all life situations, which is illustrated as follows:

We taught this this man how to inject using an orange. When we returned after one or two weeks, he said that the insulin injection did not work. Why, then, did we teach you how to inject yourself? He injected the orange every time. (Informant 6)

Nursing students report that poor economic conditions among refugees result in healthcare-related difficulties. For example, a mother is upset and cries when she has to pay for a new cast (because the old one broke), something she cannot afford, for her child. Another issue involves inadequate refugee camps with a shortage of food and clothing, especially in the winter, which increases ill health, especially among children. Informants also stress that refugee camps have inadequate sanitation systems, contributing to illness and disease among refugees.

3.1.2 Provide care for refugees with a similar religion and culture

The subcategory of providing care for refugees with a similar religion and culture is described in terms of nursing activities related to the same traditions and language among refugees and Jordanians. Nursing students highlight that refugees are offered the same healthcare as Jordanians because of similarities in the Middle East. They explain that most of the refugees in Jordan are from neighbouring countries with a similar culture, language, religion and lifestyle, i.e., the same habits as the Jordanian population, which reduces healthcare-related misunderstandings.

When you provide care for Syrian refugees or other refugees... we provide care as people, regardless of whether they are refugees… or whether they are Jordanian, all people are the same. (Informant 1)

Informants stress that adverse health situations arise because of unclear and/or incorrect communication, for example, when health professionals do not listen to a refugee's story. In all organizations, there are good and bad staffers, regardless of religion and culture, resulting in misunderstandings. Furthermore, informants highlight the use of coping strategies to improve patient safety in response to experiences of traumatic events such as war. Moreover, nursing students stress the need for clinical training to provide high-quality care for refugees, not only preparation for patient education in general. In addition, informants highlight that Jordan has years of experience with refugees from Palestine, Iraq and Lebanon, which is why clinics/hospitals identify health needs and/or risks regardless of nationality.

3.1.3 Be prepared for future demands by refugees

The subcategory of being prepared for future demands by refugees is described as improving communication skills, increasing planned home visits, and increasing knowledge about refugees' health-related issues. Improvement in both the general and the specific aspects of refugees' health problems is highlighted. Informants describe unprofessional communication between nurses and refugees, for example, with respect to available vaccination programmes. Furthermore, informants stress that refugees appreciate nursing students' humanistic approach better than the approach of registered nurses on duty, who refugees perceive as rude.

When you deal with someone who have left his country... ehh... ehh ... deal with them with your passion ... your empathy... show empathy ... and okay, you are guests and we want help you with anything that we can ... but not all people do this ... (Informant 5)

Another perspective that informants highlight is the significant of continuous home visits, which were not performed as often as necessary. They argued that regular home visits performed by nurses contribute to improved healthcare, although unhealthy lifestyles could be visible and manageable by nurses, who help prevent future health problems by educating patients about risk factors.

In addition, nursing students highlight that they need increased knowledge within the area of war-related issues. However, the university did not offer specific courses on healthcare for refugees. Informants argued the need for clinical placement in refugee camps to improve nursing skills related to psychological issues. One informant described this as follows:

I have heard about a teenage boy… living in the camp and he was so hopeless because he would not play, would not go out, he would not be free. He said it was as if he was living in a big prison... and for a teenager, this might be a crisis... He saw his father, just at home, and did not know how to bring food for him... he is hopeless… (Informant 5)

Informants also highlight that nursing intervention must be developed in relation to different seasons, although the winter season reveals health problems such as influenza, the need for healthy eating, and the need for clothes and blankets compared to the summer situation.

4.0 Discussion

The aim of this study was to describe nursing students' experience of caring for refugees in Jordan. The results showed Jordanian nursing students' experience of caring for refugees in Jordan equally regardless of their background. People from the Middle East have similar traditions and language, decreasing misunderstandings in relation to common diseases such as NCD and unhealthy habits (Amara & Aljunid, 2014; Doocy et al, 2014). Therefore, it is important for nurses to be aware of lifestyle-related factors such as smoking, an unhealthy diet and lack of exercise to support refugees from the Middle East, providing high quality of care by focusing on health promotion (Eshah, 2011; Mahasneh, 2001). Patient education grounded in SOC is a tool to improve the conditions for a healthy lifestyle, for example, by quitting smoking (Eshah, 2011; Mahasneh, 2001). Moreover, improved knowledge about lifestyle-related diseases is significant for understanding the risk factors and consequences of habits that are used to cope with difficulties and obstacles in daily life (Salamonson et al, 2016). Therefore, coping strategies are important among nursing students to support patients' daily life situations, which is why nurses' educational mission is significant to increase refugees' awareness of NCD (DeCola et al, 2012).

