Exploring Health and Wellness for Syrian Refugees

by

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ABSTRACT

The number of refugees experiencing displacement is 25.9 million worldwide, with the majority in the last 7 years from Syria. While international government organizations and researchers have called for assessment of refugee health and wellness, research in this vulnerable population is limited. This dissertation is built around humanizing refugee research on health and wellness. The introduction in Chapter 1 provides an overview for the three resulting chapters which are (a) a grounded theory study to gain insight into the lives of Syrian refugees living in displacement; (b) a systematic literature review on wellness in Syrian refugees in displacement; and (c) a concept analysis to examine wellness from the perspective of Syrian refugee women within the context of displacement. Chapter 5 includes the summary, discussion, and recommendations for future research.

Chapter 2 consists of three themes which shaped the lives of Syrian refugees during displacement: (a) assets and deficits; (b) official obstacles and supports; and (c) unofficial obstacles and supports. Health emerged as a priority for the refugees which included many dimensions related to the quality of their health and health needs. The results of Chapter 2 precipitated in using wellness as a holistic lens to view Syrian refugee's health and health needs in Chapter 3. The results of Chapter 3 added a more holistic view of Syrian refugee health, while highlighting the need for improved research methods addressing wellness in Syrian refugees. Chapter 4 clarifies and defines wellness from the perspective of Syrian refugee women.

DEDICATION

Above all, I dedicate this research to God, my rock, source of inspiration, courage, and strength. He has miraculously paved the way by sending amazing people whose encouragement has made sure that I give my all. To my amazing husband, James, for his sleepless nights, love, and constant support. To my family, Cal, Vicki, Zane, and Kristeen for their emotional support. To my in-laws, Rodolf, Rita, Hanadi, Helene, Sami, Christina, and Moris, who have supported me all the way. To Roze for your love and support for our family. To my friends and sisters-in-Christ Melissa and Jenn for their constant prayers. Last but not least, to my daughter Seraphina for being a source of joy and motivation. Thank you all. My gratitude runs deep, and my love for you can never be measured.

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CHAPTER 1

INTRODUCTION

The world is experiencing a significant humanitarian crisis due to the unprecedented number of refugees fleeing their countries from war and violence (World Vision, 2020). Worldwide, 70.8 million people have been forcibly displaced from their homes, living as internally displaced persons (IDP) in their own country, or fleeing their country to seek living conditions as a refugee (United Nations High Commissioner for Refugees [UNHCR], 2019). The UNHCR (2019) reported that there are currently 25.9 million registered refugees and 3.5 million people seeking refugee status worldwide. The top sources of refugees in the past five years have been Syria, with 6.7 million people, followed by Afghanistan, South Sudan, Myanmar, and Somalia. A majority of refugees (75%) are women and children (UNHCR, 2019; Samari, 2017).

Predominantly, refugees reside in neighboring countries and attempt to integrate into existing communities or live in refugee camps. In 2018, less than 7% of refugees were resettled, leaving 93% living in displacement. Life for refugees in neighboring countries is often unsustainable; the majority of refugees are not permitted to work and have limited access to essential resources (UNHCR, 2019; Wofford, Shraiky, Schneider, 2016). The host nations, due to the rapid influx of refugees, inadequate resources, and weak infrastructure, are sliding into a state of economic despair and social tension (World Vision, 2020).

Statement of the Problem

As a majority of refugees remain displaced for over five years, critical needs include access to health care, income generation, education, social support, and spiritual

support (Olayiwola & Raffoul, 2016; Salman & Resick, 2015). Social determinants of health (SDoH) such as gender, income, social status, literacy, environment, health services, social support, and culture underpin health inequities experienced by refugees (Gelb, Pederson, & Greaves, 2012).

A recent report suggests that little is known about refugee experiences of health and wellness during displacement (Bowen, Ahmed, & Feng, 2017). International government organizations and researchers have called for health needs assessments derived from the perspective of refugees in order to create or change health services and policy implementation (WHO, 2010; Bowen et al., 2017; Parkinson & Behrouzan, 2015; & Shishehgar, Gholizadeh, DiGiacomo, Green, & Davidson, 2017). To date, there is limited research providing a holistic view of refugee experiences of health and wellness from their perspective. Global leaders in refugee research agree that a humanizing approach to research should be taken when addressing refugee issues through transformative theories, methods, and bold new ideas (Daley, Weima, & Brankamp, 2018; UNHCR, 2019).

Humanizing Defined

The overarching theme guiding this dissertation is humanizing refugee research. Humanizing is defined as attributing human qualities to something (Merriam-Webster, n.d.), such as kindness, mercy, understanding, empathy, compassion, care, and love (Waldow, & Borges, 2011). The meaning of humanization, humanize, and humanity converge into one definition. Acting with goodness and providing humane conditions is to be human (Oliveira, M. D., Zampieri, & Brüggemann, 2001). In the context of refugee

research in this dissertation, the terms humanization, humanize, and humanity are used to describe an approach that potentiates understanding, a characteristic of humanizing.

Overview of the Literature

Syrian Refugees. In 2011, as a result of the regional Arab Spring, Syrians began peaceful protests seeking government reforms. As tensions grew, violence erupted from the government and protesters. Since then, the unrest has contributed to an estimated 500,000 deaths, including 55,000 children (World Vision, 2020). Today, 95% of people within Syria have inadequate access to healthcare, 70% do not have consistent access to clean water, 80% live in extreme poverty, and some children have missed years of schooling, dimming hope for the future (Word Vision, 2020).

Syrians flee their country when life becomes unbearable due to violence, collapsed infrastructure, or their children are in danger (World Vision, 2020). A majority of Syrians have fled to Turkey, followed by Lebanon, Jordan, Iraq, and Egypt (UNHCR, 2019). Europe is also feeling the social, economic, and political weight of the Syrian refugee crisis as illegal smugglers bring refugees across the sea from Turkey to Greece, with others fleeing from Syria to enter Europe by any means possible (Wofford et al., 2016). While all refugees are vulnerable to health inequities, women and children are at a higher risk (World Health Organization [WHO], n.d.).

Refugee Women. Refugee women are less likely to have access to basic human rights such as food, shelter, healthcare, legal rights (UNHCR, 2011). In addition, refugee women have higher rates of anxiety, depression, trauma, fear, isolation, domestic violence, joblessness, and sexual exploitation compared to men (UNHCR, 2011;

Shishehgar et al., 2017). However, research addressing the health wellness of refugee women is limited (Shishehgar et al., 2017).

Research and policy recommendations emphasize the importance of contextualizing wellness as experienced by women sharing cultural and geographical backgrounds (Campeau, 2018; Clark, Gilbert, Rao, & Kerr, 2014, Gibson-Helm et al., 2014; Gibson-Helm et al., 2014; Hufton & Raven, 2016; Jesuthasan et al., 2018). While there are some generalizable issues for refugee women (UNHCR, 2011), each culture has unique meanings, values, and beliefs regarding health and wellness that warrant recognition.

Common themes that occur in the literature include wellness experienced as (a) harmony among collective beings, rather than individual balance; and (b) physical, mental, social, economic, and spiritual well-being (Salman & Resick, 2015). In a study focused on health promotion in a general refugee population, structural barriers preventing wellness (such as isolation, stigma, and cultural safety) were noted to be equally important as approaches promoting health and wellness (Salt, Contantino, Dotson, & Paper, 2017). In a mixed-gender study on promoting wellness in refugee populations, Blount & Acquaye (2017) found that informal and formal assessments of wellness as well as instilling hope, trust, and strength supported wellness.

Syrian Refugee Women. The literature on Syrian refugee women reflects unique cultural and situational experiences during displacement that necessitate recognition. In contrast to theorists and researchers characterizing a “bare life” state, stripped of all rights and dignity (Agamben, 1998; Minca, 2015; & Agier, 2011), Syrian refugee women show strength and resilience in the face of profound challenges (Culcasi, 2019). Syrian refugee

women in Jordan speaking about their experiences during displacement focused on coping with daily struggles to sustain their households (Culcasi, 2019). Daily issues to cope with included generating income to support their family (Jabber & Zaza, 2015), meeting health needs of their family and then their own, providing a safe and nurturing home environment, and seeking education for their children (Al Akash, 2015). Major challenges include generating income, isolation, violence, and living a dignified life (Wells et al., 2018). Consequences of poverty led young women and children, aged 14 or younger into early marriages in order to provide a better life, or for protection from rape, sexual exploitation, and violence (Cherri, Cuesta, Rodriguez-Llanes, and Guha-Sapir, 2017). In Jordan, al-Shar and al-Tarawneh (2019) found that 86% of Syrian refugee women had not worked in Syria; however 96% worked after becoming a refugee. For many Syrian refugee women, generating income for their family and learning new vocational skills bolstered their confidence and contributed to resilience (Culcasi, 2019).

Humanizing Theory

Humanization is the overarching theoretical perspective guiding this dissertation (Todres, Galvin, & Holloway, 2009). To be concerned with humanization is to uphold a particular view or value of what it means to be human (Todres et al., 2009). Todres and colleagues (2009) developed a conceptual framework for humanizing healthcare to help guide research and practice. The framework includes eight philosophically-informed dimensions of humanization that relate to care: insiderness, agency, uniqueness, togetherness, sense-making, personal journey, sense of place, embodiment.

The dimensions which support the humanization of the research in this dissertation are uniqueness, sense-making, and journey. Uniqueness is described as not

being reduced to a list of general characteristics and attributes (Todres et al., 2009). Sense-making is defined as caring for the meanings, events, and experiences personally; and finding significance through making whole out of parts (Todres et al., 2009). Lastly, Todres and colleagues (2009, p.72) state that, "To be human is to be on a journey. We live forward from the past; how we are in any moment needs to be understood in the context of a before and a next."

Chapters 2, 3, and 4 in this dissertation provide examples of humanizing refugee research. With this in mind, each chapter has its own underpinning theory or framework appropriate to the purpose. Chapter 5 centers on how each chapter exemplifies a humanizing research approach based on the framework of Todres and colleagues (2009).

Purpose

The purpose of this dissertation is to provide a humanizing approach to understand the lives, health, and wellness of Syrian refugees during displacement. The aims of the dissertation research correspond with three manuscripts as Chapters 2, 3, and 4, respectively. The aims of Chapter 2 are to (a) identify facilitators and barriers in Syrian refugee's lives during displacement, and (b) understand how Syrian refugees recommend improving their circumstances. Based on the complex yet indivisible dimensions found affecting the health of Syrian refugees, the concept of wellness is applicable to expanding knowledge on the lives of Syrian refugees during displacement. The aim of Chapter 3 is to bring awareness to the state of wellness of Syrian refugees. As 75% of refugees are women and children with increased vulnerabilities (UNHCR, 2011; Shishehgar, 2017); the aims of Chapter 4 are to (a) clarify the concept of wellness in Syrian refugee women, and (b) provide increased conceptual relevance of wellness in this population.

Chapters 2 and 3 were published in the Journal of Health and Human Experience (Wofford & Awad, 2018; Wofford et al., 2016) and have been modified to fit the format style of this dissertation. See Appendix A and B for the Copyright release forms. Chapter 4 is an unpublished manuscript at this time (Wofford, Fleury, Komnenich, 2020).

CHAPTER 2

A CONVERSATION WITH CALAMITY:

SHEDDING LIGHT ON THE PLIGHT OF SYRIAN REFUGEES

ABSTRACT

Civil war has driven over 11 million Syrians from their homes. While over 6 million remain trapped within the nation's borders, well over 4 million have fled to the five closest countries--Turkey, Lebanon, Iraq, Egypt and Jordan-- driving all five nations to a point of near saturation (Amnesty International, February 2016). Hundreds of thousands of even more refugees continue to push farther north in search of safe haven, and this exodus shows no signs of abating. As a consequence, European nations are feeling overwhelmed on multiple levels, with their responses inconsistently coordinated and in many ways at risk of failing, both in terms of quality of service and in terms of capacity. Throughout the affected regions, refugees' circumstances remain bleak and their quality of life continues to decline. The purpose of this research is, (1) to gain insights into the quality of services they are receiving, particularly in such areas as health, safety, education, shelter and ongoing support -- particularly from the refugees' perspectives, (2) to gather refugees thoughts on how to improve their circumstances, and (3) to ultimately use this research to help design improved service and delivery options. This research adapts a seven-level social ecological model as a synthesizing framework for assessing refugees' needs. The design for the study is qualitative, using grounded theory methodology. Three overarching themes which have emerged from the data collection process are: (1) Refugee Assets and Deficits, (2) Official Obstacles and Supports and (3) Unofficial Obstacles and Supports.

Keywords: Syrian Refugees, Syria, Current Issues, Displacement Zones, Displaced Population, War, Vulnerable.

INTRODUCTION

On the morning of September 10th, 2015, along Turkey's Bodrum Peninsula, the body of a young boy washed ashore. His family was fleeing the war in Syria, by sea, when their smugglers' small fiberglass boat capsized. The smugglers swam away, leaving their passengers to fend for themselves. The boy was Aylan Kurdi, two years old, and he did not die alone. His mother, Rehen, and his four-year old brother, Galip, drowned as well. His father Abdullah survived, spiritually broken. He told reporters, "Everything I was dreaming of is gone." (Fanz & Schoichet, 2015).

One such story is a tragedy that grabs the world's attention, albeit briefly. Tens of thousands of such stories congeal into a grim statistic, blurring the human cost of Syria's ongoing disaster. One goal of this proposal is to remain rooted in the human element, to not forget the hundreds of thousands of people like Aylan, his family and his friends, living and dying under horrific circumstances. But the Syrian diaspora is a complex, fragmented tragedy, with each facet deserving of attention. One obvious question that arises is: where should we begin?

The war itself is a hornet's nest of complications. For millions trapped within Syria's borders, survival is unlikely, but escape is equally challenging (UNHCR, 2015). For those who reach other countries, finding shelter is quite difficult. The closest five countries are already overloaded, with hundreds of thousands of people pouring across their borders; more distant countries, while seeing far fewer refugees, are still scrambling to come up with cohesive plans for who to accept, who to reject, how to meet

international legal obligations, how to respond with compassion, how to assuage the concerns of citizen groups resistant to accepting refugees, and beyond all of that still address the very real, pragmatic challenges that come with suddenly taking in thousands of desperately needy individuals, while filtering out any who might pose serious threats -- and paying for it all (Kaye, 2010; UN, 2015; UNHCR, 2014). For those refugees who make it past all of these hurdles, there remain only glimmers of light at the end of the tunnel. Rebuilding their lives remains a monumental challenge, with no right to seek work, with inadequate health services, food, clothing, shelter or clean water, with sparse opportunities for children to continue their education, and with timelines in the years, and more likely decades, before any country will fully welcome them as immigrants (BBC, 2015; Norwegian Refugee Council [NRC], 2014; Rummery, 2015; UNHCR, 2013a).

As with any crisis of such magnitude, nations of conscience are making an attempt to help, but the size and scope of the problem set the stage for scattered, frantic, underfunded interventions. At least five years into this crisis, European nations are still floundering to find a common path forward, and it's proving challenging (Kegels, February 2016). The supply of shelter and services just can't keep up with the demand, and donor nations have dragged their feet in contributing funds. Jan Egeland, head of the Norwegian Refugee Council, was quoted as recently as November, 2015, saying that aid programs at that time were going nowhere, and that "the only thing we have is a half-hearted emergency relief plan that is not nearly enough to meet the needs of the refugees." With all of this as background, it's no surprise that attention not just to fundamental capacity, but to the quality of service, appears far from adequate.

At the same time, there is hope. The international community pledged $2.9 billion to the U.N. to address the Syrian refugee crisis in 2015. Unfortunately, less than half of those promised funds were actually delivered. But an international conference held on February 4, 2016 generated a new promise of $10 billion, including $7 billion this year in immediate humanitarian aid both in Syria and in host countries, with $5 billion more over the four years that follow. This is an immense contribution that will undoubtedly make a difference – if the funds arrive as promised – and if the funds are used in a productive manner (UN, 2016). As impressive as that may sound it's apparently just a down payment; the World Bank believes a fully effective ten year Marshall plan for the region is really what's needed, upping the costs dramatically, to "$170 billion over 10 years to rebuild Syria..." (Laub, 2015). Of course, that assumes an enduring peace is first achieved.

While visiting the Za'atari refugee camp in Jordan, Filippo Grandi, the United Nations Refugees Chief, called for "greater international efforts to end the world's worst humanitarian crisis." (Dunmore, 2016). The World Bank highlights the need for "bold and new ideas for helping Syrian refugees " (Gazzar, 2015). Our proposed research project takes these pleas to heart, but with cautious pragmatism. We have high hopes that countries will make good on their pledges, and that those funds will be used well. At the same time, it's important to acknowledge that international aid efforts have a long, rocky track record, with at least as many failures as successes. One of the lessons that has only slowly been acknowledged is that imposing solutions from an outside perspective, with minimal regard for the insights available from those who are most intimately impacted, almost inevitably leads to disaster (Easterly, 2006).

The purpose of this proposed investigation is to bypass political filters and engage directly with refugees in many of the affected areas, in formal camps as well as other settings, (1) to gain insights into the quality of services they are receiving, particularly in such areas as health, safety, education, shelter and ongoing support, (2) to gather their thoughts on how to improve their circumstances, and (3) to ultimately use this research to help design improved services and delivery options.

We initiated this project using a Grounded-Theory approach, the essence of which is to gather data first, and only then formulate conclusions about the situation (Corbin & Strauss, 1990). We furthermore intentionally framed our questions from multiple, open-ended perspectives, specifically to avoid taking too narrow a view of the situation, succumbing to researcher, media or political bias, or prematurely jumping to conclusions regarding the situation we were investigating. A seven-level Social-ecological model provided us with these multiple, open-ended perspectives. The purpose of this endeavor was to explore current issues facing Syrian refugees, as narrated by refugees and aid workers, in displacement zones within Turkey.

