

ORIGINAL ARTICLE

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Quality of life and affecting factors of syrian healthcare workers working in immigrant health centers in Sanliurfa**Burcu Beyazgul, Ibrahim Koruk, Sule Allahverdi, Rustem Kuzan***¹Harran University, Faculty of Medicine, Department of Public Health, Sanliurfa, Turkey*

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**Abstract**

About 3.5 million Syrians are reported to live in Turkey. Sanliurfa is one of the cities with the largest number of Syrian immigrants. The estimated number of immigrants is around 430,000. In Sanliurfa, only 17 Immigrant Health (IH) Centers provide services to such population size. In this study, the quality of life of Syrian healthcare workers working in IH Centers and the affecting factors were investigated. The population of this cross-sectional study consisted of Syrian healthcare workers working at the IH Centers in Sanliurfa. No sample was selected for the study, and the aim was to reach all the workers. Two hundred twenty-three people were contacted for the study. The participation rate was 85.4%. For data collection, the Socio-Demographic Characteristics Form and the Quality of Life Index- General Version-III were used. Of the participants, 55.9% were women, 84.1% had associate degrees and above education levels, and 92.3% were married. The mean age was 37.0 ± 10.2 . The mean quality of life score was 23.1 ± 3.8 in total and 22.8 ± 3.9 for the health and functionality subgroup, 21.9 ± 4.4 for the social and economic subgroup, 24.9 ± 5.1 for the family subgroup, and 23.6 ± 4.8 for the psychological/mental subgroup. Health and functionality subgroup scores were significantly lower in patients with chronic diseases ($p < 0.05$). Family subgroup scores were significantly higher in those with children ($p < 0.05$). Social and economic subgroup scores were significantly higher in those with a residence time of over 4 years in Turkey ($p < 0.05$). Overall, the total quality of life and all subgroup scores are above expectations. The fact that social and economic subgroup scores were higher in those with a longer residence time in Turkey indicates that the healthcare workers have started to adapt to social life, that their quality of life has increased with employment and economic security and that the disadvantageous effect of immigration has decreased.

Keywords: Immigrant health center, refugee, healthcare worker, quality of life**Introduction**

The civil war in the Syrian Arab Republic has caused 5.3 million people to take refuge in neighboring countries. There are estimated to be 3.6 million Syrian refugees in Turkey [1]. The cities where Syrian Refugees reside the most in Turkey are Istanbul, Gaziantep, Hatay, and Sanliurfa. The Syrian refugees in Sanliurfa (430.232) comprise 21.1% of the city population [2].

Conflict and forceful departing of one's home can lead to people's death, losing their income, impoverishment, increased risk of disease transmission, deterioration of reproductive health, and many psychosocial problems [3-7].

Immigrants work in less qualified jobs where they face discrimination during recruitment and dismissal processes and

are exposed to severe working conditions [8]. They are obliged to do dirty, dangerous, and degrading works also called 3d jobs, which the local people are not willing to do [9-11]. Considering these situations in total, immigrants are stated to be a risk group in terms of health due to unhealthy nutrition, poor living conditions, language problems, lack of education, economic insufficiency, and lack of social security [12-5] Apart from these definitions, immigrants who can work in professional and semi-professional occupations with better salaries, such as office jobs, administrative jobs, and sales coordination jobs, are defined as 'White-collar immigrant workers' [15]. Immigrant health workers should also be considered in this scope. Despite their high professional skills, immigrant healthcare workers may also face serious problems when working in the healthcare system of the country that they take refuge in. This group may also face communication problems and discrimination [16,17].

With the Regulation on The Work Permits of Foreigners Under Temporary Protection in 2016, Syrian healthcare workers in Turkey were enabled to join the health workforce [18]. With this

***Corresponding Author:** Sule Allahverdi, Harran University, School of Medicine, Department of Public Health, Sanliurfa, Turkey
E-mail: sulehur@gmail.com

regulation, IH Centers were opened, and healthcare provision to Syrian refugees was also initiated by Syrian healthcare workers. Since 2016, Syrian doctors, nurses, and midwives have been trained for their integration into the healthcare system, and those who received professional qualification certificates were employed in IH Centers [19]. Besides, with the joint project of the United Nations Population Fund (UNPFA) and the Turkish Ministry of Health, health mediators were trained and employed at IH Centers. As a result, a large number of Syrian immigrants are provided health services in IH Centers with a limited number of Syrian healthcare workers.

The literature has very few publications on the quality of life of immigrant healthcare workers. In this study, we aimed to determine the quality of life of Syrian healthcare workers working in IH Centers and the affecting factors.

Materials and Methods

This is a cross-sectional study. The field study was conducted between August 2019 - September 2019.