The Swedish healthcare, as other receiving countries system, is challenged to understand the aspects of nonEuropean refugees' cultural aspects and beliefs, for example, religious beliefs related to dying and death instead of evidence-based knowledge (EthnoMED, 2008). Nursing students argued that refugees were unaware of available vaccination programmes, which is why targeted information campaigns for refugees are needed to prevent infections. This is in line with WHO reports (2015; 2016) of an increased number of refugees with special health needs, including both children and pregnant women. According to these challenges, research (Bossy et al, 2016) showed the importance of a predominant understanding distributed across private non-profit, private for-profit and public organizations focusing on health-promoting activity. By making information understandable and meaningful to refugees (Antonovsky, 1987), knowledge about the new country's healthcare system results in improved healthcare among refugees (Farsi-Razavi et al, 2011). Furthermore, poor living habits influence ill health (Eshah, 2011), which has a negative impact on refugees' everyday life situations with respect to a lack of income and disruption of education. This results in difficulties in affording healthcare, healthy food and accommodation, which is why receiving countries' healthcare systems must be prepared to manage refugees' need for healthcare. However, refugees have a sense of ambivalence towards their receiving countries' geographic, social and historical characteristics, i.e., they experience emotional trajectories during the resettlement process (El-Bialy & Mulay, 2015). Therefore, clear communication between nurses and refugees is needed based on the nurse's ethical code (ICN, 2012) to achieve equal care regardless of a patient's belief, culture, or ethnic background; this is a basic and fundamental aspect of healthcare that is sometimes forgotten. The nurse's mission is to help those who are in need of nursing without distinction. Nevertheless, there is a risk in treating everyone

the same without taking context into account (Christianes, Abegglen & Gardner, 2010). Health professionals need this awareness to improve healthcare, and patient information must therefore be provided in a culturally appropriate manner that is accurate, adequate, sufficient and current, supporting both self-management and improved well-being among refugees.

Refugees may have increased vulnerability because they have left home, friends and family and carry the baggage of traumatic experiences, which may affect their healthcare needs, even though they speak same language, practice the same religion and have similar cultural habits as those in their receiving country. Therefore, increased awareness of refugees' everyday situation is needed to prevent prejudice and ignorance in healthcare. For example, Swedish healthcare providers must understand and cope with refugees' motivation and commitment related to healthcare (Farsi-Razavi et al, 2011). To improve healthcare, i.e., to make it comprehensible, manageable and meaningful (Antonovsky, 1987), it is important to use an interpreter when communicating with refugees who speak a language other than that of the receiving country (for example, Sweden) to avoid misunderstandings (Shippee et al, 2012).

Furthermore, Jordan hosts many refugees (WHO, 2015), and health professionals provide healthcare more or less universally to everybody. However, nursing students did not feel fully prepared for refugees' health problems. Research (Sullivan, 2009) shows that nursing students who have an opportunity to work with refugees develop increased awareness and respect for people based on cultural perspectives. Moreover, nurses can use SOC's components, which are comprehensible, manageable and meaningful, to describe healthcare for refugees. It may also be interesting to reflect on refugees based on the experiences of Palestinians who have lived in Jordan for decades but by definition are still refugees.

Nurses' awareness of refugees' traumatic experiences reduces the stigmatization of Arab culture regarding mental illness (Samarasinghe & Arvidsson, 2002). SOC facilitates a holistic approach (Fok et al, 2005; Salamonson et al, 2016) and can improve emotional stability in the family upon its arrival to a new country such as Sweden (Samarasinghe & Arvidsson, 2002).

5.0 Limitations

The study was carried out at one school of nursing in one country, Jordan. The small sample limited our ability to generalize to other settings. However, the trustworthiness of the results was ensured through a scientific systematic analysis using manifest qualitative content analysis, which is a well-documented methodology (Graneheim & Lundman, 2004).The study's validity might be questioned because its data-collection procedure involved only a limited number of interviews (n=7). In addition, the variations in the nursing students' experiences and English skills could also be a limitation. Moreover, Sweden and Jordan differ in their social structure, education and healthcare systems, which must be considered when evaluating the transferability of the current study. For this reason, further studies are needed to develop knowledge about the healthcare experiences of nurses, refugees, and refugees' relatives. In addition, quantitative research including a large number of informants could contribute to a broader knowledge of refugees and healthcare.