Syria and the Conflict

For the past five centuries, Syria has been experiencing internal and external conflicts, beginning with the invasion of the Ottoman Empire in 1516. The Ottomans ruled the region for over 400 years until the Kingdom was expelled when British forces captured the Syrian capital, Damascus, in 1918 (McHugo, 2015). Two years later, the Sykes-Picot Agreement was signed between Britain and France; the contract granted both nations' governments control of several regions of the Middle East. The British gained the majority of Iraq and the southern parts of Palestine and Jordan while the French

controlled Syria, Lebanon, Alexandretta, and other portions of southeastern Turkey (Barr, 2011). The French mandate over Syria lasted until 1943, and the last French troops left the area in 1946. Syria's culture and economy prospered for the following three decades until Hafiz Al-Assad, who was the prime minister, revolted against the government, and became the new president (McHugo, 2015).

Ruling with an iron fist and following communist Eastern European leadership ideologies, Syria became the region's most watertight police state, with a mix of military agencies and spy headquarters (Ariosto, 2012). The quality of life continued to decline until Assad died in 2000, and his son, Bashar, became the president. As a product of boarding schools in the United Kingdom, Bashar introduced contemporary western-based lifestyles to Syria. The first five years of his presidency, he attempted to decouple his father's anarcho-syndicalist strategies and open Syria's economy to the world. However, his father's cabinet remained in power and the quality of life for the Syrian people continued to decline (Lesch, 2012).

Influenced by the Arab uprising in Tunisia and Egypt, Syria's political turmoil erupted in March of 2011 when a group of teenagers painted revolutionary slogans on a school wall. The incident inspired protests throughout the country; the Syrian Army controlled the majority of demonstrations by dividing protesters, and killing many (Erlich, 2014). The government reaction led to years of violence and unrest that steadily spread nationwide and allowed for the infiltration of foreign separatist groups. Today, there are at least nine militant groups operating inside Syria, not including splinter factions, along with a number of foreign nations whose aerial bombings have only added to the largely indiscriminate killing (Zavadski, 2014).

Current State of Syrian Refugees

The United Nations considers the Syrian refugee crisis the "biggest humanitarian emergency of our era," and the civil war as one of the worst moral crises of modern history (UNHCR, 2014). This new and unprecedented exiled group is the world's largest refugee population under the UN's mandate; their displacement is the worst exodus since the Rwandan genocide over 20 years ago (UNHCR, 2013). It is estimated that 7.6 million Syrians are internally displaced. At least 4.5 million have fled to just five neighboring countries: Jordan 635,324+, Iraq 245,022, Turkey 2.5M+, Egypt 117,658+ and Lebanon 1.1M+ (Amnesty International, 2016). Over 4.7 million refugees have registered in host countries (Syria Regional Refugee Response Inter-agency Information Sharing Portal c); how many have failed to register is anyone's guess. Many reside in refugee camps, but others find shelter wherever they can: under bridges, along riverbanks, doubled up in overcrowded tenements or squeezed into any other available spaces.

The existing immigration, political, and environmental approaches in all of the countries involved are struggling to rise to the level of the demand, in terms of both capacity and quality of service. Due to the complexity of the issue, aid organizations are overwhelmed and struggling to effectively allocate scarce resources; the situation is growing more acute with no end in sight (UNHCR, 2016). A literature review of current issues facing Syrian refugees revealed major health, education, employment, social, and political challenges.

Health Issues

Syrian refugees living in neighboring countries frequently appeared to suffer from significant mental health problems, including PTSD, depression, and psychosomatic

issues. A study in a refugee tent city near the Syrian border revealed 33.5% of the population suffered from PTSD; being a female with a past diagnosis of a psychiatric disorder and experience of two or more traumas predicted a 71% chance of having PTSD (Alpak, et al., 2014). Children were found to have staggering rates of mental health problems. In one camp, an assessment on children revealed 60% had symptoms of depression, 45% PTSD, 22% aggression, and 65% psychosomatic symptoms which had a serious effect on children's level of functioning (Özer, Sirin, & Oppedal, 2013). A growing number of reports stress the desperate need for mental health care tailored to (1) the culture and (2) to specific needs of war survivors. Short-term medical mission groups working at refugee camps to relieve the tremendous burden on the local health care system report physicians each see an average of 40 patients per day (Alghothan, Algothani, & Atassi, 2012). Surveillance of epidemiologic rates emphasize poorly controlled chronic diseases (such as hypertension and diabetes) and inadequate health care for women and children. Cutaneous leishmaniasis (CL) is on the rise among refugees and local communities near refugee camps. CL is a parasite that can lead to disfiguring painful ulcers on the skin. The parasite is spread through sand-fly bites and emphasizes the unhygienic environment of the refugee camps (IncI et al., 2015). More serious and life threatening is the emergence of meningococcal meningitis serogroup B. The WHO (2016), defines meningococcal meningitis as a bacterial infection spread by saliva (kissing, sneezing, sharing utensils) which can lead to severe brain damage or death in 50% of cases. An 11-year-old Syrian refugee girl residing in Turkey was diagnosed with this serious infection; she lived after antibiotic treatment (Tezer, Aslinur, Saliha, Belgin, & Dilek, 2014). Tezer et al., continue, advising that the immunization for this specific B

strain is not given in Turkey, raising a concern regarding the need for vaccinations for refugees entering the country (2014). Difficulty with access to care is the primary theme underpinning health issues.

Education

School for children is optional. One country hosting refugees assigns locals to teach in refugee schools, which compromises the schooling's effectiveness due to language barriers. Lack of supplies and books in Arabic further limit the children's learning. Tents are small and children must come in shifts to accommodate the limited space. "In the media, the Syrian children are often described as "The Lost Generation." We would say they are the generation that has been robbed of their lives by a monster of war that most governments in the world – including Syria's –have promised them the right to be protected against" (Özer et al., 2013, p.38).

Employment

Refugees in one host country are allowed to reside for two years, however work permits are extremely difficult to obtain, leaving a high unemployment rate among refugees. While significant inflation in food prices and housing costs has occurred in Turkey since the Syrian conflict began, the effects of employment rate changes among the local Turkish population are conflicting (Akgündüz, Van den Berg, & Hassink, 2015)(Karakoç & Doğruel, 2015). Syrians fortunate enough to find work are employed without proper paperwork, and the majority only find work in low skill, low pay, physically demanding jobs. Karakoç & Doğruel report from an interview of a local citizen regarding Syrian refugees, "We also have people who have come from Syria in our village. Poor and frightened, they have settled in vacant properties and work as

labourers in the fields for a low wage." In these dark times for refugees, children and young women are sold as brides in hopes that they will be provided food and shelter. "In fact they get married for so little money, even for one gold bracelet. The families do it to save the girl from poverty, and give the girl away to marry, saying, "as long as she has food in her stomach ..." (Karakoç & Doğruel, 2015, p. 359) It is not a surprise that with limited resources for refugees, the amount of illegal drug trafficking in Turkey has increased by 85% since the Syrian conflict began (Arslan, Zeren, Çelikel, Ortanca, & Demirkiran, 2015). These facts highlight the complexity of the workforce issues facing refugees and the host country.

Societal and Political Issues

Host countries have become increasingly weary and distrustful of immigrants. One local resident recalls her response to seeing Syrian refugees at the airport: "My attention was drawn to the brown spots on their shoes. This scared me" (Karakoç & Doğruel, 2015, p. 362). Karakoç & Doğruel's (2015) interviews of local citizens and Syrian refugees focused on "human security." Their report suggests that Turkey's political stance on Syria has resulted in negative repercussions of economic and political insecurities for both local citizens and refugees. Local women complain of their husbands taking on second and third wives or concubines from the vulnerable Syrian population. Relationships are increasingly brittle due to differences in social and political views between different religious sects of Sunni, Alawite, Arab Christian, Armenian Christian, and numerous minority religions throughout the region. Violence between refugees and host countries receives local media coverage, compounding an atmosphere of insecurity.

Framework and Methodology

The design for the study is qualitative, using Grounded Theory methodology. As mentioned in our introduction, a seven-layer social-ecological model helped us avoid approaching the topic from only one perspective, while maintaining the integrity of the Grounded Theory approach by keeping the inquiries broad enough to avoid premature conclusions. Refugees and aid staff interviews served as the main data sources. Semi structured interviews followed Simons-Morton, McLeory, and Wendel's (2012) revised social ecological model as a guiding framework for investigating refugees' needs. Social ecological models are fundamental guiding frameworks for investigating complex research questions that cross multiple and diverse environmental factors. They are used as heuristic tools for assessing the impact on individuals and behaviors, on several micro and macro societal levels. Typically, there are five nested levels; Individual, interpersonal, community, organizational, and policy (The Center for Disease Control, 2015). Simons-Morton et al. (2012) added two more layers: (a) the physical environment and (b) the culture, due to their significant influences in the larger ecological system. Additionally, the development and the behavior of individuals can also be understood in the context of their backgrounds and the environments in which they live (Simons-Morton, B., McLeroy, K., & Wendel, 2012).

The individual level covers the refugee's background and specific characteristics, such as age, religion, ethnicity, health status, and economic status, which may affect behavior and well-being in displacement zones. The interpersonal is concerned with the impact of social systems on refugees, such as family, friends, and religious networks. The organizational level outlines the rules and regulations of service organizations such as

GO's and NGO's while evaluating their quality and performance. The community level outlines the relationship between refugees and navigation among service organizations such as NGOs, health departments, schools, transportation systems, and religious institutions. The environment is the context where refugees live; whether a geographical location, the natural world, or the built environment. The culture layer discusses models that address social norms and outlines how refugees may meet their cultural needs.

The design for the study is qualitative, using semi-structured interviews and observational methods. Following Simons-Morton et. al as a synthesizing guide for searching for existing research and throughout the literature review process. We used terms from the seven layers as key search terms to review the current state of Syrian refugees. Authors then reviewed best practice examples of refugee camps, service models, and displacement outcomes. Results of literature reviews are highlighted in previous sections. Based on the limited body of knowledge, authors created a research protocol and applied for a review by the Institutional Review Board (IRB); the study was determined exempted. We travelled to three countries that border conflict zones to conduct the study.

Refugees (n=36), staff of Non-Governmental Organizations (n=12), and health care providers (n=17), who currently reside within displacement zones adjacent to Syria, were invited to participate in (36) semi-structured interviews and (14) focus groups. Interviews were held in private rooms within displacement zones, NGO offices, and health centers. Recruitment letters were distributed through NGOs' and health centers' databases. Inclusion criteria encompassed refugees between the ages of 18-80, males and females, who have been residing in host countries for at least six months. We also

included children ages 6-17 with the presence of a parent or a legal guardian. Individual interviews started with a review of the IRB's paperwork and signing consent forms. Interview questions were categorized according to the seven layers of the social ecological model and focused on the overall displacement experience, starting with the individual interviewees' typical previous lifestyles in Syria, continued with descriptions of their war experiences, and concluded with their life experiences in host countries. Examples of questions include: "Can you describe your life prior to the war?" "What happened when the war started?" "What made you leave your home?" "Would you describe, in detail, your current life?" and "What are the top challenges you face?" Similar questions were asked in the focus groups. The interviewer invited participants to add and build on each other's responses. NGO members and health care providers were asked about challenges they had encountered, particularly in terms of barriers to delivering services. They were also asked about their perceptions of issues facing refugees. Examples of questions include: "What is the purpose of your organization?" "What types of services do you provide?" "What are the challenges you face?" and "What are the top issues facing the refugees you have served?". Follow-up questions explored the impact of policies, culture, community, and organizational activities on the refugees' experiences in host countries. All stakeholders were encouraged to build on each other's answers.

Data Analysis

Individual interviews, observation and field notes, along with focused group interviews, were transcribed. Due to safety concerns and strict confidentiality requests, all identifying information has been removed from the transcripts and data sources. Numbers

were substituted for all geographical locations, including the identities of countries and displacement zones. NGOs and health centers' affiliations were substituted with Latin Alphabets; pseudonyms replaced refugees' and providers' identities. Each data source was individually analyzed and open-coded by authors. Keywords, lexicons, sentences, and paragraphs generated new codes. Authors' individual codes were discussed, refined, and redefined through continuous comparison and reviews of data sources. Following Miles and Hubermann's (1994) guidelines for building confirmability and trustworthiness in data analysis, authors spent substantial time referencing assumptions with transcripts as well as results from literature review.

Results

Authors distilled responses into three overlapping and overarching themes: (1) Refugee Assets and Deficits, (2) Official Obstacles and Supports and (3) Unofficial Obstacles and Supports:

Refugee Assets and Deficits

This theme addresses financial resources, connections and traumas brought along on refugees' journeys. Our data shows that the level of difficulty encountered by refugees attempting to settle in host countries, the speed and efficiency of the process, and refugees' success in accessing support services, were all impacted by (1) assets--the refugees' own individual and collective resources, such as funds, personal health and stamina, level of mutual support, connections and ability to prepare, and (2) deficits (challenges)--individual and collective handicaps or obstacles, such as injuries, illness, individual medical needs, individual psychological needs (especially depression and

PTSD), the need for special family supports (i.e. children, the elderly, the disabled) fear of religious and political persecution, and lack of funds or connections.

Those who were able to plan their exits from Syria and travel to border countries without any rush faced less anxiety and fewer obstacles in their migration journeys than those who lacked such advantages. Predominately, the former refugees were more financially comfortable than those who followed later. As one family member stated, “we knew the war is escalating, we knew death is inevitable, we sold our house and travelled here on a visitor visa. This was two years ago." These families had ample time to search for housing in host countries and navigate through aid organizations and services. The same person continued: “though our money might be running out soon. We don’t know how we may support ourselves afterward." Another refugee stated, “I don’t have a lot of money to house my family.” This person noted one financial impact of the massive influx of refugees: area rents had gone up. “It is very expensive to rent a flat here. We can’t afford it." Due to resource limitations, his family is living in his brothers’ one-bedroom flat. “Ten children and four parents live in that cramped space."

Those who experienced chaos throughout their escape journeys also typically struggled with navigation after reaching host countries. One young refugee who lives in an urban setting stated, “I was drafted for forcible military service, I only had two weeks to decide; I either will have to fight with the government and possibly kill my friends and family members, or, I have to escape somewhere else. I chose to escape." He continued describing his experience of not knowing what to do, or where to go upon arriving. After he spent two weeks “renting a cheap hotel room” a friend of a friend connected him with a rental property for Syrian refugees. “I was excited to learn that six young Syrian men

are living there and are trying to find jobs." When asked about joining a refugee camp, he stated, “I have saved up enough money to find a job and support myself financially. I don’t need to join a refugee camp."

Another refugee, living in a town beyond the Syrian border, stated, “The day of my college entrance exam, I saw hundreds of armed soldiers marching towards my village. The family quickly packed and fled the same night. Our house was burnt the following day." When asked, “where did you go, and why?” he stated, “my uncle fled six months prior (and) rented an apartment. We called him and he hosted us for three months until we could stand on our feet." Another refugee reflected on “how quickly we fled” when they heard that the Islamic State was approaching. Because of that, he couldn’t complete any paperwork and is “not allowed to legally work." Finding work was a problem expressed by many refugees, with comments such as, “A big challenge for newly arrived refugees, and especially for those who don’t carry a passport, is employment.” Another refugee talked about the danger of living in a refugee camp because of political and religious backgrounds. He explained, “We may actually get killed because of our religious backgrounds.” Because the war has politicized religious differences, “it is perceived that each religion or denomination supports a specific group or government agency.” There is a fear of persecution by those who belong to opposing parties. He concluded, ”you may need to hide who you really are, or pretend to agree with people in order to survive in displacement zones."

Official Obstacles and Supports

This theme has multiple layers, starting with funding, acceptance of refugees and the establishment of camps, but it also extends beyond that: rules, regulations and

policies have a notable impact on the degree to which the nation's actions function smoothly, impeding or improving settlement. As mentioned earlier, despite the billions of dollars of international aid pledged in 2015, much of it reportedly never reached the GOs or NGOs on the front lines. This shortage has a major impact on both shelter capacity and service quality, undermining the ability to provide basics such as food and medical care, let alone anything more. The existing infrastructure in all host countries reached full capacity well before the time of our initial study, both in terms of quality of service and in terms of overall capacity, and there were no signs of quick, significant improvements on the horizon. Even where funding might be theoretically available, the engineering demands involved in creating cities overnight were clearly daunting. At least one camp saw its population grow by the tens of thousands over a period of months -- an extraordinary load for any established community to take on, let alone a municipality starting from zero. One NGO coordinator pointed out, "we were not ready to assist this massive number of asylees. We are overwhelmed." This was supported by one of the refugee's statements: "we can't access any camp, they are all full, we are hoping and praying for a new temporary camp for us to live in." Another refugee, who lives in an urban setting and is receiving assistance from a local NGO, stated, "they are understandably behind on assistance. There is too many of us here."

To make matters worse, beyond whatever funding and capacity were present, or basic structures and operations in place, refugees and service providers alike consistently remarked that rules, regulations and policies were exacerbating the problems at least as much as they were helping. For example, as discussed under personal assets and deficits, the paper chase for required documents is frustrating. One refugee stated, "Having your

paperwork here determines everything. If you have a passport, your life will be easy. If you don't, you will have to struggle through existing policies." He pointed out several challenges that face refugees who don't carry legal documents, including difficulty accessing camps, assistance, and miscellaneous services. "You can't even get a phone without a passport here. You will get a temporary visitor phone chip for only two weeks, then the service will be disconnected." When asked, "why doesn't every person get a passport?" he described the difficulty of obtaining legal documents inside Syria. "Remember, many of the refugees have never travelled outside of their countries and never held a passport before...obtaining a passport means travelling to areas where dangerous separatist groups exist. They may shoot you."

Another refugee, whose entire family except for himself carries passports, stated, "the law in this country allows me to stay here for only two months and forces me to leave the country for at least a month before I am allowed to enter again." He explained the laws and penalties of overstaying his visa. "If a police officer stops me in the street, and he sees that I overstayed my visa, they will force me to pay thousands of dollars, or I will go to prison." An NGO staff member noted, "The only way to obtain a refugee status is to live in refugee camps. If they are full, you are considered a temporary guest and must leave after several weeks." She further explained that most asylum-seekers would have to leave their family members, travel to ISIS-controlled areas, and then obtain another visa to enter the country as guests. "This come-and-go cycle continues until families enter refugee camps." A health care provider's comment established the destructive impact of this policy on individuals who were ill. "If they are sick, this means

they can’t receive care for a month, and those who survive and are able to return, they become more ill. More than a few acquire more health issues throughout their travels."

