

Midwife and Nurse Students' Perceptions of Caring for Refugees in Türkiye: A Metaphor Analysis Study

Ebelik ve Hemşirelik Öğrencilerinin Türkiye'deki Mültecilerin Bakımına İlişkin Algıları: Bir Metafor Analizi Çalışması

¹Ferdane KOÇOĞLU^a, ²Özlem AŞCI^b, ³Meltem DEMİRGÖZ BAL^c

^aNiğde Ömer Halisdemir University Zübeyde Hanım Faculty of Health Sciences, Department of Nursing, Division of Public Health Nursing, Niğde, Türkiye

^bNiğde Ömer Halisdemir University Zübeyde Hanım Faculty of Health Sciences, Department of Midwifery, Niğde, Türkiye

^cMarmara University Faculty of Health Sciences, Department of Midwifery, İstanbul, Türkiye

ABSTRACT Objective: Existing knowledge suggests that the perceptions of midwifery and nursing students regarding the provision of care to refugees can significantly influence the quality of the health services they provide in the future. The aim of this study was to determine the perceptions of midwifery and nursing students regarding the provision of care to refugees using metaphors. **Material and Methods:** This qualitative study employed a metaphor analysis technique based on the phenomenological method and included 156 students. **Results:** The students' perceptions of caring for refugees were categorized into three main themes: "compliance with ethical principles," "non-compliance with ethical principles," and "barriers to ethical care." The identified metaphors were further classified into seven categories: "Humanistic approach," "human rights-based approach," "professional role awareness," "negative attitudes towards care," "prejudices," "language/cultural differences," and "difficulty managing care." **Conclusion:** This article proposes that midwifery and nursing education processes should address students' prejudices and negative attitudes toward refugee health services. This adds to the mounting evidence indicating that the education provided in midwifery and nursing falls short of delivering care to individuals from diverse cultures. By internalizing ethical care principles in health service delivery, students can graduate with a strong foundation for providing compassionate care. Including initiatives in the course curricula that promote culturally sensitive medical services and foster professional awareness, which can help educate students as healthcare providers who embrace universal standards.

Keywords: Nursing; midwife; student; refugee; metaphor; caregivers

ÖZET Amaç: Mevcut bilgiler, ebelik ve hemşirelik öğrencilerinin mültecilere bakım sağlanmasına ilişkin algılarının, gelecekte sağlayacakları sağlık hizmetlerinin kalitesini önemli ölçüde etkileyebileceğini göstermektedir. Bu çalışmanın amacı, ebelik ve hemşirelik öğrencilerinin mültecilere bakım sağlanmasına ilişkin algılarını metaforlar kullanılarak belirlemektir. **Gereç ve Yöntemler:** Bu nitel çalışmada, fenomenolojik yöntemle dayalı metafor analizi tekniği kullanılmış ve 156 öğrenci çalışmaya dâhil edilmiştir. **Bulgular:** Öğrencilerin mültecilere bakım vermeye ilişkin algıları 3 ana temada kategorize edilmiştir: "Etik ilkelere uyum", "etik ilkelere uymama" ve "etik bakımın önündeki engeller". Belirlenen metaforlar ayrıca 7 kategoride sınıflandırılmıştır: "İnsancıl yaklaşım", "insan hakları temelli yaklaşım", "mesleki rol bilinci", "bakıma yönelik olumsuz tutumlar", "ön yargılar", "dil/kültür farklılıkları" ve "bakımı yönetme güçlüğü". **Sonuç:** Bu makale, ebelik ve hemşirelik eğitim süreçlerinin, öğrencilerin mülteci sağlık hizmetlerine yönelik ön yargılarını ve olumsuz tutumlarını ele alması gerektiğini önermektedir. Bu durum, ebelik ve hemşirelik alanında verilen eğitimin farklı kültürlerden gelen bireylere bakım sağlama konusunda yetersiz kaldığını gösteren kanıtlara bir yenisini eklemektedir. Öğrenciler, sağlık hizmeti sunumunda etik bakım ilkelere içselleştirilerek, şefkatli bakım sağlamak için güçlü bir temelle mezun olabilirler. Ders müfredatlarına kültüre duyarlı tıbbi hizmetleri teşvik eden ve mesleki farkındalığı artıran girişimlerin dâhil edilmesi, öğrencilerin evrensel standartları benimseyen sağlık hizmeti sağlayıcıları olarak yetiştirilmesine yardımcı olabilir.