The population of the study consisted of 261 healthcare professionals working in 17 IH Centers (1 being in an education center) in the city center and districts of Sanliurfa in 2018.

No sample was selected, and all IH Center workers were included. All Syrian healthcare workers working in IH Centers during the given dates were included in the study. 223 people were contacted. The participation rate was 85.4%. Those who were on leave on the date of the study, those who had a sick report, and those who refused to participate in the study due to lack of time were excluded.

The researchers visited the IH Centers, and the healthcare workers were informed through a translator. Those who agreed to participate in the study were asked to fill in the Socio-Demographic Characteristics Form and the Quality of Life Index-General Version-III. Translators who speak Arabic were used to evaluate the Socio-Demographic Characteristics Form.

In the Socio-Demographic Characteristics Form, the variables of age, gender, educational status, profession, marital status, number of children, time spent in the profession, time of residence in Turkey, time spent in the profession in Turkey, Turkish citizenship status, number of people in the household, additional income status, chronic diseases, and disabilities were asked.

The 'Quality of Life Index-General Version-III,' which consisted of 66 questions, was used to evaluate the quality of life (QLI). This scale was developed by Ferrans and Powers and was translated into Arabic by Jihad O. Halabi and tested for validity-reliability [20]. The understandability of the Arabic language used in the scale was tested. The scale consists of 2 parts. There are 33 questions in both parts. In the first part, there are some variables related to people's lives, and they are asked to choose the answer that best describes how satisfied they are with that aspect of their lives in each item. In the second part, they are asked to choose the answer that best describes how important the same variables are to them. The participants were given the questionnaires and asked to fill them in themselves.

The scores from the scale range between 0-30 and 5 scores were calculated. These were: overall quality of life score (QLI), health and functionality subgroup score, social and economic subgroup score, psychological/mental subgroup score, and family subgroup score.

The dependent variables of the study were the overall quality of life and subgroup scores. The independent variables were determined as age, gender, educational status, profession, marital status, number of children, time spent in the profession, time of residence in Turkey, time spent in the profession in Turkey, Turkish citizenship status, number of people in the household, additional income status, chronic diseases, and disabilities.

The analyses were made using SPSS 20 statistical software. The significance level was accepted as $P < 0.05$. The descriptive statistics of the socio-demographic characteristics and quality of life levels of the participants are given. The effect of independent variables on the total quality of life and subgroup scores was examined using Mann-Whitney U and Kruskal Wallis tests.

Ethics committee approval was obtained from the Faculty of Medicine at Harran University, and permission was obtained from Sanliurfa Provincial Health Directorate to conduct the study in the IH Centers. The necessary permissions to use the Quality of Life Index-General Version-III scale were obtained from the creators of the scale, the translators who translated the original version into Arabic, and the researchers who carried out the validity-reliability tests. Oral and written information was given to each participant, and their written consent was obtained.

Results

Of the participants, 55.9% were women, 84.5% had associate degrees and above education level, 92.3% were married, 90.6% had children, and 60.1% worked in central districts. The mean age was 37.0 ± 10.2 years. The mean time spent in the profession was 12.2 ± 0.7 years, and the mean time spent in the profession in Turkey was 21.3 ± 0.9 months. Mean residence time in Turkey was 5.0 ± 0.3 years. The mean number of people in the household was 5.6 ± 0.2 . Some socio-demographic characteristics of the participants are shown in Table 1.

Table 2 shows the overall quality of life and subgroup scores of the participants. The mean scores were 23.1 ± 3.8 for overall quality of life, 22.8 ± 3.9 for the health and functionality subgroup, 21.9 ± 4.4 for the social and economic subgroup, 23.6 ± 4.8 for the psychological/mental subgroup, and 24.9 ± 5.1 for the family subgroup.

The relationship between the quality of life and socio-demographic factors of the participants is shown in detail in Table 3. Health, functionality, and family subgroup scores' effect on the overall quality of life were significantly lower in patients with chronic diseases ($p < 0.05$). Psychological/mental subgroup scores were lower in patients with no additional income ($p < 0.05$). The family subgroup scores were significantly lower in those with no children ($p < 0.05$). Social and economic subgroup scores were significantly higher in those with a residence time of more than 4 years in Turkey ($p < 0.05$).