One country provided ample opportunities for refugees who carry legal documents to temporarily integrate into the local community. One refugee stated, “I am one of the blessed ones, I have a passport." He continued, explaining: “I was granted a visitor card that allowed me to work and receive free healthcare and education." However, it was important to him to emphasize his continuing, underlying trepidation. “…I don’t know what will happen to me in the future--all of those who carry the card are not allowed to receive permanent residency here."

For Syrian healthcare providers, including nurses, physicians, and technicians, the policies for aiding refugees are sometimes helpful but come with challenges. In some surrounding countries, they are not permitted to deliver care. In others, they can do so, but with limitations. All such specialists, even where they are permitted to work with foreign aid agencies, can only triage, or treat minor ailments. Any patients who require specialty care cannot be treated directly. Instead, they must be referred to the host country's health system. One Syrian pediatrician who works at a philanthropic clinic stated, “The law forces me to refer critically ill children to local specialists. In many cases, the patient gets lost in the system and does not receive care." A gynecologist echoed this concern: “I can’t deliver babies, I can only check pregnancy progress. What if a mother needs emergency birthing? I will have to refer her to the emergency department." She reflected on several cases she had observed. “In many cases emergency medicine staff are not trained in labor and delivery procedures." An orthopedic patient whose ankle required several surgeries described his experience after he was shot in the

leg by one of the separatist groups and managed to flee to a border town. “After I was hit, my foot was shattered. I needed care immediately; I was able to receive primary care from one of the physicians I know. However, I needed to see a local doctor for my surgery." He spent weeks navigating the system. When he finally found an available provider and scheduled the surgery, the provider warned him, “I don’t have the appropriate surgical instruments to perform the surgery."

Funded by national and international NGOs, one of the most innovative impromptu, yet planned, health models is what refugees call “Healing House.” A healthcare technician described this facility as “a rented flat where sick refugees, who require long-term care, can reside under the supervision of a housemaster.” This novel concept was created shortly after the war in Syria when “the healthcare system in host countries could no longer support the acuity and the volume of chronic illnesses.” Refugees, such as those who suffer from shattered bones, bed sores or mental illnesses, were sometimes transported out of camps to reside in these houses. One health provider stated, “There is a health provider, such as nurses, doctors, and pharmacists, who will be present 24/7.” Additionally, physically and mentally challenged patients are transported out of war and displacement zones for long-term rehabilitation care. One NGO worker stated, “It is devastating for someone to lose movement in their body. When foreign providers visit the house, you see hope and determination in refugees’ eyes to work hard and get better.” One refugee, who lived in a healing house for three months, expressed his gratitude, saying “I didn’t think I could walk anymore. I am grateful for those doctors, who traveled from far countries, to help me heal and walk again.”

Service organizations were allowed to build make-shift schools in some displacement zones. As one NGO staff member stated, “School is helping children taste some level of normalcy." Other staff members stated that the school system is allowing teachers to “identify children who are sick and require health services." They refer, and sometimes transport, children who require medical attention.

Individuals admitted into refugee camps are considered “blessed for receiving financial aid from the government of the host country." One former refugee camp resident stated, “however, the money is not enough, you need a job and the camp can’t offer employment." He clarified the difficult process of entering and exiting the camp: “You need a written permit to leave the camp; the issuing process takes days or weeks. One NGO staff member stated, “most refugees who reside in camps are talented and educated, and qualify for several available jobs." Her co-workers felt that these policies “exacerbate the already desperate conditions in camps,” not only for the residents, but for family members who can’t access camps in order to find or connect with loved ones.

Unofficial Obstacles and Supports

The final theme addresses concepts of corruption, crime, citizen support and the underground economy. Our data highlighted several unofficial obstacles, or counter-systems, that were obstructing the placement process, including bribery, corruption, and crime. We also identified unofficial supports, including outreach from friends, neighbors, ad hoc citizen groups, unapproved or underground support services, and the underground economy.

One NGO member, a health care provider, and two refugees expressed that the most damning and harmful issue in refugee camps is corruption, particularly in the form

of bribery. One former camp resident stated, “Even though camps provide a form of stability, there is a pecking-order to who receives aid and moves in and out the camp." One patient, who is on a waiting list to enter the camp, stated, “I can’t afford entering the camp." When asked, “What do you mean? Aren’t the camps free of charge?" he replied, “That's what you hear from governments and news outlets." He outlined a comprehensive system for acquiring tents or temporary housing in established camps following basic real-estate principles. “There are different prices for tents, starting at $1,000 for an area and up to $5,000 if the tent is large and in a prime location." One health care provider pointed out that an average employee monthly salary in Syria is $150--not enough to pay fees to camp coordinators. “Some of the refugees sell all of their possessions to afford a tent." Another former camp resident stated that other, already established refugees are also at fault. Some of the refugees who arrived shortly after the war started “have fake identification cards and occupy several tents. They sell or rent these tents to refugees who are on the waiting list." One NGO member went into some detail on the economic desperation refugees face that pushes them to do “anything to provide stable life for their families."

While it’s illegal for non-residents to enter camps, three refugees stated that you could bribe the guard to gain entry. One refugee explained, “you can pay the guard $10 and they will let you in.” When asked why refugees would leave the camp, they explained that families are separated and want to reunite. His friend stated, “I left when I got a job." He advised that only those who receive special permission, or who can afford to pay a bribe, manage to leave the camp, usually because they are working in the city. They often return, he noted, days or weeks later.

Several NGO staff and health care providers stated that the local economy and culture in border towns has drastically shifted. Local businesses employ undocumented individuals because "Syrians work harder than locals with the fraction of the fee." One philanthropic organization volunteer who owns a local shop, asked, "Why not? This is good for my business." Another refugee stated, "I need to live. I am willing to do any job." The cost of living has increased 1,000%. One NGO coordinator advised that refugees "who can't access camps have to rent flats." One refugee explained, "When the war started, you could rent a large house here for $50. Now, you won't even find a small studio for $500 a month." Another refugee detailed the lucrative rental system here: many locals, who were not initially planning on renting their spaces, lease them for a large amount and relocate to other cheaper areas. One volunteer added that it was now sometimes difficult to find "milk in grocery stores. The population of our town is now triple." Another refugee discussed the challenges he faces to find fresh produce and grocery products, explaining that when he does find them "they are six times the actual price."

As a means of survival, several underground business were created by locals and by already established refugees to accommodate the growing demand for healthcare, food, shelter, services and documents. One NGO member warned, "don't ever leave your passport in the car." He then described a comprehensive forgery system where underground print shops reassign lost and stolen passports to new individuals. When asked about the validity of the story one refugee replied, "of course, I can show you several shops. The price tag varies between $1,000 for an Arabic passport to $10,000 for a foreign one." Another underground, though not subtle business is cell phone hacking to

allow for long term cell plans. Undocumented visitors are permitted to purchase two weeks of cell service. While strolling through markets, we kept seeing “phone breaking” signs. When asked about the nature of the business, one refugee spoke of a comprehensive phones modification system to permit “long term cell service.” The fee is $100 per phone, he reported. He went on to specify particular cell phone manufacturers whose products were easy to “break-into” and others that were impossible to modify. “Refugees,” he disclosed, “know what brand to purchase.”

“Resources are being drained,” one NGO staff member reported. Financial support, medical equipment, and monetary help, including food and clothing are “being stolen by several distribution coordinators.” One health provider stated, “Someone, could be a refugee, an aid worker, a local, or anyone else, has stolen all the medical equipment from our healing house.” He continued outlining yet another black market for selling aid materials. Another NGO stated, “Everybody is desperate for help; many are pushed to desperate choices,” while others, by nature, “love to take advantage of any system.” One NGO lead observed that some of service centers that are funded by “rich countries” are rundown and inefficient because a “few employees are pocketing resources…it takes (only) one selfish person to drain any system.”

There is a rising tension and divide among locals in border towns. Some residents are helping with the refugee conflict, while others see the displaced population as a burden on an “already broken system." One health care provider reflected on the rising hostility towards refugees on the part of some of the locals, as even they could no longer afford the rising cost of living. He further pointed out that health centers are crowded, overwhelmed, and are delaying care to locals. One NGO volunteer, who is also a

business owner, stated that locals believe that "Syrians continue to steal their jobs," noting that fights had erupted at employment centers.

Discussion

Our overall research process faced tremendous challenges. As a first step we relied on media coverage, agencies' reports and scholarly journals (we found relatively few scholarly articles on the current state of Syrian refugees) for purposes of literature review and to establish a base-line understanding of the Syrian crisis. In 2015, following the literature review, we visited Syrian refugee displacement zones to conduct qualitative research, in the form of individual and group interviews of refugees and service providers. Utilizing a seven layer social-ecological model, we facilitated comprehensive interviews that covered a large spectrum of refugee needs. Our research documented the daily struggles refugees face, ranging from meeting their most basic survival needs to coping with the stress of family separation, handling local antipathy toward refugees, and frustration with bureaucratic aid mechanisms. The seven-layer framework helped to illuminate multiple aspects of the refugee world, with findings that further mirrored what we read in our literature review. We then further distilled our findings into three overarching themes. Our thematic findings largely reinforced what UNHCR, UN, UNICEF and other organizations have reported on Syrian Refugees' experiences in host countries. However, our research efforts also contributed a more nuanced understanding, and helped to uncover aspects of the refugee experience that were rarely touched upon in literature, agency or media reports we reviewed--to a large degree because refugees hadn't been asked directly for their insights. The three overall themes we distilled our

findings into were: (1) Personal assets and deficits, (2) Official obstacles and support, and (3) Unofficial obstacles and support.

We identified numerous personal assets and deficits to consider in humanizing the refugee population--factors worth considering when attempting to design services on refugees' behalf. It became clear that strengths and needs are individualized, and services should adjust accordingly. Refugees come from all walks of life, and have a much better understanding of what they need and what they can offer than any well intentioned outsider can bring to the table. If services are to be made functional for as many people as possible, this reality should be respected and incorporated into planning.

We studied official supports and deficits in the region, finding a mixed bag of good intentions, begrudging responses, kindness and hostility. We found ample media coverage and other documentation regarding, simultaneously, (1) beefed-up national borders serving as settings for tense confrontations, with police or military troops on one side, desperate refugees on the other, and a growing wall of barbed wire in-between, and (2) a huge international effort, pledging billions of dollars in aid for refugees, inside and outside of Syria. Those funds, and other, private donations, are slowly finding their way into the hands of local governments and NGOs--with an end result that is immense in scope, but still insufficient in terms of catching up with the continuing demand, especially when various players along the delivery chain are apparently pocketing these resources. With all of that as background, in regards to those refugees who did manage to reach displacement zones in host countries, we also gathered considerable feedback on rules, regulations and policies that hindered the refugee settlement process,

We also looked at unofficial supports and deficits, with similarly mixed results. Interviewees painted for us a complex picture of ad-hoc resources and occasionally subversive systems. Individuals and citizen groups have done remarkable work on the front lines, rescuing refugees from sinking rafts, providing warm clothes, food and shelter. These good Samaritans have been generally operating on a shoestring, relying on donations through service groups or Internet requests. We also found that the refugees themselves, if given the chance, can design, pull together, or advocate for, innovative solutions. One solution in particular was the Healing House model. Another was the development of responsive and culturally appropriate schools in camps. Both examples were the products of refugee thinking, and both are worth emulating in future operations. On the darker side, we found unprecedented evidence of xenophobia and resentment among locals, especially as it pertains to employment opportunities. We were also introduced to details regarding the black market in documents, and other types of corruption in displacement zones or otherwise within existing service systems.

In addition to the three overall themes discussed above, two significant issues arose of particular note: (1) a need for anonymity and (2) the prevalence of corruption.

In regards to anonymity: Although refugees were eager to talk, they uniformly insisted on anonymity, for fear of retribution against themselves or their family members, either on-site or back in Syria. The fear of persecution within host countries and from all separatist groups in Syria runs deep. This was unfortunate, as overt identification would have helped us classify results according to regional needs and would have strengthened the weight of our report and our scholarship, establishing much more specific contexts. But it was clear that this would have left interviewees feeling at-risk and betrayed, and

would have undermined future qualitative research efforts. In response to these demands, we assured them of anonymity in regards to any and all identifying factors.

This concern applied not only to people, but to places. Identifying locations could have put individuals in danger as well, and to have frank discussions with service providers, as well as refugees, it was important to once again assure people that we would not betray their trust. An alternative would have been to simply ignore system shortcomings, accepting official versions of operations and using a quantitative research approach, rather than conducting qualitative research that might make waves or put people at risk. In this respect, accepting official versions of operations at face value clearly would have been the easiest route to pursue with participating entities, paving the way for easier future access, and it would have allowed us to name sites. Unfortunately this also would have generated much less useful data, glossing over controversies or areas that needed attention, and as a result might undermine the value of the research conducted. It is our hope that we found a middle way. Although we pushed the boundaries of research protocols in doing so, by stringently eliminating identifiers we believe we managed to gather critical input without violating the trust of those who permitted access, and simultaneously without putting interviewees at risk in terms of their own safety.

A related sensitive topic was constructive criticism. Identifying shortfalls, incompetency, or merely areas in need of improvement required considerable diplomacy. Arranging access to displacement zones where there was the potential for uncovering unflattering realities was challenging enough, and it was essential to establish a sufficient, continuing level of trust to gain entry not just once, but repeatedly, and in multiple

locations. Word travels fast between displacement zones, and to embarrass one would undoubtedly keep us from visiting others. It was clear that in most cases, understandably, coordinators wanted to put the best possible face on their efforts, and were anxious about the possibility of research efforts morphing into exposés, uncovering any wrongdoing. Even constructive criticism could create some anxiety, as its impact on individuals' jobs, or funding for operations could not be predicted with confidence. In terms of funding, it's worth remembering that a good portion of service shortfalls could reasonably be laid at the feet of the international community, whose donations, as mentioned earlier, had yet to come close to promised levels.

Regarding corruption: While many reports have reviewed the difficulties refugees face, most appeared to tactfully avoid discussing, or were truly unaware of, some of the issues tackled in our results. Specifically, we didn't find official publications that addressed deep levels of corruption as standard operating procedures--particularly in terms of bribery. This is raised not at all with an intention of passing moral judgement, but as a pragmatic issue. No doubt, quite a bit of corruption ties directly to straight-forward greed, but that's not the whole story. Individuals who have been struggling to survive in failed states or repressive settings often find that primal fears and the drive to feed one's family trumps the moral standards that are taken for granted under more comfortable circumstances. It's easiest to be virtuous when you know where the next meal is coming from. In fact, the extent of corruption, or other criminal behavior, can even serve as a useful red flag—a reflection of the degree to which citizens don't feel that legal options are meeting their needs, or that there is an adequate safety net. Regardless of where one stands on the issue of corruption in terms of ethics, to sidestep a

conversation on the topic would undermine the practical effectiveness of any assessment of refugee services or attempts at realistically fine-tuning plans for the best use of funding.

Next Steps and Recommendations

Our initial research barely scratched the surface in terms of what more can be researched or what solutions might be applied. Further research efforts on the core issues discussed in this paper, including improved habitat, health, education, safety and, equally important, long term approaches that help refugees move forward with their lives, are clearly needed. In addition, focused attention on the following topics could present new ideas worth considering:

Leveraging Informal Supports

In every nation touched by the exodus, individual citizens have extended themselves in a variety of approaches. They have offered free food, clothing, shelter and entertainment. They have helped rescue refugees from capsized rafts, or helped pull them ashore. While media coverage of these acts of kindness has occurred, no formal research has attempted to look more closely at this phenomenon, to see what potential citizen-initiated actions might hold for improving a nation's response to any future influx of refugees, and how nations might benefit from supporting those actions. (For example, nations have the ability to buy in bulk, eliminate tariffs, waive housing density requirements, or permit camping on public land, while citizens have the flexibility to respond where needed at little or no cost to governing bodies.)

Rethinking Structures within, and Layout of, Refugee Camps

There are a number of international entities with tremendous experience and know-how regarding establishing refugee camps, and they deserve appreciation and respect for their dedication and their efforts--building entire tent cities overnight is a superhuman feat. There are even a few camps that have received good press for cleanliness, security, schools or job training. But unfortunately the list of model camps appears to be short. Paradoxically, despite these phenomenal efforts, the consistent message we received from refugees and front-line workers alike was that no one was truly happy with any such habitats. Some refugees suggested eliminating them entirely. On top of the initial designs, assessment of camps is complicated by very different management styles and power dynamics in different locales, ranging from authoritarian to participatory and many points on a spectrum between the two. In follow-up, designs and operating procedures are well worth a constructive review by fresh eyes, with different perspectives and skill sets. In line with the transdisciplinary approach to problem solving, a review team might include not only civil engineers, but architects, seamstresses, artists, counselors, advocates and, most especially, refugees. Every aspect of the camps is worth exploring, including not only such basics as the number of tents per latrine, or how to expand to accommodate overflowing demand, but more nuanced components such as differentiation of spaces for a greater variety of functions, including privacy, small and large group gatherings, spiritual comfort, health care, child care, job training, education and the arts. A functional sewage management system is critical, but so is access to electronic equipment (specifically for internet communication, digital outreach for support, distance-learning and entertainment). Other topics worth mulling

over include camp security against external threats, and personal safety within the camp; a functional and trustworthy criminal justice component; selecting ideal locations, equipment and staffing for on-site schooling; adequate on-site medical facilities; adequate access for emergency vehicles as well as maintenance vehicles (for water, sewage, delivery, ambulances); mail services; and sustainability in terms of site management and power sources. Research may explore practical engineering approaches to solving camp challenges, such as construction materials, mud control, sanitation and power sources, but it can also address overarching themes, such as ethical considerations in camp design, starting with the common use of Spartan shelters, barely adequate for short-term use in mild weather, as long-term, dysfunctional mass housing under the worst of conditions, clustered into demoralizing, semi-permanent purgatorial city-states.