6.0 Conclusions

The result shows that nursing students' experience of care is the same regardless of whether the patient is a refugee. This approach is in accordance with nurses' ethical code that care is given regardless of nationality, gender, age, faith or culture. However, unique individuals may be overlooked, for example, refugees have been forced to leave home to seek safety elsewhere, and refugees therefore have a different life situation than Jordanians. Moreover, nursing students have limited preparation to provide healthcare for refugees, and Jordan has been receiving many refugees for decades. In addition, although refugees' health problems are related to the same unhealthy lifestyle factors that affect Jordanians, refugees also suffer from war. Therefore, receiving countries such as Sweden need to introduce early check-ups performed by nurses and patient education about lifestyle habits related to ill health. Another barrier for health care among refugees is a lack of understanding of different religions and cultures and stigmatization related to mental health. By using open dialogue grounded in SOC regarding mental health among refugees, families and staff members' knowledge will increase. By managing knowledge, health becomes

meaningful and increases security in daily life situations. However, communication can be an obstacle because of language barriers, which is why an interpreter is needed to decrease misunderstandings related to healthcare. In addition, communication skills in nursing education are another tool to improve nursing interventions, including those involving cultural differences and lifestyle-related ill health.

References

Amara, A. H., & Aljunid, S. M. (2014). Noncommunicable diseases among urban refugees and asylum-seekers in developing countries: a neglected health care need. Globalization and Health, 10, 1-24. doi: 10.1186/1744-8603-10-24 Antonovsky, A. (1987). Unraveling the Mystery of Health. San Francisco: Jossey-Bass Inc, Publishers.

Barley, E., & Lawson, A. (2016). Using health psychology to help patients: promoting wellbeing. British Journal of Nursing, 25, 852-857. doi: 10.12968/bjon.2016.25.15.852

Bossy, D., Knutsen, I., Rogers, A., & Foss, C. (2016). Institutional logic in self-management support: coexistence and diversity. Health and Social Care in the Community, 24, e191-e200. doi: 10.1111/hsc.12277

Christianes, G., Abegglen, J. A., & Gardner, A. (2010). Expert Holistic Nurses' Advice to Nursing Students. Journal of Holistic Nursing, 28, 201-208. doi: 10.1177/0898010110369176

Codex. (2016). Rules & guidelines for research. The humanities and social sciences. [Online] Available: http://www.codex.vr.se/en/forskninghumsam.shtml

DeCola, P., Benton, D., Peterson, C., & Matebeni, D. (2012). Nurses' potential to lead in non-communicable disease global crisis. International Nursing Review, 59, 321-330. doi:10.1111/j.1466-7657.2012.01006.

Doocy, S., Lyles, E., Roberton, T., Akhu-Zaheya, L., Oweis, A., & Burnham, G. (2014). Prevalence and care-seeking for chronic diseases among Syrian refugees in Jordan. BMC Public Health, 15, 1-10. doi: 10.1186/s12889-015-2429-3

El-Bialy, R., & Mulay, S. (2015). Two sides of the same coin: Factors that support and challenge the wellbeing of refugees resettled in a small urban center. Health & Place, 35, 52-59.doi: 10.1016/j.healthplace.2015.06.009

Eshah, N. (2011). Lifestyle and health promoting behaviours in Jordanian subjects without prior history of coronary heart disease. International Journal of Nursing Practice, 17, 27-35. doi:10.1111/j.1440-172X.2010.01902.x

EthnoMED. (2008). Health care in Islamic history and experience. [Online] Available: http://ethnomed.org/cross-culturalhealth/religion/health-care-in-islamic-history-and-experience#section-3

Farsi-Razavi, M., Falk, L., Björn, Å., & Wilhelmsson, S. (2011). Experiences of the Swedish healthcare system: An interview study with refugees in need of long-term health care. Scandinavian Journal of Public Health, 39, 319-325. doi:10.1177/1403494811399655

Fok, S. K., Chair, S. Y., & Lopez, V. (2005). Sense of coherence, coping and quality of life following a critical illness. Journal of Advanced Nursing, 49, 173-181.