Table 1. Socio-Demographic characteristics of the participants

Socio-Demographic Characteristics	N	%
Gender *		
Female	123	55.9
Male	97	44.1
Age group**		
30 and below	56	26.0
31-40	73	34.0
41 and above	86	40.0
Education level*		
Highschool	34	15.5
Associate degree	109	49.5
Bachelor's degree	7	3.2
Master's degree	55	25.0
PhD/expertise	15	6.8
Profession		
Nurse	81	36.3
Midwife	12	5.4
Doctor	68	30.5
Translator	23	10.3
Health mediator	15	6.7
Support personnel	24	10.8
Turkish citizenship***		
Yes	101	45.7
No	120	54.3
Additional income*		
Yes	24	10.9
No	196	89.1
Chronic diseases***		
Yes	30	13.6
No	191	86.4
Disabilities***		
Yes	17	7.7
No	204	92.3
Total	223	100.0

*Evaluated over 220 people, **Evaluated over 215people, ***Evaluated over 221people

Table 2. Overall quality of life and subgroup scores of the participants

Variables	Mean ($\bar{x}$) $\pm$ Standard deviation (SD)
Overall quality of life score (QLI)	23.1 $\pm$ 3.8
Health and functionality score (HF)	22.8 $\pm$ 3.9
Social and economic score (SE)	21.9 $\pm$ 4.4
Psychological/mental score (P)	23.6 $\pm$ 4.8
Family score (F)	24.9 $\pm$ 5.1

Table 3. Quality of life scores according to socio-demographic factors

Variables	QLi X ± SD	P	HF X ± SD	P	SE X ± SD	P	P X ± SD	P	F X ± SD	P
Gender										
Female	22.8±3.8	0.57	22.6±3.9	0.54	21.6±4.2	0.61	23.2±5.0	0.18	24.9±5.0	0.97
Male	23.3±3.9		23.0±4.0		22.1±4.6		24.0±4.5		24.8±5.3	
Age										
30 and below	22.9±3.6	0.66	22.8±3.7	0.69	21.6±4.4	0.82	23.7±4.3	0.84	24.0±6.0	0.46
31-40	23.3±3.8		23.2±3.8		22.0±4.2		23.7±5.0		25.2±5.1	
41 and below	23.1±4.0		22.7±4.3		21.9±4.7		23.6±5.0		25.2±4.6	
Education level										
Highschool	24.0±3.8	0.45	23.5±3.8	0.59	22.8±4.3	0.63	24.7±4.9	0.33	26.1±4.5	0.55
Associate degree	22.9±3.9		22.8±4.0		21.7±4.4		23.3±4.6		24.7±5.5	
Bachelor's degree	23.5±4.0		23.8±3.4		22.0±3.4		23.6±7.0		25.9±3.4	
Master's degree	22.6±3.7		22.3±4.0		21.7±4.5		23.1±4.8		24.6±4.5	
PhD/expertise	23.5±3.8		23.3±3.4		22.0±5.1		24.6±5.2		24.9±5.3	
Profession										
Nurse	23.1±3.4	0.43	23.0±3.5	0.15	22.0±3.9	0.41	23.6±3.9	0.72	25.7±5.2	0.16
Midwife	23.4±3.4		22.9±4.1		22.4±3.8		23.8±4.3		25.8±4.4	
Doctor	22.8±3.8		22.5±3.9		21.8±4.6		23.5±4.9		24.7±4.7	
Translator	22.5±3.4		22.7±2.9		20.5±3.7		24.2±3.9		22.9±7.1	
Health mediator	24.7±5.1		24.5±4.9		23.1±6.5		25.2±5.9		27.9±2.7	
Support personnel	22.6±5.0		22.1±5.4		21.9±4.9		22.4±7.1		25.5±4.9	
Marital status										
Never married	23.1±4.2	0.97	23.0±4.0	0.99	22.0±5.9	0.77	25.0±4.6	0.65	22.8±7.7	0.36
Married	23.2±3.8		22.9±4.0		22.0±4.3		23.7±4.8		25.5±4.5	
Divorced or widowed	23.2±3.8		23.1±3.0		23.0±4.2		22.0±7.1		26.6±5.3	
Having children										
Yes	23.2±3.8	0.33	22.8±4.0	0.90	22.0±4.4	0.18	23.6±4.9	0.87	25.6±4.6	0.04
No	22.6±3.3		22.9±3.1		20.8±3.5		23.7±4.4		22.7±6.0	
Time in profession										
5 years and less	23.1±4.0	0.90	22.8±4.0	0.70	21.8±4.5	0.55	23.8±5.3	0.40	25.0±5.3	0.81
6-14 years	22.9±3.6		22.7±3.8		21.7±4.4		23.2±4.1		24.9±4.6	
15 years and more	23.4±3.5		23.1±3.5		22.3±4.1		24.2±4.3		25.0±5.4	
Time in the profession in Turkey										
20 months and less	23.2±4.1	0.67	23.0±4.2	0.60	22.0±4.4	0.98	23.7±5.2	0.83	25.3±5.0	0.42
Above	23.1±3.7		22.9±3.8		21.8±4.5		24.0±4.3		24.7±5.3	
Residence time in Turkey										
4 years and less	22.8±3.6	0.09	22.6±3.7	0.22	21.5±4.1	0.04	23.4±4.7	0.19	24.5±5.3	0.09
Above	23.5±4.0		23.1±4.2		22.5±4.5		24.0±4.8		25.5±4.9	
Citizenship										
Turkish citizen	23.3±3.7	0.29	23.1±3.9	0.29	21.9±4.6	0.63	24.0±4.4	0.54	25.1±4.7	0.87
Other	22.9±3.9		22.6±4.0		21.9±4.2		23.3±5.1		24.7±5.5	
Number of residents										
5 and less	22.9±3.8	0.61	22.7±3.8	0.67	21.6±4.4	0.43	23.5±4.9	0.86	24.9±5.3	0.78
Above	23.2±3.9		22.9±4.0		22.1±4.4		23.8±4.6		24.9±4.9	
Additional income										
Yes	23.9±2.9	0.32	23.3±3.0	0.71	22.3±4.3	0.46	25.6±3.0	0.03	26.0±4.3	0.26
No	23.0±3.9		22.8±4.0		21.8±4.4		23.4±4.9		24.8±5.2	
Chronic disease										
Yes	21.6±4.0	0.04	21.4±4.1	0.03	21.3±4.1	0.28	22.0±4.8	0.06	22.5±6.0	0.01
No	23.3±3.8		23.0±3.9		22.0±4.5		23.9±4.7		25.3±4.9	
Disability										
Yes	22.1±3.8	0.32	21.9±3.9	0.29	21.3±3.3	0.58	22.2±4.3	0.17	24.2±6.3	0.68
No	23.2±3.8		22.9±3.9		22.0±4.5		23.7±4.8		25.0±5.0	