Examining Implications for use of Space External to Refugee Camps

Many refugees find work and housing within host countries outside of official camps, and consider it a preferable arrangement. This is a relatively unexplored area for research that might look at the impact on habitability standards, public health and safety, as well as the advantages and disadvantages that come with ignoring or embracing this new wave of immigrants. Ultimately it might explore possible new models of affordable shelter, public sanitation resources, (such as toilets and handwashing facilities), and health care services, (including vaccinations and emergency services) outside of refugee camps.

General Recommendations

Some general recommendations for improving the quality of life, derived from refugee interviews, center on creating new overarching models to help refugees navigate

through the displacement journey, to settle and find fulfillment in host countries. Many refugees' testimonies reinforced a desperate need for aid in the migration process at countries' access points. The majority of our subjects pressed us to eradicate the existing refugee camp system entirely and generate new models that allow refugees to thrive.

Whether peace comes to Syria sooner or later, the overall sentiment expressed by refugees is that they'd love to go home. But as much as we'd like to see safe repatriation happen, bringing peace to Syria is far beyond the scope of this research paper. It would be immensely helpful to see a political resolution to the Syrian conflict that allows refugees to return to and rebuild their lives in their home country, which now lies in ruins, but in the meantime, whether the current crisis drags out for decades, which seems likely, or somehow manages to find its way to a quick resolution, the questions that have surfaced as a result of the Syrian disaster will remain, and will be relevant to similar crises around the globe in the decades to come; constructive solutions will be of immediate value in addressing the current crisis, and in addition should yield insights into how the international community can better tackle such challenges in the future. In all such cases, preventive, peacemaking actions that keep future refugee crises from developing will always be preferable to post-apocalyptic repair work. Unfortunately, our track record as a species suggests that we shouldn't count on this becoming the norm anytime soon.

In the meantime, our next steps will focus on establishing partnerships and applying for research funding to further investigate specific, pragmatic solutions. We plan on continuing with our Grounded Theory approach, using the same Social Ecological model as a tool for maintaining multiple perspectives while gathering further

data. The latter approach provides a safeguard against becoming too narrow in our perspective, and thus in our proposed solutions, while allowing us to simultaneously maintain a focus on pragmatic action. Ultimately, our intent is to use refugee input to help craft implementable interventions such as improved or new spaces, programs, and systems that can transform the quality of refugees' lives in host countries.

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CHAPTER 3

SYRIAN REFUGEES' WELLNESS IN TURKEY:A SYSTEMATIC REVIEW

ABSTRACT

The Syrian refugee conflict has become one of the worst humanitarian catastrophes of our time. Millions of Syrian refugees have fled to surrounding countries, including Turkey. While refugees in Turkey struggle with health issues, current literature is limited and does not have a focus on wellness. This systematic review brings awareness to the current state of wellness of Syrian refugees in Turkey while creating a holistic platform for future research. A comprehensive literature review found a limited number of publications on the topic, most of which appeared to be of low quality from a formal research perspective. Several overlapping wellness domains emerged throughout the literature review and analysis processes; physical wellness is the most prevalent dimension, followed by emotional, social, occupational, intellectual, and lastly spiritual wellness. Major gaps in scholarly literature include: (a) a lack of high quality studies, (b) limited qualitative data, (c) a lack of data addressing the entire being in terms of health and wellness, (d) inadequate measurement tools, and (e) the lack of a theoretical frameworks. An increased awareness of health and wellness issues Syrian Refugees face in Turkey can inform health care providers, stakeholders, aid workers, and policy makers on enhancing health outcomes for this population. Future research addressing the six domains of wellness can further enrich the understanding of health for Syrian refugees in Turkey.

Keywords: Middle East; Syria; Turkey; refugees; wellness

INTRODUCTION

The current Syrian refugee crisis is one of the worst humanitarian catastrophes of our time. Over 7.6 million Syrians are internally displaced, and 4.5 million have relocated to other countries (Amnesty International, 2016). This new and unparalleled exiled group of people is the world's largest refugee population under the United Nation's (UN) mandate (United Nations High Commissioner for Refugees [UNHCR], 2013). The existing immigration, political, and environmental approaches in all of the countries involved have, up to this point, failed to rise to the level of the demand, in terms of both capacity and quality of services. Due to the complexity of the issue, aid organizations are overwhelmed and are struggling to effectively allocate scarce resources; the situation is growing more acute and research on refugees' health is inadequate (UNHCR, 2016). In Turkey alone, there are 2.5 million refugees; the current and limited body of literature generated in Turkey is fragmented into single aspects of health or wellness and does not follow the *Continuum of Being* Principles (Amnesty International, 2016). For example, Alghothani, Alghothani, and Atassi (2012), reported surveillance of epidemiologic rates in Turkey and found poorly controlled chronic diseases and insufficient health care for women and children. The scarcity of wellness research coupled with the demand for effective programs were the primary concerns for this review. Turkey was chosen for this study due to the massive amount of Syrian refugees seeking refuge there.

Background

This systematic review highlights the quality of current literature and the state of wellness of Syrian refugees in Turkey. A brief update on the current Syrian refugee plight and journey to Turkey is provided and necessary to understand barriers and facilitators to

wellness. Also, this review focuses on the wellness themes of Syrian refugees in Turkey's refugee camps. To address the current state of wellness, Dr. Bill Hettler's six dimensions of wellness model was used to categorize themes (National Wellness Institute [NWI], n.d.).

Syrian refugees. Karakoc and Dogruel (2015), observed that refugees in camps in Turkey encounter extensive hostility and callous treatment, while receiving inadequate educational opportunities, and perceive the camps overall as communes of suffering. The overall environment, with inadequate food, shelter and health care, coming on top of a recent history of extreme personal trauma, leaves Syrian refugees at a high risk for poor health, and increased health disparities compared to non-refugees in the surrounding communities or to their own states of being in pre-war Syria. Such circumstances exacerbate the already severe health challenges that Syrian refugees face. Due to the rapid influx of displaced Syrians and the shortage of resources, health aid organizations cannot treat chronic illnesses and are too overwhelmed to look at wellness as a whole. Alghothani et al., (2012) reported from a survey of volunteer physicians in Turkey's refugee camps that 88.9% of volunteers reported a need for more health education, productivity, and coordination of care.

Wellness. Wellness is a broad term and is sometimes interchanged with health or well-being. Defining the concepts of health and wellness are critical in order to differentiate between the concepts as well as to address specific aspects of wellness. The World Health Organization [WHO] (2003), defines health as a state of being, and not merely the absence of disease. Wellness, on the other hand, is a continuum or process of being which allows for full potential of actualizing physical, mental, and social

dimensions of life (Foster, Keller, & Boomer, 2007). By broadly focusing on wellness among refugees, a holistic perspective on all aspects of their lives can be actualized. The six categories of wellness used for this review and analysis were physical, social, intellectual, spiritual, emotional, and occupational. Their application can help individuals become more acutely aware of themselves and others holistically, empowering them to make choices or changes that can contribute to healthier living (NWI, n.d.). The six dimensions of wellness are highlighted, as described by the NWI (n.d.).

Occupational. The elements of occupational wellness include a meaningful occupation that utilizes ones' talents and abilities to grow into a rewarding career. Occupation wellness leads to job satisfaction and career ambition.

Physical. The physical dimension includes diet, nutrition, exercise, and the physical condition of the body, including illness and disease. Physical wellness leads to physical fitness, increased self-esteem, self-control, and determination.

Social. This dimension includes the awareness of interdependence between others, self and nature. A healthy environment and an individual's input into a healthy environment are key factors effecting social wellness. The built environment, natural environment, and community all have impacts on social wellness.

Intellectual. Intellectual wellness recognizes mental activities that stimulate intellectual growth. Problem solving, pursuing personal interests, and creativity lead to the sharing of ideas and greater knowledge overall, contributing not only to and individual's intellectual wellness, but to the surrounding family, community, and society as well.

Spiritual. The spiritual dimension acknowledges the search for and appreciation

of the depth of life and the meaning of existence in this world. Spiritual wellness is nurtured and improves when individuals live lives consistent with their worldviews.

Emotional. The emotional dimension encompasses feelings about one's life and self. This wellness path includes coping with and managing stress, developing autonomy, being aware of one's own feelings, being able to express feelings effectively, and developing sensitivity and compassion for the feelings of others.

Purpose

This author's literature review suggests that no other systematic review specific to wellness on this population has been implemented. This review not only highlights the state of wellness of Syrian refugees, according to scholarly literature, but also brings together all aspects of wellness to create a holistic view of wellness for Syrian refugees in Turkey. Ultimately, this review will highlight existing gaps in research and significant holistic wellness needs of Syrian Refugees in Turkey. This review will help individuals, communities, aid workers, governments, and public health care providers to gain an enhanced understanding of many contemporary wellness challenges refugees face. The aims of this systematic review include: (a) to produce the current known state of wellness of Syrian refugees in Turkey; (b) identify wellness themes drawn from an extensive literature review; and (c) create a holistic platform for future research on Syrian refugees.

Methodology

Study Selection

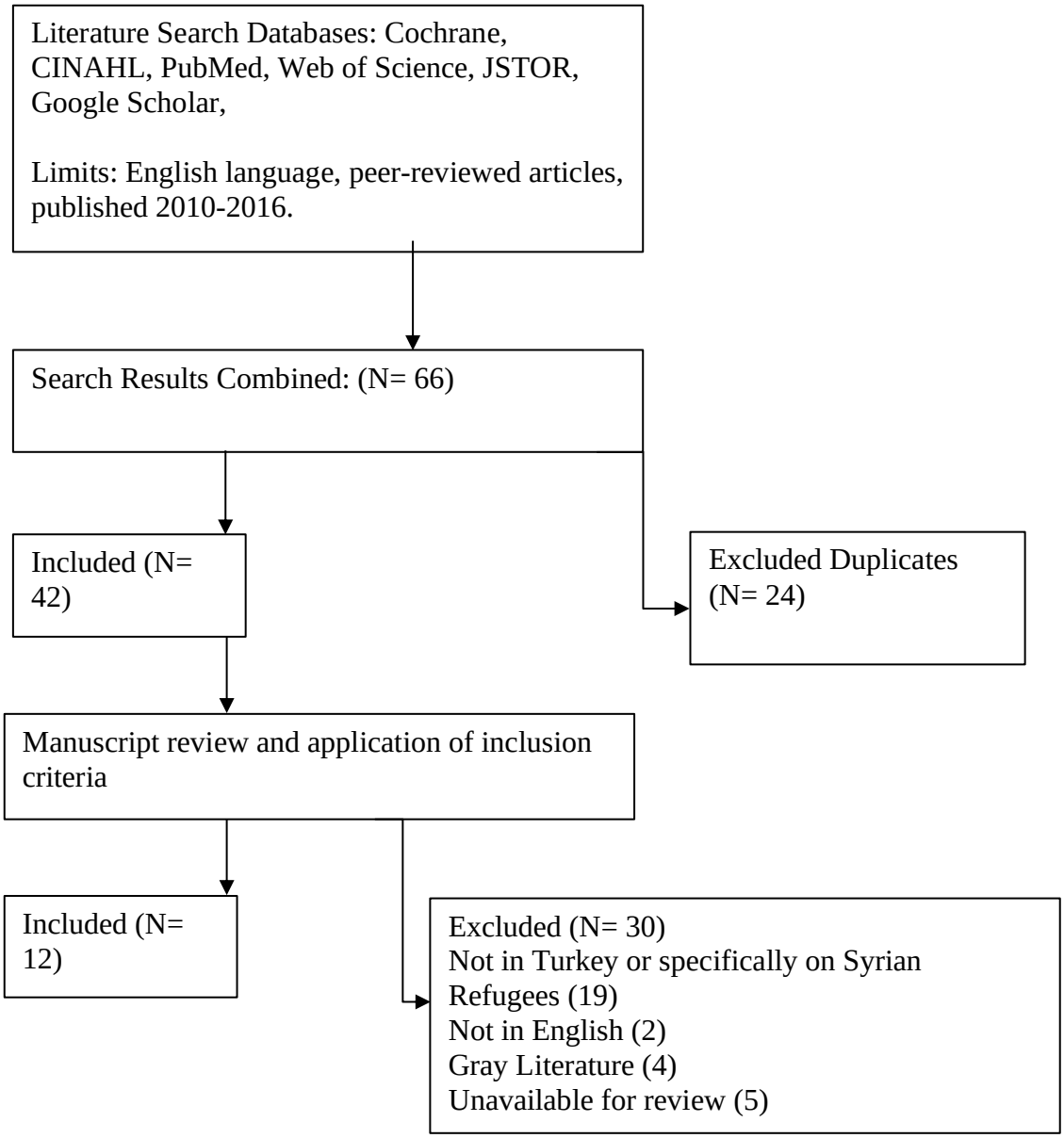
Manuscripts were retrieved for the current study from an electronic systematic search of Cochrane, CINAHL, PubMed, Web of Science, JSTOR, and Google Scholar. All databases were searched with the specific time range from January 1, 2010 –

February 13, 2016. This time frame was chosen because the majority of literature on Syrian refugees appeared after the Syrian conflict that began in 2011. The search was run multiple times, ending February 13, 2016. The key words used for the search included Middle East, refugees, wellness, Syria, and Turkey. The final search strings included; (a) Middle East AND refugees AND wellness AND Syria; (b) refugees AND wellness AND Syria AND Turkey; and (c) refugees AND Turkey AND Syria.

Inclusion Criteria

The PRISMA guidelines and flow diagram were used for this systematic review (Moher, Liberati, Tetzlaff, Altman, & The PRISMA Group, 2009). See Figure 1, the PRISMA flow diagram. Studies included in this review were published, English-language scholarly reports in peer-reviewed journals. The default search produced 42 articles after duplicates were removed. Articles were screened for relevance by title and abstract. Studies that had a focus on Syrian refugees in Turkey were chosen for full text review. The results were further filtered applying inclusion criteria, excluding grey literature and five articles that were unavailable for review. The filters returned 12 articles after the previous constraints were applied. Due to the broad term of wellness and limited research, all articles examining Syrian refugees in Turkey were kept regardless of research topic.

Figure 1. PRISMA Flowchart of Primary Studies



Study Quality

Study quality was assessed using the GRADE (Grades of Recommendation, Assessment, Development and Evaluation) tool. GRADE uses four levels to rate quality and takes into consideration biases, heterogeneity, and evidence (Armijo-Olivo, 2012). Studies of Syrian refugees at this time are in an exploratory phase due to the short time period of this issue. Based on the GRADE system, all articles in this review ranked very low to low, mostly because of limitations in design, biases not reported, or non-randomized sampling. The highest graded study in this review was an observational correlation cross-sectional survey, this design, coupled with a random selection of participants, increased the level to low. Ultimately, the quality of findings was expected on a research topic that is still in the exploratory phase.

Data Synthesis

The conceptual framework for this study was derived from Hettler's *Six Dimensions of Wellness* NWI (n.d.). In addition, a data-recording sheet was created that included characteristics of the study and each dimension of wellness addressed in the study. Wellness themes were coded based on Hettler's wellness dimension definitions using the Qualitative Solutions and Research International NVivo software data analysis program.

Results

Study Selection

Research on refugee wellness is limited. Of the six data bases searched, 12 articles were found under the simple search string of "Syrian Refugees Turkey." Once the term "wellness" was added to this search string in all searched databases, no results were found. With this in mind, if the title, abstract, and population included Syrian refugees in

Turkey, the article was kept for this study. The topic of wellness is broad; only by combining all studies on this population can a holistic view of wellness begin to be determined. Research topics ranged from immigration's impact on the labor market for local Turkish citizens to the prevalence of the debilitating skin disease, cutaneous leishmaniasis (Akgündüz, Van den Berg, & Hassink, 2015; Inci et al., 2015).

Data extracted from each article included the purpose/aim, theory/framework, design, setting, sample, survey/instruments, findings, and other (strengths, limitations). In addition, wellness themes were extrapolated from each article. The results are discussed in detail below, and Table 1 (see Appendix C) is provided as a reference of the characteristics of the selected literature.

Study Characteristics

The studies covered for this review cover a broad range of topics. The common threads throughout all studies were reports of difficulties Syrian refugees in Turkey were facing. The following section will further unpack the main characteristics found in literature on Syrian refugees in Turkey. Likewise, wellness themes that were extrapolated from the literature will be covered in the following section.

Purpose and findings. Each article had a clear study purpose and findings that aligned with the identified purpose. For instance, the purpose of Alghothani et al. (2012) project was to identify areas for health improvement in refugee camps in Turkey by surveying physicians who had provided care to Syrian refugees during short-term medical missions. Accordingly, the surveys identified that acute ailments, poorly controlled chronic health issues, female specific health issues, mental health concerns, access to care, and pre-mission preparation as main areas for improvement. Alpak et al.,

(2015) also had a clear study focus and aligned findings. This study examined the prevalence of PTSD in Syrian refugees in Turkey who sought asylum, and the relationship to socioeconomic variables. Accordingly, Alpak et al., (2015) conducted a cross-sectional study and surveyed 352 random adult participants. The findings included a prevalence of PTSD among 33.5% of the participants and a positive correlation between the number of traumatic events and sociodemographic features. Ultimately, each study had a clear purpose and consistent findings. The overall theme for findings were the descriptive prevalence of mental health disorders, disease, and poor access to healthcare, education, and employment, and the lack of policy or policy enforcement.