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Education Today, 24, 105-112. doi:10.1016/j.nedt.2003.10.001

Hultsjö, S., & Hjelm, K. (2005). Immigrants in emergency care: Swedish health care staff's experiences. International Nursing Review, 52, 276-285. doi:10.1111/j.1466-7657.2005.00418.x

ICN. (2012). Code of Ethics for Nurses. [Online] Available: http://www.icn.ch/who-we-are/code-of-ethics-for-nurses/

Kira, I., Lewandowski, L., Ashby, J., Templin, T., Ramaswamy, V., & Mohanesh, J. (2014). The Traumatogenic Dynamics of Internalized Stigma of Mental Illness among Arab American, Muslim, and Refugee Clients. Journal of American Psychiatric Nurses Association, 20, 250–266. doi: 10.1177/1078390314542873

Mahasneh, S. (2001). Health perceptions and health behaviours of poor urban Jordanian women. Journal of Advanced Nursing, 36, 58-68. doi:10.1046/j.1365-2648.2001.01943.x

McKenzie, E., Spiegel, P., Khalifa, A., & Mateen, F. (2015). Neuropsychiatric disorders among Syrian and Iraqi refugees in Jordan: a retrospective cohort study 2012–2013. Conflict and Health, 9, 1-5. doi 10.1186/s13031-015-0038-5

Numminen, O., van der Arend, A., & Leino-Kilpi, H. (2009). Nurse educators' and nursing students' perspectives on teaching codes of ethics. Nursing Ethics, 16, 69-82. doi: 10.1177/0969733008097991

Polit, D., & Beck, C. T. (2017). Nursing research: generating and assessing evidence for nursing practice. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.

Salamonson, Y., Ramjan, L., van den Nieuwenhuizen, S., Metcalfe, L., Chang, S., & Everett, B. (2016). Sense of coherence, self-regulated learning and academic performance in first year nursing students: A cluster analysis approach. Nurse Education in Practice, 17, 208–213. doi:10.1016/j.nepr.2016.01.001

Samarasinghe, K., & Arvidsson, B. (2002). 'It is a different war to fight here in Sweden' -- the impact of involuntary migration on the health of refugee families in transition. Scandinavian Journal of Caring Sciences, 16, 292-301. doi:10.1046/j.1471-6712.2002.00089.x

Sevinç, S., Kılıç, S., Ajghif, M., Öztürk, M., & Karadağ, E. (2016). Difficulties encountered by hospitalized Syrian refugees and their expectations from nurses. International Nursing Review, 63, 406-414. doi:10.1111/inr.12259

Shippee, N. D., Kemmick Pintor, J., McAlpine, D. D., & Beebe, T. J. (2012). Need, Availability, and Quality of Interpreter Services among Publicly Insured Latino, Hmong, and Somali Individuals in Minnesota. Journal of Health Care for the Poor & Underserved, 23, 1073-1081. doi:10.1353/hpu.2012.0107

Shishani, K., Nawafleh, H., & Froelicher, E. (2008). Jordanian nurses' and physicians' learning needs for promoting smoking cessation. Progress in Cardiovascular Nursing, 23, 79-83. doi:10.1111/j.1751-7117.2008.07745.x

Sullivan, C. (2009). Partnering with community agencies to provide nursing students with cultural awareness experiences and refugee health promotion access. Journal of Nursing Education, 48, 519-522. doi:10.3928/0148483420090610-06

Swedish Code of Statutes. 2017:30. (2017). Hälso- och sjukvårdslagen (Health and Medical Services Act). [Online] Available: https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/halso--ochsjukvardslag_sfs-2017-30 (In Swedish)

University of Jordan. (2012). Welcome to school of nursing. [Online] Available: http://nursing.ju.edu.jo/Lists/FacultyAbstract/FacultyAbstract.aspx

UNHCR. (2015a). JORDAN-UNHCR OPERATIONAL UPDATE. [Online] Available: http://reporting.unhcr.org/sites/default/files/UNHCR%20Jordan%20Operational%20Update%20-%20September%202016.pdf

UNHCR. (2015b). Jordan Factsheet. [Online] Available: http://www.unhcr.org/4c90819a9.html

WHO. (2015). Improving mental health care in humanitarian emergencies. [Online] Available: http://www.who.int/bulletin/volumes/93/10/15-156919/en/ WHO. (2016). Refugee crisis. [Online] Available: http://www.euro.who.int/__data/assets/pdf_file/0016/305503/Refugee-Crisis-situation-update-reportn3.pdf?ua=1