Discussion

Most of the participants in the study consisted of married people with children who had associate degrees or above education level. Three out of 5 people resided in central districts. The mean residence time in Turkey was about 5 years. The mean time spent in the profession was about 12 years, and the mean time spent in the profession in Turkey was about 21 months. The group was roughly comprised of people who partially adapted to living and working in Turkey, who had high levels of education, who worked in professional work, and who maintained their economic power.

The mean overall quality of life and subgroup scores of the participants ranged from 21.9 to 24.9. Gullberg et al. found the mean overall quality of life and subgroup scores to between 20.1-23.2 in the general population in Sweden. The mean score for each subgroup was lower compared to this study [21]. Despite the disadvantageous effects of being an immigrant, the mean overall quality of life and subgroup scores of this group indicated that quality of life increases with employment and economic security and that the disadvantageous effects of being an immigrant are decreasing.

Health, functionality, and family subgroup scores were found to be lower in those with chronic disease. Similarly, in a study where they examined the quality of life of immigrants in Rome and the affecting factors, V. D'Egidio et al. found that quality of life was negatively affected in those with respiratory system disease, poverty-related disease, and neuropsychiatric disease [22]. Having children was found to increase the family subgroup score. Having children is thought to play a role in strengthening and supporting the family structure. The presence of a supportive family where individuals can exist and realize themselves is a factor that increases the quality of life [23].

Social and economic subgroup scores were found to be higher in those with a longer residence time in Turkey. This finding can be explained by factors such as finding employment, working status, and making friends depending on the time of residence. In a study on Iraqi refugees in Jordan, Al-Smadi et al. found that unemployment and having fewer than 3 family members negatively affected the quality of life. This finding also shows that having a social environment and working status is related to the quality of life [24].

It was found that the psychological/mental subgroup scores of those with additional income were higher than the group without the additional income. Similarly, in a study on the determinants of life satisfaction and quality of life, it was found that people with a higher income group had higher life satisfaction and quality of life [25].

Conclusion and Suggestions

1. This group consisted of refugees who pursue their occupation professionally and who maintained their economic power. The overall quality of life and all subgroup scores were high compared to the literature.

2. We observed that social and economic subgroup scores increased secondary to the increase in adaptation to social life with residence

time in Turkey. Therefore, socialization activities that strengthen the quality of life of this group should be established.

3. Since the overall subgroup scores were negatively affected by the presence of chronic diseases on quality of life, effective treatments should be planned for the existing diseases.

Conflict of interests

The authors declare that they have no competing interests.

Financial Disclosure

All authors declare no financial support.

Ethical approval

Ethics committee approval was obtained from the Faculty of Medicine at Harran University, and permission was obtained from Sanliurfa Provincial Health Directorate to conduct the study in the IH Centers. The necessary permissions to use the Quality of Life Index-General Version-III scale were obtained from the creators of the scale, the translators who translated the original version into Arabic, and the researchers who carried out the validity-reliability tests.

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