Theory and framework. Though the purpose and findings of each study were clear, theory and framework use were limited to non-existent in the literature. Alghothani et al. (2012) provided a brief nod to a framework outline however, the framework is not defined clearly. Notably, this study was one of the only four studies that mentioned a theoretical foundation or framework. Though vaguely defined, Alghothani et al., (2015, p.84) noted they attempted to partially address factors described by Maki, Qualls,White, Kleefield, and Crone (2008) that includes, "impact, efficiency, education, preparedness, sustainability, and cost." Another article that mentioned a theory or framework included Akgündüz, Van den Berg, and Hassink's (2015) use of the three dimensions of local economy that include the average price of food, price of housing, and internal migration, to examine the impact of Syrian immigration on the local labor markets in Turkey. In addition, Karakoc and Dogruel (2015) define and use the concept of human security to explore the problematic relationship between Turkey and Syria and how this relationship has affected the human security of both the Turkish population and Syrian refugees.

Finally, Quosh, Eloul, and Ajlani (2013) clearly state the theoretical foundation for their literature review. This study was built on the "bio-psycho-social-spiritual approach" suggested by the, "Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergencies" (Quosh, Eloul, and Ajlani, 2013, p. 280; Inter-Agency Standing Committee, 2007).

Design. The most widely used designs were descriptive and retrospective descriptive. Inci at al. (2015) gathered data from the Department of Dermatology at Kahramanmaras Sutcu Imam University in Turkey to draw attention to the increased cases of a debilitating skin disease, cutaneous leishmaniasis (CL), discussed further in this document. Further descriptive examples include Koltas, Eroglu, Alabaz, and Uzun (2014) and the identification of the Leishmania species found in southern Turkey since the increase of Syrian refugees. One study design was a systematic review of literature on mental health and psychosocial support; mainly with Iraqi refugees but Syrian refugees are mentioned (Quosh et al., 2013). Finally, three correlational studies were noted. For example, Arslan, Zeren, Çelikel, Ortanca, and Demirkiran (2015) found a positive correlation between insecurity in Syria since the conflict began in 2011 and illicit drug seizure in Hatay, Turkey. Also, a correlational study was used by Akgündüz et al. (2015) and Alpak et al. (2015).

Setting and sample. Samples included men, women, and children, while settings involved mainly refugee camps or medical facilities with health data available on refugees for analysis. Two studies solely included children. Ozer et al. (2013) sampled 311 children from age 9-18 in the Islahiya refugee camp in Gaziantep, Turkey. This study investigated the prevalence of mental health issues in children, the results will be further

enumerated in the wellness result section. In addition, Tezer, Ozkaya-Parlakay, Kanik-Yuksek, Gülhan, and Güldemir (2014) reported on one 11 year-old female Syrian refugee child in Turkey that was diagnosed with meningococcal meningitis serogroup B. Alpack et al., (2015) used random sampling to survey 352 participants while, Alghothani et al., (2012) surveyed 38 physicians that provided care to Syrian refugees.

The remaining studies gathered data from government or non-government agencies in Turkey, or do not specify the sample. For example, Sahlool et al., 2012 mentions field visits to the Altinozu, Islahyie, and Kilis refugee camps for interviews with camp stakeholders but do not state the sample specifics. Lastly, Quosh et al. (2013) used a database search and grey literature from humanitarian organizations to conduct a systematic literature review; their sample included Syrian and Iraqi refugees in countries surrounding Syria, including Turkey.

Tools and instruments. Studies included a wide variety of data collection tools and instruments, none of which were used in more than one study. Surveys and interviews were the most frequent mode of data collection. Specifically, the DSM-IV-TR was used to diagnose PTSD by appropriately trained professionals, and the Stamm and Rudolph 20 question Stressful Life Event Screening Questionnaire was used by Alpak et al. (2015) to help examine PTSD among Syrian refugees in Turkey. Moreover, Ozer et al. (2013) used multiple tools to investigate mental issues with Syrian refugee children that included the Stressful Life Events Questionnaire (SLE), Social Provisions Scale, Children's Revised Impact of Events Scale (CRIES), Children's Depression Inventory (CDI), and Human Figure Drawings (HFD). Lastly, laboratory testing was used to

identify certain diseases (Inci et al., 2015; Kocarslan, et al., 2013; Koltas et al., 2014; & Tezer et al., 2014).

Wellness Results

All six dimensions of the wellness model were extrapolated from the articles for this review: physical, social, intellectual, spiritual, emotional, and occupational (National Wellness Institution, n.d.). Dimensions of physical wellness were mentioned the most, emerging in 8 of the 12 articles in this review. See *Figure 2* for wellness findings (N). The second most mentioned theme was emotional (N=7), followed by social (N=6), occupational (N=5), intellectual (N=4), and lastly, spiritual (N=1).

Physical. Physical findings and disease are the most commonly addressed facet of wellness. Notably, acute ailments such as localized infections, poor control of chronic diseases such as high blood pressure and diabetes, and female specific health issues were identified as the main physical challenges Syrian refugees face (Alghothani et al., 2012). In addition, and typically along with mental health studies, mention of physical harm such as sexual violence, torture, and chemical weapon exposure were discussed (Alpak et al., 2015; Ozer et al., 2013)

The most mentioned disease is a sometimes-fatal flesh eating disease cutaneous leishmaniasis (CL) (Inci et al., 2015; Kocarslan, et al., 2013; Koltas et al., 2014; & Tezer et al., 2014). This disease often emerges from areas with poor sanitary conditions (Koltas et al., 2014). Unhygienic living conditions and inadequate access to care and treatment of CL must be addressed in order to treat and prevent this disease from becoming an epidemic in Turkey (Inci et al., 2015). Many refugees have been suffering from poor health caused by a variety of different strains of leishmaniasis. Moreover, although

FIGURE 2. Articles that Mentioned Criteria Under Wellness (N)

	HETTLER'S 6 WELLNESS DIMENSIONS					
Author	Occupational(N=5)	Physical(N=8)	Social(N=6)	Intellectual(N=4)	Spiritual(N=1)	Emotional(N=7)
Alghothani		x	x	x		x
Alpak	x	x		x		x
Akgündüz	x					
Arslan	x					x
Inci		x				
Karakoc	x		x			x
Korcarslan		x				
Koltas		x				
Ozer		x	x			x
Quosh	x		x	x	x	x
Sahlool		x	x	x		x
Tezar		x	x			

only one case has been reported of meningococcal meningitis serogroup B, Tezer et al. (2014) states that it is an uncommon strain and that the local population is not immune to this contagious virus; bringing awareness to the need for surveillance of diseases and proper vaccinations for refugees entering the country, as well as the local population.

Emotional. Decreased socioeconomic status, humiliation, fear, loss of friends and family, and the lack of health care, shelter, food, and employment results in poor mental health outcomes among Syrian refugees of all ages in Turkey (Alghothani et al., 2012; Alpak et al., 2015; Arslan et al., 2015; Karakoc et al., 2015; Ozer, et al., 2013; Quosh et al., 2013; Sahlool et al., 2012). On the positive side, Ozer et al. (2013) found that 71% of boys, and 61% of girls reported having a trusting relationship with someone. On the other hand, the same study found that 50% of children had been exposed to six or more traumatic events, 45% had PTSD, and 65% had psychosomatic symptoms at a level that affected their day to day functioning. In addition, Ozer et al. (2014) highlighted the value of strengthening parent-child relationships in this population. Moving on to adults, 60% refugees had symptoms of depression and 45% PTSD (Quosh et al., 2013). Markedly, at a higher risk, women who were found to have a personal and family history of any psychiatric disorder, and experienced two or more traumatic events had a 71% chance of having PTSD (Alpak, et al., 2015).

Social. Social health was negatively highlighted as refugees can experience severe social isolation from surrounding communities and many have been separated from friends and family (Alghothani et al., 2012; Karakoc, & Dogruel, 2015). Bleaker yet, Karakoc, & Dogruel explored how the past problematic relationship between Turkey and Syrian have left both Syrian refugees and local Turkish citizens fearful of each other. As

aforementioned, a recommendation has been made to focus on strengthening the bond between children and parents as well as a protective measure for children's mental health. Indeed, all dimensions of wellness are equally important and intertwined with each other.

Occupational. A common theme is that refugees struggle to find work, while the work they can find is usually informal and low skilled jobs like manual labor (Alpak et al., 2015; Akgündüz et al., 2015; Quosh et al., 2013). Correspondingly, illicit drug smuggling has significantly increased in Turkey, including an 85% increase in indictments (Arslan et al., 2015). Interviews with Syrian refugees in Turkey revealed the lack of jobs; one refugee reported that what work was available was only enough for a small daily meal of crushed wheat (Karakoc & Dogruel, 2015). Furthermore, women and children are being sold as wives or concubines because families cannot afford to feed them (Karakoc & Dogruel, 2015). Lastly, Akgündüz et al. (2015) reported that there has not been any significant impact on the local job market; albeit, Karakoc and Dogruel (2015) reported unemployment was up for local Turkish citizens due to the refugees taking their jobs.

Intellectual. Education on access to health care and social services is needed among Syrian refugees; the largest barrier to education however is the language barrier between the Arabic speaking refugees and the local Turkish speaking Turks (Alghothani et al., 2012; Alpak et al., 2015; Sahlool et al., 2012). Notably, only one article that relied on data from interviews of Syrian refugees revealed the importance of education while a top concern for parents was the interruption of their children's education (Quosh et al., 2013).

Spiritual. A brief nod to religious and spiritual beliefs were identified as support

and protective factors during challenging times (Quosh et al., 2013).

Discussion

This systematic review: (a) established the current known state of wellness in the Syrian refugee population in Turkey; (b) identified wellness themes that arose in current literature; and (c) created a holistic platform for future research on Syrian refugees in Turkey. This review also delineated serious deficits in related research published up to the point of this study including, the limited use of theory and frameworks and the low quality ratings from a formal research perspective. This review found that surveys and interviews were the most frequently used data-collection tools, followed by recording data from public records. Designs found in current literature included descriptive, retrospective, reviews, and one cross-sectional study. No interventional study was found for this population.

Not surprisingly, descriptions of physical illness and health were the most frequently mentioned aspect of wellness, emerging in eight of twelve studies. The next theme of wellness covered the most was the emotional dimension, followed by social, occupational, intellectual, and lastly spiritual needs, mentioned in one article. The minor mention of spiritual, intellectual, and occupational health, which are equally important for wellness, highlights the need to address these issues further. A significant point should be made here that there is a disconnect in the current literature with what wellness issues are addressed and what wellness issues are important to Syrian refugees in Turkey as narrated by refugees themselves. There was limited qualitative data from actual Syrian refugees in the literature.

Due to the lack of actual needs assessments of the Syrian refugees in Turkey, as well as low quality studies, and no literature or review of literature on holistic wellness of this population, there is not enough evidence for definite conclusions as to the actual wellness needs of this population. There is evidence in each study however, that highlight barriers to wellness, such as language barriers, access to health care and social services, lack of a rewarding career, and lack of a healthy environment (built, natural, and community).

Limitations

This review has certain biases and limitations. First, no article was discovered that focused on the concept of wellness. Reporting bias is also inherent due to the low number of studies on Syrian refugees in Turkey. There is a decreased inter-rater reliability due to one author selecting the studies for this review and singly coding data for wellness. In addition, there is a risk of bias across studies. Using the GRADE approach, all articles in this systematic review are low grade. Due to the lack of or limited design, selection bias was noted across most studies. Moreover, the risk of publication bias was present in this systematic review due to the exclusion of grey literature and language selection.

Risk of bias within studies was vaguely mentioned. In fact, only two articles mentioned bias in their report. Alpak et al. (2015) reported that the participants may have been involved in the study because of materialistic anticipation. Also, Ozer et al. (2013) reported while they assessed mental health issues and found a high incidence, they also noted the children were playful, curious, and joyful which may have led to bias when assessing the need for mental health care while also witnessing resilience.

Conclusion

This systematic review highlights the gaps of knowledge on wellness of Syrian refugees in Turkey. Major gaps include; (a) the lack of quality research studies; (b) the lack of qualitative data; (c) the lack of data addressing the entire being through a holistic wellness perspective; (d) the lack of tailored tools for measurement; and (e) major gaps in theoretical frameworks. The findings presented in this review depict the state of known wellness and issues facing Syrian refugees in Turkey. Though limited, it creates a vital foundation upon which improved quality, methodologically sound, research can be constructed. Furthermore, the information gathered from the selected literature can help increase awareness of wellness issues that can be addressed by volunteers, aid workers, health care professionals, and policy makers. Refugees would benefit from new and tailored tools to assess their wellness needs and new and tailored interventions to improve, and foster the growth of wellness. Future research addressing the six domains of wellness can lead to improved health and quality of life for Syrian refugees in Turkey. A starting point would be to understand the common beliefs, values, and meanings of health and wellness, as well as the experience of health and wellness for Syrian refugees in Turkey.

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CHAPTER 4

WELLNESS IN SYRIAN REFUGEE WOMEN: A CONCEPT ANALYSIS

ABSTRACT

The purpose of this analysis is to examine the concept of wellness within the complex context of Syrian refugee women living in displacement. The guiding framework used for this analysis is Rodger's evolutionary concept analysis perspective. An electronic database search was conducted of English language research literature published from 2011 to 2020 addressing wellness in Syrian refugee women. Inductive content analysis was used to identify patterns of wellness that produced descriptive themes. The antecedents, attributes, consequences, and a concluding definition of wellness are presented. The literature for this analysis is relevant to future research and to advance nursing theory specific to wellness for Syrian refugee women. Continued development of wellness may provide a foundation to guide research, interventions, and policy responsiveness to the needs and lives of Syrian refugee women while respecting their values and dignity.

Keywords: Syrian refugee women, wellness, concept analysis

INTRODUCTION

Wellness reflects the holistic continuum or development of being that allows for the full potential of mental, physical, and social dimensions of life (Foster, Keller, & Boomer, 2007). For refugee women, displacement and resettlement complicate the realization of wellness (Blount & Acquaye, 2018; United Nations High Commissioner for Refugees [UNHCR], 2019; Shishehgar, Gholizadeh, DiGiacomo, Green, & Davidson, 2017). The concept of wellness is commonly used in nursing and refugee literature, but its relevance to Syrian refugee women is unclear.

The number of refugees has reached a level unprecedented since World War II, with 25.9 million documented refugees worldwide (United Nations High Commissioner for Refugees (UNHCR, 2011). Notably, 86% of refugees reside in lower-income countries, with the majority (75%) being women and children (UNHCR, 2016; Samari, 2017). Since 2015, nearly 7 million refugees have fled Syria, making Syrian refugees the largest group of displaced people globally (UNHCR, 2018). Syrian refugees predominantly reside in neighboring countries, attempting to integrate into existing communities or staying in refugee camps. The majority remain displaced for over five years, with limited access to health care, employment and income generation, a supportive environment, education, social support, or spiritual support (Olayiwola & Raffoul, 2016; Salman & Resick, 2015).

Refugee women face overwhelming and unique challenges in displacement and resettlement. Refugee women are less likely to have access to food, shelter, health care, legal documentation, and have higher rates of depression, anxiety, trauma, domestic violence, joblessness, fear, sexual exploitation, poor literacy, isolation, and inadequate

childcare compared to refugee men (UNHCR, 2011; Shishehgar et al., 2017). Despite extensive vulnerabilities, there has been limited research addressing the health and wellness of refugee women (Shishehgar et al., 2017). International government organizations and researchers have emphasized the need for research and interventions to promote wellness in refugee populations (WHO, 2010; Ahmed, Bowen & Feng, 2017; Parkinson & Behrouzan, 2015; & Shishehgar et al., 2017). While the concept of wellness has been addressed in refugee health research, understanding the unique conceptual characteristics of wellness in Syrian refugee women is limited (Shishehgar et al., 2017). Understanding wellness from the perspective of Syrian women can help to shape health policies promoting wellness in this vulnerable population.

Purpose

The purpose of this concept analysis is to examine the concept of wellness from the perspective of Syrian refugee women within the context of displacement from their home environments. While the attributes and characteristics of wellness have been defined by multiple disciplines, understanding wellness from the disciplinary perspective of nursing and the world view of Syrian refugee women is limited. The guiding framework used for this analysis is Rodgers' evolutionary perspective (1989). The evolutionary perspective provides a framework for concept analysis, building knowledge, and developing theories advancing nursing science (Rodgers & Knafl, 2000). Consistent with the philosophical assumptions of dynamism, Rogers maintains that concepts are fluid, continually developing, and defined within the context in which they are used (Tofthagen & Fagerstrom, 2010). The evolutionary perspective provides a dynamic approach to complex research questions encountered by health researchers (Tofthagen &

Fagerstrom, 2010). The presentation of the concept analysis is presented in three phases as follows: (a) choice of concept for analysis and context, (b) collection of data for analysis, and (c) core analysis and recommendations for further research. The concept analysis provides related terms, antecedents, attributes, consequences, and a definition of wellness in the context of Syrian refugee women.

Choice of Concept for Analysis

Global and national organizations have called upon the nursing discipline to contribute to research addressing global health equity, involving issues such as maternal disparities, refugee health, vulnerable populations, and violence against women (Office of Disease Prevention and Health Promotion [ODPHP], n.d.; World Health Organization [WHO], 2017; United Nations [U.N.], 2015). Innovative nursing research using and expanding nursing theory is critical to address these complex health and healthcare issues (Breakey, Corless, Meedzan, & Nicholas, 2015). According to Rodgers, significance is a central aspect of the concept chosen for analysis (Tofthagen & Fagerstrom, 2010). Clarifying the concept of wellness is significant because it provides a humanizing approach to understanding the complex lives of Syrian women refugees in displacement and to further research, intervention, and policy changes.

Wellness in Nursing Theory

Wellness is used either implicitly or explicitly in multiple grand and middle-range nursing theories, conceptual models, and in the development of interventions (McMahon & Fleury, 2012). Perspectives such as holism, holistic, and the balance between dimensions are all characteristics of wellness in nursing science (McMahon & Fleury, 2012). Terms that are used synonymously with wellness include health, health

promotion, wellbeing, and well-becoming (Strout, 2012). In addressing the concept of wellness in nursing, Strout (2012), identifies The National Wellness Institute (NWI) as providing general guidelines for practice from a wellness perspective. The NWI provides three questions that to determine if wellness is being addressed (n.d.):

- Does this help people achieve their full potential?
- Does this recognize and address the whole person (multi-dimensional approach)?
- Does this affirm and mobilize peoples' positive qualities and strengths?

Wellness is evident in theories advanced by Florence Nightingale, Margaret Newman, and Jean Watson (Strout, 2012). Nightingale believed that by placing patients in an optimal environment, healing would occur naturally. Nightingale's theory included a multidimensional view of the environment, which included air, food, company, and the physical environment, as well as supporting positive qualities within the patient (Nightingale, 1860). Nightingale recognized the whole person and the role of promoting mobilization of their positive qualities and strengths, both characteristics of wellness, according to NWI (n.d.) and Strout (2012).

Health as Expanding Consciousness (Newman, 1990) conceptualized wellness by attending to the whole person, encouraging people to reach their full potential, and supporting individual strengths (Strout, 2012). Newman believed that health is more than the presence or absence of disease; health is conceptualized as personal growth or an expansion of consciousness (Newman, 1990). Like Nightingale, Newman viewed the environment as multidimensional, with health as a reflection of the experience of the person in interaction with their environment.

Wellness is evident in Human Caring Theory (Watson, 2018). The core concepts in Watson's theory reflecting wellness include cultivating wholeness of mind, body, and spirit; respectfully doing and being what the other needs, creating a caring-healing environment; and maintaining balance (Watson, 2018). Watson's theory supports wellness by helping self and others "manifest intentions," recognizing and supporting the whole being, and affirming positive and negative feelings allowing for personal growth (Watson, 2018, p. 140). Watson, in the Human Caring theory, stated that by creating a healing environment (caring), wellness/wellbeing/well-becoming could be potentiated in self, others, community, and globally (2018).

Middle-range nursing theories, including the concept of wellness, are the Wellness Motivation Theory (Fleury, 1991) and Miller's Functional Consequence Theory (2018). The Wellness Motivation Theory provides a guide for nurses and researchers to understand behavior change and motivation underpinning health behavior change (Fleury, 1991). The Functional Consequences Theory provides a holistic approach to promoting wellness in older adults (Miller, 2018). The concepts underpinning the Functional Consequences Theory include the link between person, health, environment, nursing, and the older adult (Miller, 2018).

McMahon and Fleury (2012) provided a concept analysis of wellness in older adults using Rodgers' evolutionary perspective. Attributes of wellness included becoming, integrating, and relating in older adults. Antecedents of wellness in older adults included connecting with others, imagining opportunity, recognizing strengths, and seeking meaning. The outcomes or consequences of wellness for older adults included being well and living values (McMahon, and Fleury, 2012).

Context

Tofthagen and Fagerstrom point out that "concepts are a language that tells other disciplines who nurses are and what knowledge is being developed within the unique disciplinary focus" (2010, p.9). Rodgers and Knafl (2000) maintain that a concept should be representative of the reality of the phenomenon of interest, and analysis of a concept may include data reflecting different disciplinary paradigms. A concept should also have significance, such as serving a practical human need or help to solve a problem (Tofthagen & Fagerstrom, 2000). The context in which Syrian refugee women live is complex and includes many determinants influencing their wellness and health. A concept analysis of wellness will provide a foundation to build and guide new knowledge and understanding for enhancing health and wellness for Syrian refugee women.

Syrian Refugee Women

Worldview is defined as values and beliefs, conditioned by culture, which provides a lens to view and experience the world (Sue & Sue, 2016). Syria is a conservative country where patriarchal practices, ideals, and traditions are preserved (Culcasi, 2019). Prior to the conflict, Syrian consisted of approximately 90% Arabs, Kurds, and Armenian, and 10% other backgrounds (Citizenship and Immigration Canada [CIC], 2015). Syria is an Arabic speaking country with Kurdish, Armenian, Aramaic, and Circassian widely understood, and English and French moderately understood (CIC, 2015). The main religion in Syria is Islam (87%), which breaks down into 74% Sunni Muslim and 13% Alawite; 10% Christian identifying as Christian with the majority Eastern Orthodox; and 3% identify as Druze (CIC, 2015). Syrians from all backgrounds have fled; however, a majority of refugees are Sunni Muslims (Eghdamian, 2014).

Family and social connections are prioritized by the majority of refugee women (Culcasi, 2019; Mohammad, Abu Awad, Creedy, & Gamble, 2017; Krause et al., 2015). Whether short-term or long-term displacement, dwelling in a tent, caravan, or a rented apartment, Syrian refugee women attempt to create a safe, intimate, and familiar space for their family to struggle, cope, and thrive (Culcasi, 2019). Having children is considered joyful to Syrian women (Ahmed et al., 2017), with most desiring 4-6 children, which is the acceptable social norm (Kabakian-Khasholian, Mourtada, Bashour, Kak, & Zurayk, 2017). Maternal care is generally free of cost in their home country; however, the impact of displacement (lack of resources, decreased access to health care services, and gender-based violence) has threatened maternity care and outcomes for many women (Al-Natour, Al-Ostaz, & Morris, 2019; Samari, 2017). For example, Syrian refugee women in Lebanon have a higher risk for postpartum depression, low birth-weight, preterm delivery, and infant mortality when compared to their host countries due to a lack of access to healthcare (Masterson, Usta, Gupta, & Ettinger, 2014).

Prior to the conflict in 2011, Syrian women made up 15.1% of the labor force (World Bank, 2018). As a result of displacement, 96% of women now work for income (al-Shar & al-Tarawneh, 2019). These new roles have been described differently by women, from exhausting to empowering (Wells et al., 2018).

While new roles have provided women with new freedoms, experiences, and gained respect in their communities, the impact of displacement has overshadowed much of their social lives. Refugee women experience extreme isolation, leading to depression, anxiety, and trauma – particularly for older Syrian refugees (over age 60) (Strong, Varady, Chahda, Doocy, & Burnham, 2015). In the context of displacement, enjoying a

social life can be difficult, even when culturally appropriate community activities have been provided (Al Akash & Boswall, 2015). In an ethnographic study of Syrian refugee women in Jordan, women shared that it was their duty to connect with their families who has and are still suffering. Even though they were away from the suffering in Syria, women reported that they must not enjoy their lives or be involved in activities that relieve sadness – this was inappropriate (Al Akash & Boswall, 2015).

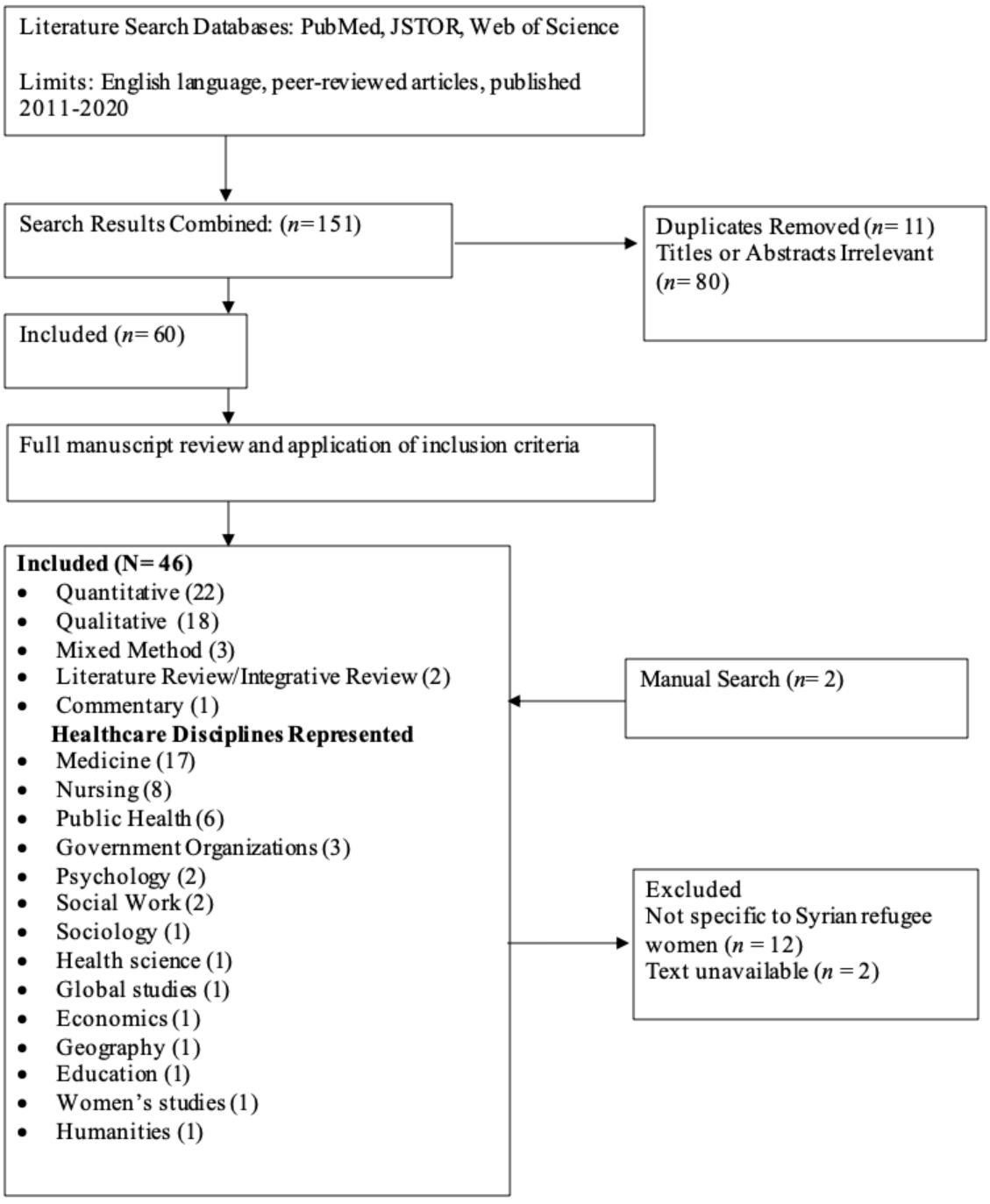
Methodology

Collection of Data for Analysis

The sample of literature used for this concept analysis included on-line database publications on Syrian refugee women across disciplines since 2011 when the Syrian civil unrest and refugee crisis began. An electronic search was conducted using the key terms "Syrian," "refugee," and "women." The on-line databases included in this search were PubMed, Web of Science, and JSTOR. Terms synonymous with wellness include health, health promotion, wellbeing, and well-becoming (Strout, 2012). Publications were considered relevant for review if they : (a) were peer-reviewed, (b) had a sole focus on or specific results for Syrian refugee women, (c) addressed wellness or synonymous terms, (d) were published in English. Articles in English published from 2011 to 2020 were examined for relevance. Titles and abstracts were reviewed to establish inclusion criteria. The final search yielded N= 46 publications for analysis. Refer to Figure 1 for the results of the literature screening.

Figure 1

Literature Screening Results



The disciplines included in this analysis represented: medicine (17), nursing (8), public health (6), government organizations (3), psychology (2), social work (2), sociology (1), health science (1), global studies (1), economics (1), geography (1), education (1), women's studies (1), and humanities (1). Research methods included quantitative (22), qualitative (18), mixed methods (3), literature and integrative reviews (2), and a commentary (1). The geographical locations represented included: Jordan, Turkey, Lebanon, Egypt, United States, Canada, and Sweden.

Core Analysis

All publications were entered into the qualitative Solutions and Research International NVivo software program (NVivo). NVivo is a data management and analysis software that is used to manage large volumes of data or sources and provides a platform highlighting codes and quotes for access and analysis. The following categories were electronically recorded: (a) author name and discipline of the publication; (b) purpose of the study; (c) theory or framework used; (d) study design; (e) setting and sample; (f) measures, and (g) main results. Using NVivo, themes were recorded from the selected publications for analysis. The themes included: (a) context; (b) related terms; (c) defining attributes; (d) antecedents; and (e) consequences. Examples from the literature were also recorded for each theme. Overarching themes from theory-based wellness models (Fasone et al., 2017), and nursing theories with a wellness perspective, including McMahon & Fleury's (2012) concept analysis of wellness in older adults, provided a guide for coding wellness themes. Inductive content analysis was used to identify patterns of wellness in the context of refugee women, which produced descriptive themes (see Table 1).

Table 1. Wellness in Refugee Women: Antecedents, Attributes, and Consequences

Antecedents Precursors to wellness	**Attributes** Characteristics of wellness	**Consequences** Outcomes of wellness
Nurturing Connections • Relationships that support dignity • Caring for self and others • Essential for healthy growth	**Being** • Dignity • Living consistent with values and beliefs	**Becoming** • Moving toward hope and harmony • Personal growth • Loving relationships
Caring Environment • Surroundings that promote kindness, compassion, and benevolence	**Cultivating** • Fostering personal growth • Creating harmony within self, family, and community	**Being Well** • Living the best possible life consistent with values and beliefs • Sense of identity • Feelings of hope, belonging, resilience, connection, trust, and safety
Empowerment • The power or right to do what is needed for self and family	**Engaging** • Learning new skills • Connection with family, friends, and community	

Results

Attributes

Attributes are the characteristics of a concept based on real-life experiences (Rodgers & Knafl, 2000). In alignment with the current literature, wellness in Syrian refugee women was characterized as multi-dimensional. Dimensions noted included physical, mental, social, cultural, spiritual, intellectual, occupational, and environmental aspects of wellness. These dimensions are discussed through identified attributes of wellness, which include *being*, *cultivating*, and *engaging*.

Being. Being is the manifestation of qualities that make someone who they are (Merriam-Webster, n.d.). For Syrian refugee women, dignity during displacement is reflective of being, and characterized as living life consistent with values and beliefs and being able to practice according to their cultural standards without judgment or stigma (Wells et al., 2018). Dignity is a quality that makes Syrian women in displacement feel whole. An example of living by values and beliefs and supporting dignity for Syrian refugee women included being able to enact or refuse the local social norms to take care of their family (Wells, 2018).

Cultivating. Cultivating is defined as fostering growth or improving through labor, care, or study; terms synonymous with cultivating include advocate, embrace, gain, grow, support, advance, achieve, foster, nurture, and promote (Merriam-Webster, n.d.). In the context of wellness in Syrian refugee women, earning an income was cultivating in that earning led to financial support for their family, as well as provided resources to help others (Culcasi, 2019). Although working for an income created many challenges and stressors, Syrian refugee women reported that earning an income resulted in gaining confidence, maturity, independence, resilience, and respect and love from their family, community, and toward themselves (Culcasi, 2019). Cultivating harmony within self, family, and community is also an attribute to wellness for Syrian refugee women. Being able to adapt to the new culture in a supportive environment created intrapersonal, family, and community harmony (Ahmed et al., 2017; al-Shar & Tarawneh, 2019; Mansour, Al-Omari, & Sultan, 2018).

Engaging. Engaging is defined as coming together, to participate or become involved in, with parallel terms including collaborating and contributing (Merriam-

Webster, n.d.). Engaging with family, friends, social groups, and the community is a priority for Syrian refugee women. Engaging in learning new skills or working at a new job are ways that support Syrian refugee women to achieve their full potential. In the context of Syrian refugee women, an environment that honors their values and beliefs creates a space for engagement to occur. For example, in Syria, same-gender social events are abundant and provide spaces for connection and support (Ahmed et al., 2017). For many women, continued engagement and connection with loved ones still in Syrian contributed to hope, encouragement, connection, and comfort (Boswall & Al Akash, 2017).

Antecedents

Antecedents are phenomena or events that occur prior to the manifestation of wellness. A routine, lack of routine, health issues, type of communication, and emotions are examples of what can constitute antecedents (Tofthagen & Fagerstrom, 2010). *Nurturing connections*, *caring environment*, and *empowerment* were antecedents to wellness identified in this concept analysis.

Nurturing Connections. Nurturing is defined as something essential to healthy development or growth (Merriam-Webster, n.d.). Connection is defined as an intimate, social, or professional relationship with another person (Merriam-Webster, n.d.). Syrian refugee women experience nurturing connections by supporting and caring for self and others, and from receiving helping, caring connections from their new community and environment (Hassan et al., 2016).

Relationships that respect a Syrian woman's dignity are central to a nurturing connection. For Syrian refugee women, dignity is described as "integral to identity, in

relation to self, family, social standing, and culture" (Wells et al., 2018, p. 5). Patience, strength, and self-reliance are all qualities that support dignity in relation to self, family, and culture (Wells et al., 2018). While caring for family is typically the highest priority for these women, supporting their family financially during displacement brought about feelings of respect and love for and from their families (Culcasi, 2019).

Syrian women reported that they missed their social groups and friendly community culture in Syria (Yalim, 2019). To improve their mental well-being in host countries, many Syrian refugee women use social apps on their phones to connect with other refugees, or supportive community members to meet for socialization (Yalim, 2019). In Istanbul, Turkey, women enhanced their psychosocial well-being by cooking meals and packaging them for single men who have no one to help them or cook for them (Yalim, 2019).

Caring Environment. Caring is expressed as feeling or showing kindness, compassion, benevolence, or love toward other people (Merriam-Webster, n.d.). Environment is defined as the complex physical, social, and cultural conditions/surroundings/atmosphere that influence the survival or life of an individual or community (Merriam-Webster, n.d.). A caring environment can be described as a physical, social, and cultural atmosphere that potentiates feelings of kindness, compassion, and love. To understand a caring environment from a different perspective, a non-caring environment is experienced as destroying/restraining and leading to feelings of anger, despair, fear, humiliation, desperation, helplessness, vulnerability, alienation, and decreased wellness (Watson, 2008).

The environment in displacement is complex and challenging as an antecedent to wellness for Syrian refugee women. Access to basic human needs, including mental health support, health care (Al-Natour et al., 2019), education, and developing work skills (Culcasi, 2019), fresh air, space for children to play (Syam et al., 2019), and family reunification (Al-Akash & Boswall, 2015) provide an enhanced caring environment to support wellness in Syrian refugee women – all of which remain out of reach for many.

Empowerment. Empowerment is defined as the action of granting someone the power or right to perform an act or duty or the state of being empowered to do something (Merriam-Webster, n.d.). Empowerment for Syrian refugee women is not to be confused with the western ideas of freedom from oppression and patriarchy (Culcasi, 2019). "Ideas of empowerment and liberation stem from a western liberal feminist project that does not necessarily resonate with women across the globe" (Culcasi, 2019, p. 474). These women are not resisting patriarchy, a system in which men hold the primary power, but coping with displacement (Culcasi, 2019). Syrian refugees have been deprived of control of many aspects of their lives and are likely to feel empowered if their voice is involved in decision making that affects their lives (Hassan et al., 2016).

For Syrian refugee women, having the power to provide for their families and themselves is empowering. Vocational training programs also had positive effects on Syrian refugee women's wellbeing in Jordan by enhancing their confidence, self-esteem, and improving occupational and entrepreneurship skills (Jabber & Zaza, 2015). Second, but most importantly to these women, having the power to provide for their families gave them a renewed sense of hope to build a better life (Jabber & Zaza, 2015; al-Shar & Tarawneh, 2019). Adapting to the new host community is also empowering and vital to

wellness for Syrian refugee women. Al-Shar and Tarawneh (2019) point out that helping Syrian refugee women assimilate to their new social surroundings leads to feelings of empowerment. Main issues that encouraged or impeded assimilation into the host community for Syrian refugee women were (a) compatibility in the community, (b) others' acceptance of refugee women, (c) good social relationships, and (d) similarities of customs and traditions (al-Shar & Tarawneh, 2019).

Consequences

Consequences are the results of a concept occurring. Consequences are defined from a practical perspective, such as deficiencies in fundamental needs and reporting emotions (Tofthagen & Fagerstrom, 2010). The consequences of wellness identified in this concept analysis were (a) *becoming* and (b) *being well*.

Becoming. Becoming is expressed as moving toward what is appropriate (good, right, respectable, acceptable) for a particular person or in a specific situation (Merriam-Webster, n.d.). Common threads that reflect becoming for Syrian refugee women include moving toward peace (Al Akash & Boswall, 2015), hope, loving relationships (Al-Natour et al., 2019; Jabber & Zaza, 2015), intimacy (Rizkalla & Segal, 2019), and opportunities for personal and occupation growth (Jabber & Zaza, 2015). While Syrian refugee women have a greater risk for mental health issues as such anxiety, depression, and PTSD, many believe getting support for these issues can help them move toward improved mental health (Ahmed et al., 2017).

Being Well. Being was identified as an antecedent to wellness, living life congruent with values and beliefs. Well is defined as living the best possible wholesome life freely, in accordance with the situation (Merriam-Webster, n.d.). For Syrian refugee

women, being well depicts the consequences of wellness that relate to living the best possible life consistent with their values and beliefs in all aspects of their life, at will. Results of wellness that reflect Syrian refugee women's values and beliefs depicted in the literature included feelings of identity (al-Shar & al-Tarawneh, 2019; Wells et al., 2018), hope, belonging, strength (Al-Natour et al., 2019; Jabber & Zaza), resilience (Jabber & Zaza, 2015; Wells et al., 2018; Yalim, 2019), enhanced confidence and self-esteem (Culcasi, 2019; Jabber & Zaza, 2015; Wells et al., 2018), protection, enhanced coping (Gottvall, Vaez, & Saboonchi, 2019), connection with others and community (Guruge et al., 2018; Lilleston et al., 2018), trust (Hassan et al., 2016), and wellbeing (Gottvall et al., 2019; Mohammad et al., 2017; Wells et al., 2018; Yalim, 2019).

Resilience was reported to be cultivated from living in the now, having hope for the future, and being able to navigate their environment to achieve wellbeing (Yalim, 2019). Resilience was also realized by building up vocational skills and working outside of the home, which provided opportunities for women to develop communication skills and build relationships (Jabber & Zaza, 2015). Yalim (2019) reported that using resilience as a lens to study Syrian refugee women could potentiate a better understanding of wellbeing.

Definition

The definition of wellness as it relates to Syrian refugee women was synthesized throughout the analysis of the defining characteristics. Wellness is living a dignified life reflecting personal values and beliefs within a caring and supportive environment which nurtures connection with others and personal choices and results in becoming and being well.

Discussion

The worldview of Syrian refugee women centers on family and social connections. Family reunification was reported as essential to mental health and wellbeing; this could mean reuniting with family displaced in other countries or family left behind in Syria (Ahmed et al., 2017; Wells et al., 2019). Family connection is also an antecedent to wellness for Syrian refugee women; however, no policies were mentioned in the literature addressing family reunification. Dignity is another characteristic of wellness for refugee women that is realized through living consistent with their values and beliefs.

Notably, while wellness may bring up positive connotations of resilience, strength, growth, and health, living consistent with values and beliefs may include sadness and grief. Syrian refugee women may feel it is their duty to cry each day and mourn for their loved ones still suffering in Syria and avoid activities that bring feelings of joy (Al Akash & Boswall, 2015). These nuances of cultural considerations of wellness are important to understand in order to address the needs of Syrian refugee women. In alignment with Yalim (2019), resilience may be a helpful lens to consider when understanding the cultural, social, and environmental wellbeing of this population.

Wellness and Nursing Theory

The antecedents, characteristics, consequences, and definition of wellness in Syrian refugee women align with wellness evident in nursing theories. For example, an antecedent to wellness for Syrian refugee women is nurturing connections; this reflects nurturing relationships explained in Watson's Human Caring theory. Nurturing relationships are helping, caring, trusting, loving connections with self, others,

community, and environment (Watson, 2018). In alignment with Watson's theory, Phillips (2017) highlights that exploring and supporting a person's journey, identifying and building on strengths and adversities for change, and engaging external and internal resources nurture the growth of well-becoming. Another antecedent to wellness for Syrian refugee women is a caring environment. In Watson's theory, a caring environment promotes wellness; a healing environment potentiates wellness by fostering consciousness, faith, hope, support, connections, meaning, purpose, relationships, and love (Watson, 2018). Watson (2008) addresses the physical aspects of a caring environment that include safety, comfort, and aesthetics, as well as non-physical aspects that potentiate wholeness, beauty, dignity, and peace. The core principles of Watson's theory reflect the antecedents of wellness in this analysis.

Attributes of wellness for Syrian refugee women that are in alignment with Watson's theory also include engaging and being. Watson (2018) adds that engagement with others potentiates wellness when the connection between people/environment involves authentic presence (honoring the connection). Authentic engagement promotes wholeness of mind, body, and spirit and potentiates human dignity (Watson, 2018). Being is defined as wholeness in belonging and living one's truth while being honored by self and others (Watson, 2018). The action of being (conscious, intentional action) in the moment preserves, protects and enhances human dignity (Watson, 2018). Cultivating is also congruent with the core principles of Watson's theory, which includes cultivating wholeness of mind, body, and spirit (Watson, 2008).

The consequences or outcomes of wellness align with McMahon and Fleury's (2012) concept analysis of wellness in older adults. McMahon and Fleury (2012) include

living values and *being well* as a consequence of wellness. Whereby *living values* includes experiencing day-to-day life consistent with personally defined, individually centered values. Similar to refugee women, living by values and beliefs are outcomes of wellness. The slight difference is that there is less of a focus on individuality in regards to values and beliefs for Syrian refugee women and more of a focus on collective values and beliefs of family or community. *Being well* emphasized (a) holism of health and not divisible aspects of health and, (b) focusing their efforts on things that kept them well, while not dwelling on illness (McMahon & Fleury, 2012). Similar to being well for Syrian refugee women, wellness is more holistic versus specific to one dimension of wellness, such as physical or mental health. In addition, being well for Syrian refugee women includes resilience, which was described by Yalim (2019) as moving forward, living in the present, hope, safety, and being with others that are similar. Resilience for Syrian refugee women is similar to McMahon & Fleury's (2012) "being well" in that they both include focusing on things that promote wellness.

Nursing theories that include components of wellness may help inform or complement future wellness studies with Syrian refugee women. For example, Watson's theory of Human Caring includes the Caritas Processes™, which provide pathways to promote care, which, in turn, enhances wellness (Watson, 2018). These pathways provide a description of actions that promote care (leading to wellness) that can inform research design, interventions, and policy creation or changes. In addition, this concept analysis on wellness in Syrian refugee women may inform and expand on the conceptual understanding of wellness, or add new knowledge to nursing theories.

Strengths

Rodgers' evolutionary concept analysis is an accepted method for building knowledge in nursing science (Tofthagen & Fagerstrom, 2010). The strengths of using Rodgers' method include that it is systematic and includes specific phases. In addition, Rodgers' method provides an approach to developing theories and models for further testing and provides direction for further inquiry. Lastly, this method is meant to focus on serving purposeful human goals and solving real issues, which aligns with the need for refugee research. This method for clarifying a concept in refugee populations is fitting because it can help solve real issues while allowing for growth and change of the concept in the context in which it is used. Syrian refugee women face monumental challenges during their experience of displacement. Using wellness as a platform to uncover and understand challenges and strengths creates a pathway for enhanced wellness. For example, wellness used in any research design with Syrian refugee women would include gaining knowledge on the values and beliefs of the population that support moving toward personal growth, hope, connection, resilience, trust, and safety. Using wellness in policy changes may include addressing the antecedents to wellness so that wellness can occur. For example, a policy may address pathways for employment – giving women the power to provide for themselves and their families.

Limitations

Only two publications contained the term "wellness," while all other publications in this analysis included synonymous terms of wellness such as health, health promotion, and wellbeing. All of the included literature in this analysis included wellness perspectives, albeit, mobilizing refugee women's positive qualities and strengths was

limited and were mainly highlighted through reporting adverse outcomes and inequities. For example, the purpose and findings of the majority of studies centered on descriptions of health inequities and barriers such as lack of access to food, shelter, health care, and higher rates of anxiety, depression, trauma, violence, poor maternal outcomes, fear, joblessness, and isolation. The reporting on inequities far outweighed the fragmented reports on what Syrian refugee women need, according to their values and beliefs – in their own voice- to enhance wellness. Although the description of inequities may help understand wellness by understanding the outcomes of unwellness, the lack of literature specific to the wellness of Syrian refugees created a limitation.

Recommendations

The most widely suggested recommendation from this analysis centered on supporting or improving access to health care (Celik et al., 2019; Huster, Patterson, Schilperoord, & Spiegel, 2014; Kabakian-Khasholian et al., 2017; Krause et al., 2015; Lilleston et al., 2018; Masterson et al., 2014; Ozel et al., 2018; Simsek, Yentur Doni, Gul Hilali, & Yildirimkaya, 2018). Beyond this widely suggested recommendation, Yasmine and Moughalian (2016) point out that most health promotion interventions for Syrian refugee women center on the intrapersonal level while ignoring the micro-, exo-, and macro-systemic factors of influence. With this in mind, Wells et al. (2018) recommend viewing connections that enhance dignity for Syrian refugees through the lens of an ecological model. Going through the layers of an ecological model from the intrapersonal aspect to the community and environment aspects may help uncover resources that build connections that promote wellbeing (Wells et al., 2018). Similar to Wells et al. (2018), Guruge and colleagues recommend a multidimensional approach to understanding and

addressing the health of Syrian refugee women beyond risk-factors, statistics, and determinants of health. It is critical to take into consideration many layers of health needs, resources, barriers and facilitators, and social and environmental issues into account (Guruge et al., 2018). An ecological model or multidimensional approach to addressing health is congruent with the multidimensional aspects of wellness and the complex layers of facilitators and barriers to wellness for Syrian refugee women.

Conclusion

Syrian refugee women have unique challenges during displacement and experience higher rates of mental health, reproductive health, and basic rights inequities. While the literature on Syrian refugee issues has proliferated since the 2011 conflict began in Syria, there remains a gap in knowledge regarding ways to understand Syrian refugee women as whole beings. Regarding wellness, the literature is fragmented into siloed dimensions of wellness. This concept analysis provides the initial step in developing knowledge of wellness in Syrian refugee women. While Rodgers' evolutionary concept analysis is a valid method to build nursing knowledge, it also maintains that concepts are fluid and change depending on the context. This method is fitting for the dynamic complexities of displacement that refugees experience while providing structure to clarify the concept of wellness through analysis of the antecedents, attributes, and consequences. The concept of wellness, as analyzed from the current literature on Syrian refugee women, is relevant for future research and to advance nursing theory. Continued development of wellness may provide a foundation to guide research, interventions, and policy changes that may help address Syrian refugee women's needs and lives more holistically while upholding their values and beliefs.

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CHAPTER 5

DISCUSSION

The purpose of this research was to advance a humanizing approach to understanding of the health and wellness of Syrian refugees during displacement. The aims in Chapter 2 were to: (a) listen to the voice of Syrian refugees in Turkey and learn what supports and barriers they have in their lives, and (b) understand how Syrian refugees recommend improving their circumstances. The aim of Chapter 3 was to bring awareness to the state of wellness in Syrian refugees in Turkey. Lastly, the aims of Chapter 4 included: (a) clarifying the concept of wellness in Syrian refugee women, and (b) examining the conceptual relevance of wellness as a guide for research and policy regarding Syrian refugee women in displacement.

This research is significant and innovative in informing nursing knowledge, as well as in answering the call from contemporary refugee scholars to humanize refugee research (Daley et al., 2018). Research findings have the potential to provide scholars, refugee aid workers, policymakers, and health care providers with a unique understanding of the challenges Syrian refugees face during displacement. Long-term, this research may lead to supportive interventions tailored to the needs of Syrian refugees during displacement, as well as create or change policies that promote health and wellness for Syrian refugees.

Summary and Integration of Studies

The data collected for Chapter 2 took place at the peak of the Syrian refugee crisis. Prior to this time, the unrest in Syria was still part of the regional news about the effects of the Arab Spring. Chapter 2 begins by illustrating the event which captivated the

world in mass media of a young boy found washed up on the shore in Greece after his family fled Turkey looking for a better life (Fanz & Schoichet, 2015). This event precipitated an outcry, albeit fleeting, from the world about the inhumane situation Syrian refugees were facing (Wofford et al., 2016). Since this time, researchers from multiple disciplines have called for new questions, ideas, and methods to humanize refugee research (Daley et al., 2018). The grounded theory approach guiding Chapter 2 provided a humanizing approach to refugee research by seeking the experiences and meaning of events in the lives of Syrian refugees in displacement. This approach reflects the sense-making dimension in Todres and colleague's (2009) humanization of healthcare framework. A grounded theory design is an effective approach to seeking the meaning of experiences or events in people's lives and can help find significance by making "wholes out of parts" (Todres et al., 2009, p. 72).

The resulting themes in Chapter 2 include: (a) assets and deficits, (b) official obstacles and supports, and (c) unofficial obstacles and supports (Wofford et al., 2016). The themes reinforced reports on Syrian refugees from international refugee agencies, such as the lack of access to food, water, shelter, and barriers to healthcare, income, and education (UNCHR, 2014; WHO, n.d.). However, this was the first grounded theory study noted at the time with Syrian refugees in displacement zones. Listening to the Syrian refugee's stories (the parts), created a more holistic/humanistic view and understanding of their experiences. A social ecological model was used to help filter and illuminate aspects in Syrian refugee's lives that reinforced the current knowledge and uncovered aspects that were not found in the literature.

The most significant theme adding to the body of literature on Syrian refugees in displacement was that of "unofficial obstacles." This theme included stories of the struggle to obtain basic rights and needs, such as food, shelter, and access to healthcare. For example, rules and regulations were seen from the surface in the literature, media, and reports, but the unreported underground economy is what affected the daily lives of Syrian refugees. Work is not permitted for most Syrian refugees, but income is vital for food, shelter, and healthcare (Karakoç & Doğruel, 2015). The underground economy provides opportunities for income. Tents in a camp may be taken over and rented out for income; for more money, a family could rent a tent near the bathrooms, water tank, or with a view (Wofford et al., 2016). This study provided new knowledge and is an example of humanizing refugee research by sense-making, or, finding the meaning and significance of the events and experiences of Syrian refugees in displacement.

The impetus for Chapter 3 was based on the complex findings from Chapter 2. Personal health, coupled with illness, injury, and psychological needs, decreased access to education, employment, healthcare, and social support; and fear of religious persecution were all major obstacles for refugees during displacement. To capture a deeper understanding of these issues in the lives of Syrian refugees, a comprehensive systematic literature review was conducted. At the time of the systematic review, Turkey had the largest number of Syrian refugees, and research on this population was predominantly set in Turkey. Accordingly, all peer-reviewed publications on Syrian refugees found in three on-line databases were reviewed. Hettler's six-dimensional wellness model (dimensions being physical, emotional, social, occupational, intellectual,

and spiritual) was used as a framework to analyze the data because the model aligned with the issues that resulted in Chapter 2.

Maintaining humanity includes understanding the present in the context of the past and future. The systematic review in Chapter 3 provides an opportunity to understand the current health and wellness situation in the context of displacement – a living situation defined by your past and waiting for your future. The results of the systematic review were relevant to paint a holistic/multidimensional view of health and wellness for Syrian refugees; however, they also reflected reports from the wider literature on the wellness of refugees. For example, physical and emotional/mental dimensions were the most commonly reported dimension of wellness, while information on other dimensions such as spiritual, intellectual, and social dimensions were limited. A focus on physical health, while limiting exploration of all dimensions of wellness is typical in wellness literature (Burton, 2007). Limited use of theory or theoretical frameworks were also a notable gap in the published literature. This literature review added to the understanding of the wellness of Syrian refugees from the literature. However, further research was needed to uncover and refine the meaning of wellness from the perspective of Syrian refugees.

In Chapter 4, a concept analysis on wellness of Syrian refugee women was conducted because (a) women and children are 75% of the refugee population (UNHCR, 2016; Samari, 2017), (b) refugee women share unique challenges during displacement such as higher chances of experiencing depression, anxiety, violence, trauma, fear, joblessness, and isolation than refugee men (Shishehgar et al., 2017), and (c) despite the extensive vulnerabilities, there is limited research addressing the wellness of refugee

women (Shishehgar et al., 2017). Chapter 4 addressed the gaps in the literature by using an established framework to guide the concept analysis, adding new knowledge to the nursing science, and enhancing an understanding of wellness in the context of displacement.

The concept analysis provided a deeper understanding of health and wellness by adding conceptual clarity to and defining wellness in the context of Syrian refugee women. The lives of Syrian refugee women living in displacement is complex. The use of wellness as a defined concept can help identify an entryway into enhancing health and wellness for Syrian refugee women. For example, the antecedents to wellness include nurturing connections, empowerment, and a caring environment (Wofford, Fleury, Komnenich, 2020). Research which aims to enhance health and wellness for Syrian refugee women may choose to start with assessing these antecedents, to find gaps in support. In addition, assessing attributes of wellness such as being, which includes living consistently by values and beliefs, may help refugee aid workers, researchers, or policymakers identify strengths to build upon.

The concept analysis is another example of humanizing refugee research. Uniqueness is a dimension of humanizing (Todres et al., 2009) and is exemplified by focusing specifically on Syrian refugee women in displacement. Todres and colleagues (2009) note that the dimensions of humanization are not dualistic (humanizing vs. dehumanizing) but exist on a spectrum. For example, uniqueness is defined as being individual and not being reduced to general characteristics (Tordes et al., 2009). The concept analysis allowed exploration of the meaning of wellness specific to the uniqueness of Syrian refugee women experiencing displacement.

The intention of the dissertation was to bring together three scholarly manuscripts that created a comprehensive view into the lives of Syrian refugees and to provide examples of ways to humanize refugee research. Chapter 2 began the exploration into the complex lives of Syrian refugees in displacement, while Chapters 3 and 4 honed in on health and wellness from the general displaced Syrian refugee population to Syrian refugee women in displacement. These studies also reflected the sense-making, personal journey, and uniqueness dimensions in Todres and colleague's (2009) humanization framework. Collectively, this dissertation begins by making sense of the lives of Syrian refugees – sense-making, followed by understanding health and wellness of Syrian refugees in the context of the situation – personal journey and ending with conceptual clarity of wellness in the context of Syrian refugee women – uniqueness.

Strengths and Limitations

The research presented used multiple approaches to gather, analyze, and interpret data characterizing the lives of Syrian refugees during displacement. The grounded theory approach provided new themes to view and understand the lives of Syrian refugees. The social-ecological model was an innovative lens to use in assessing the lives of Syrian refugees because it provided multiple layers of assessment and possible entry points for future research, intervention, and policy. The systematic review added a more holistic view of health for Syrian refugees, emphasizing that wellness is greater than the current main focus of physical and mental health. The results from the systematic review enhanced the understanding of wellness in the Syrian refugee population and established the gaps for future research. The concept analysis provided conceptual clarity by providing the antecedents, characteristics, consequences, and definition of wellness for

Syrian refugee women. The concept analysis was guided by Rodgers' evolutionary perspective, which contributes to developing and advancing nursing knowledge and theories (Rodgers & Knafl, 2000). The antecedents, characteristics, consequences, and definition of wellness align with wellness evident in nursing theories such a Watson's Human Caring Theory (2018). The consequences of wellness in Syrian refugee women also align with McMahon and Fleury's (2012) concept analysis of wellness in older adults. The concept analysis enhances nursing knowledge by clarifying the concept of wellness, which can be used to develop nursing theory in the context of Syrian refugee health, care, and research.

Rodgers and Knafl (2000) note that concepts are fluid and changing, depending on the context. With this in mind, the themes coded from the grounded theory study, what we understand of wellness from the literature review, and the definition of wellness in the concept analysis are fluid and may change depending on the current circumstances. Verification and re-assessment are needed for validation.

Implications for the Future

The findings from this research may inform future approaches to further humanize refugee research. Approaches to consider using are a grounded theory design, a systematic review of literature, or a concept analysis to gain a deeper meaning of the events and experiences of refugees. Future researchers may promote humanization in their research by developing current humanizing models or frameworks such as Todres and colleague's (2009) humanization of healthcare framework.

Given that displacement from home happens rapidly, and refugees may find themselves moving place to place, rapid interventions are needed. This dissertation or

findings from the specific chapters provide a foundation for action. For example, Chapter 2 highlighted the unofficial obstacles and supports, which may help policymakers and aid organizations look for and address discrepancies in the system.

CONCLUSION

The ongoing Syrian conflict has led to 6.7 million refugees and continues to grow (UNHCR, 2019). The majority of refugees have fled to neighboring countries, including Turkey, Jordan, Lebanon, Iraq, Egypt, and Greece, where they seek an opportunity for a better life (UNHCR, 2019). These refugees, living in displacement, are facing limited access to food, clean water, shelter, human rights, income, health care, education, and social support (Olayiwola & Raffoul, 2016; Salman & Resick, 2015). Women have even greater risks of these limitations and experience higher rates of depression, anxiety, trauma, isolation, and violence (UNHCR, 2011; Shishehgar, 2017). Considering the harsh situation in this population, global refugee scholars have called for innovative ideas to humanize refugee research (Daley et al., 2018).

The next steps suggested in alignment with this dissertation include (a) verification of the concept of wellness through a qualitative study with Syrian refugee women in displacement, (b) inquiry about the priorities to address according to Syrian refugees, and (c) collaborative development of interventions to promote wellness priorities. Listening to and understanding the voice of Syrian refugees and addressing their stated needs humanizes refugee research.

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Wofford, D., Shraiky, J. & Schneider, T. (2016). A Conversation with calamity: Shedding light on the plight of Syrian refugees. *Journal of Health and Human Experience, 2* (1).

James Shraiky

(Signature) _____ Date 3-17-20

Tod Schneider

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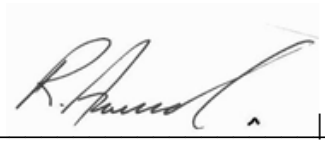
I give Danielle Wofford permission to use the following published article, which I co-authored on, as part of her PhD dissertation at Arizona State University.

Wofford, D. & Awad, R. (2018). Syrian refugees' wellness in Turkey: a systematic review. *Journal of Health and Human Experience, 3*(1), 36-54.

Ramsey Awad
(Signature)  Date 19.03.2020

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APPENDIX B

CHARACTERISTICS OF SELECTED LITERATURE

Table 1

Characteristics of Selected Literature

Article (first author, year)	Purpose	Theory/Framework	Design	Setting,	Sample	Survey/ Instruments	Findings	Other (Strength/ Limitation/ Notes)
1.Alghothani, 2012	Aim: To review a short-term medical mission to the Syrian refugee camps in Hatay, Turkey by surveying physicians who participated, assessing its overall impact and identifying areas of improvement and most need.	*Used framework outlined by Maki et al., 2008 "benchmarks common to all missions regardless of type, service provided, and health care goal."	Descriptive	Hatay, Turkey-Syrian refugee camps	Physicians who participated in short term medical missions	Anonymous 38-question on-line survey- e SurveysPro	-Each physician averaged 40 pt.'s per day. -Woman, men & children addressed -Most prevalent acute ailments -Poorly controlled chronic conditions -Female issues -Mental health -Issues with access to care -Pre-mission preparation	Limitation: need a more thorough standardized evaluation tool -(Syrian American Medical Society) SAMS

Article	Purpose	Theory/Framework	Design	Setting,	Sample	Survey/ Instruments	Findings	Other (Strength/ Limitation)
2. Alpak, 2015	Aim: Examine the prevalence of PTSD, and explore its relation with various socioeconomic variables among Syrian refugees, who sought asylum in Turkey.	Not clear	Cross-sectional, correlational, cohort study (observational)	Tent city for refugees, Gaziantep, Turkey	352 random participants,	-Socio-demographic info tool - Diagnostic psychiatric interview, face-to-face interview to diagnose PTSD with DSM-IV-TR. -Stamm & Rudolph 20 question "stressful life event screening questionnaire"	-The prevalence of PTSD was 33.5%. -A significant relationship between the number of traumatic events and PTSD diagnosis was detected. -Positive correlations were found between PTSD, number of traumatic events experienced, and sociodemographic features such as gender and personal or family	Strengths: -Native speakers performed interviews -Real setting in a milieu, where the trauma still continues Limitations: - Small sample -Lack of structure for PTSD screening in Arabic language -Lack of valid and reliable scale in Arabic to measure severity of PTSD

							history of any psychiatric disorder. -Through the binary logistic regression analysis, the probability of being diagnosed with PTSD among refugees with the aforementioned risk factors was 71%.	
Article	**Purpose**	**Theory/Framework**	**Design**	**Setting,**	**Sample**	**Survey/ Instruments**	**Findings**	**Other (Strength/ Limitation)**
3. Akgündüz, 2015	Aim: What is the impact of immigration on the labor market for natives	3 dimensions of local economy 1) Ave. price of food 2) Price of housing 3) Internal migration	Correlational	Turkey (Southern Turkey refugee camps vs. Northern Turkey	Syrian refugees, local Turkish population	UNHCR data Turkey GRP-figures	1) Inflation is sig. for food and housing increased 2) No sig. impact on unemployment and migration for	- (UNCHR) half of the registered refugees living in camps at the end of 2013 other half

							locals.	living in urban areas mostly close to the camps. -Employed mainly informally, in low skilled jobs like construction -Language barrier
Article	**Purpose**	**Theory/Framework**	**Design**	**Setting,**	**Sample**	**Survey/ Instruments**	**Findings**	**Other (Strength/ Limitation)**
4. Arslan, 2015	Aim: To document the potential effects of the Syrian Civil War and related refugee movements, on the number of illicit drug seizures in the area of Hatay.	Not clear	Descriptive, Retrospective Correlational	Hatay, Turkey	Documented drug seizures between 2008 and 2013. These records included the number of indictments (legal action taken by the authorities for a drug crime, including possession,	Data collected from records held by Ministry Justice at Hatay Court House	1) Since Syrian conflict began to 2011, 85% increase in indictments. 2) Authors conclude that it is the lack of security and the instability in Syria as well as the flow of refugees	-Other reasons for increase exist such as truck drivers through Turkey, a crossroads of continents. -For example in Somali, the excessive use of substances for self-medication is

					supply or transportation) and the type and amount of illicit drugs seized by law enforcement.		from that country that has resulted in the increased number of illicit drug seizures, in Hatay.	thought to have been be a form of coping with traumatic memories of the atrocities (Odenwald et al., 2007)
Article	**Purpose**	**Theory/Framework**	**Design**	**Setting,**	**Sample**	**Survey/ Instruments**	**Findings**	**Other (Strength/ Limitation)**
5. Inci, 2015	Aim: Draw attention to the dramatic increase in new cases with Cutaneous leishmaniasis (CL) after the beginning of the civil war in Syria.	Not clear	Descriptive Retrospective	Data gathered from Department of Dermatology at Kahramanmaras Sutcu Imam University Faculty of Medicine between January 2011 and June 2014.	-110 Patients age 1-78yrs -50 (45%) were males, and 60 (55%) were females.	CL diagnosed by clinical features, tissue smear, and histopathological examination	- 76 (69%) were Syrian refugees - 34 (31%) were Turkish citizens living in Kahramanmaras city center, villages close to the city center, and other districts located close to the Syrian border	-no Strength limitations noted. -This finding reflects insufficient hygiene practices in this age group and more frequent exposure to sand fly bites due to more frequent participation in outdoor

Article	Purpose	Theory/Framework	Design	Setting,	Sample	Survey/ Instruments	Findings	Other (Strength/ Limitation)
6. Karakoç, 2015	Aim: To explore how the problematic relations between Syria and Turkey following the uprisings in Syria have shaped perceptions of human security, examining in particular the impact of the discourse used and the poli- cies followed by Turkey during the civil war in Syria on the security perceptions of the people of Hatay.	Human security: a concept that seeks to ensure the security of individuals and communities *"freedom from fear" and "freedom from want"	Qualitative, Descriptive	Hatay, Turkey- outside refugee camps	Both local people and Syrian refugees living outside the refugee camps,	"In depth interview" on security- questions not mentioned	1) In the current situation, neither the local people nor the Syrian refugees are "free from fear" or "free from want," which are considered to be the basic cornerstones of "human security." 2) Unemploy- ment up (opposite of other study #3)	-None listed -Limitation: unknown amount of people surveyed or what questions were asked. - Turks fear the Syrians "when I see dark brown spots on their shoes" "War scares me. I don't want to worry about the future of my kids. Nobody is a winner in a war. I know that when there is peace I will have wellbeing

Article	Purpose	Theory/Framework	Design	Setting,	Sample	Survey/ Instruments	Findings	Other (Strength/ Limitation)
7. Koçarslan, 2013	Aim: Investigate the clinical and histopathological characteristics of cutaneous leishmaniasis (CL) in the city of Sanliurfa in Turkey, where Syrian refugees also reside.	Not clear	Retrospective Descriptive	Sanliurfa City, Turkey- At the Harran University Hospital outpatient clinics.	54 CL cases	- punch biopsy of the skin and/or a touch imprint.	- 54 cutaneous Leishmania-sis (CL) cases confirmed - Must use a direct smear of lesion for Dx- many times misdiagnosed without this.	Limitations: Did not distinguish between Syrian refugees & Turkish population
Article	**Purpose**	**Theory/Framework**	**Design**	**Setting,**	**Sample**	**Survey/ Instruments**	**Findings**	**Other (Strength/ Limitation)**
8. Koltas, 2014	Aim: Identify the Leishmania species in southern Turkey and investigated the effects of the influx of	Not clear	Retrospective Descriptive	South Turkey	167 smears and 113 bone marrow samples from CL and VL-suspected cases between July	Samples were analyzed through real-time PCR and ITS1 DNA sequencing.	- One hundred and seven 64% (107/167) smears and 56% (63/113) bone marrow samples were	Strength: This disease highlights the unhygienic and hazardous living conditions

	Syrian refugees and global warming on the distribution of these species.				2003-July 2013		positive for leishmaniasis according to the real-time PCR. - Certain strains not found in Turkey were noted areas near Syrian refugee camps -Either global warming or influx of Syrian refugees	for Syrian refugees in Turkey. Limitations: The main limitation of the study is related to the methodology used in that we could not perform a zymodem analysis for strains.
Article	**Purpose**	**Theory/Framework**	**Design**	**Setting,**	**Sample**	**Survey/ Instruments**	**Findings**	**Other (Strength/ Limitation)**
9. Ozer, 2013	Aim: Investigate the type and number of war related traumatic events Syrian	Not clear	Descriptive	Islahiya Refugee Camp in Gaziantep, Turkey	311 children age 9-18	-Traumatic Events: Stressful life events questionnaire (SLE)	- 74% experienced the death of somebody they cared strongly about.	Limitations: Information gathered not sufficient to give directions for concrete and

	children who are living in refugee camps in Turkey have been exposed to, and the prevalence of mental health problems among them.					-Social Support: Social Provisions Scale -PTSD: Children's Revised Impact of Events Scale (CRIES) - Depression: Children's Depression Inventory (CDI, Kovacs) -Psycho-somatic Problem: (Oatis, 2002) - Children's Emotional responding: Human figure drawings (HFD)	-50% had been exposed to 6 or more traumatic events -60% had symptoms of depression, -45% PTSD, -22% aggression, -65% psycho-somatic symptoms to a degree that seriously reduce the children's level of functioning. - Positive finding: 71% girls, 61% boys reported having a close relationship with someone they trusted	specific recommendations. (No limitation section, but in Summary/ Conclusion. Note: Strengthen-ing parent relationship is more valuable than building school relationship

Article	Purpose	Theory/Framework	Design	Setting,	Sample	Survey/ Instruments	Findings	Other (Strength/ Limitation)
10. Quosh, 2013	Aim: This article provides the findings of a systematic literature review on the mental health and psychosocial support context, and the mental health problems of refugees (primarily Iraqi) and civilians in Syria.	The theoretical foundation for this review is framed by the bio-psycho-social-spiritual approach and the psychosocial frame- work reflected in the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergencies	Systematic review	Surrounding countries, including Turkey	Iraqi & Syrian refugees	-Internet & database search - Grey literature from contacting humanitarian networks	Children Syrian refugees in Turkey: - ¾ Syrian children lost a loved one in fighting -60% felt their lives had been in danger -60% had symptoms of depression -45% PTSD -Similar results in 2 studies	Limitations: -Most research focuses on mental health and psychosocial distress - Few mixed methods -Grey literature lacked methodological approaches -Little cultural attention Notes: Only one section on Syrian refugees in Turkey Limitation section.

Article	Purpose	Theory/Framework	Design	Setting,	Sample	Survey/ Instruments	Findings	Other (Strength/ Limitation)
11. Sahlool, 2012	Aim: 1) To assess the current situation of health at the main refugee camps 2) To provide a prospective strategic assessment with a view to identifying practical options, in order to facilitate the continued funding of (parallel) health services, and evaluate the need of extra Syrian physicians to assist in health care delivery at the camps.	Not clear	Mixed, Interview, Descriptive	Field visits to 3 refugee camps in Altınözü, Islahyie and Kilis	Interviews with camp committees, beneficiaries, district health offices, and referral hospitals.	1) Data collected from District Health Offices 2) Interview (questions not provided)	1) Need specialized team of psychiatrists, counselors who speak Arabic 2) Cost-effective education programs 3) Need for dedicated medical team as a liaison (language and culture) for complex cases with the Turkish government (do not need new services, Turkey has them, just need access)	Limitations: Need constant reassessment as the numbers of refugees change rapidly.

Article	Purpose	Theory/Framework	Design	Setting,	Sample	Survey/ Instruments	Findings	Other (Strength/ Limitation)
12. Tezer, 2014	Aim: Highlight the importance of investigation of endemic diseases in Syria and Turkey	Not clear	Descriptive	Turkey	1 Syrian refugee girl age 11 living in Turkey for 3 months.	1) Physical findings 2) Lumbar puncture	1) Poly-merase chain reaction study of CSF yielded Neisseria meningitis serogroup B. Cultures 2) Treated successfully with ceftriaxone x10 days 3) Turkey is not vaccinated with this type of meningitis	None reported Strength: confirmed case Need for surveillance of this contagious disease and proper vaccinations