Anahtar Kelimeler: Hemşirelik; ebe; öğrenci; mülteci; metafor; bakım verenler

Correspondence: Ferdane KOÇOĞLU

Niğde Ömer Halisdemir University Zübeyde Hanım Faculty of Health Sciences, Department of Nursing, Division of Public Health Nursing, Niğde, Türkiye

E-mail: ferdane_51@hotmail.com



Peer review under responsibility of Türkiye Klinikleri Journal of Health Sciences.

Received: 02 May 2024

Received in revised form: 22 Aug 2024

Accepted: 27 Aug 2024

Available online: 29 Aug 2024

2536-4391 / Copyright © 2024 by Türkiye Klinikleri. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Refugees are individuals who are compelled to leave their countries because of war, violence, conflict, persecution, or natural disasters. Those who have departed their homelands and are awaiting the finalization of their refugee status applications are referred to as asylum seekers.¹ As of mid-2022, according to the United Nations High Commissioner for Refugees, there are approximately 32.5 million refugees and 4.9 million asylum seekers worldwide.² Türkiye currently hosts the largest number of refugees globally, with four million Syrians and one million refugees from other nationalities.²

The influx of refugees poses significant challenges for host countries, impacting them in various ways, including economic, social, cultural, and in terms of security.³ This influx can create a burden on the host nations. Additionally, refugees often face difficulties in adapting to their new lives, both economically and psychologically. They frequently belong to disadvantaged groups in areas such as healthcare, employment, income, education, and housing.^{4,5} Consequently, refugees are susceptible to contracting both communicable and non-communicable diseases.⁶ Various barriers (language, financial constraints, limited availability etc.) further complicate refugees' access to healthcare services.⁷

Midwives and nurses play a crucial role in promoting the health of refugee populations.⁸ They provide culturally sensitive care that respects refugees' beliefs and practices, empowers refugees to understand and manage their own health and advocate for policies and programs that support the well-being of refugees.^{5,9} It is essential for nurses and midwives to uphold the principle of equal access to healthcare for refugees, as it is a fundamental human right. They should actively support this right by advocating for policies and programs that ensure refugees have equitable access to quality care.⁵ Furthermore, the nursing and midwifery professions are grounded in four core ethical principles: autonomy, beneficence, non-maleficence, and justice. These principles guide the delivery of compassionate and patient-centered care to individuals from diverse backgrounds.¹⁰ Respecting the rights and choices of refugees, addressing health inequalities, and promoting fairness in access to healthcare align with the ethical principles of au-

tonomy and justice.¹⁰ The principle of beneficence emphasizes promoting well-being and improving health outcomes for refugees. The principle of non-maleficence entails ensuring their safety, minimizing harm, and avoiding ill-treatment while promoting their overall well-being.¹⁰ Nursing and midwifery education should equip students with the necessary professional roles and ethical awareness to navigate the complexities of refugee care, where ethics, health, and human rights often intersect.⁷ Understanding and addressing the perceptions of nursing and midwifery students regarding refugee care is therefore crucial in preparing them to provide ethical and compassionate care to this population conflict.¹¹

The literature contains a limited number of studies that explore the perceptions and experiences of midwives and nurse candidates regarding the provision of health services to refugees.¹² There is a particular scarcity of research in this area.¹³ A study conducted in Türkiye highlighted that individuals from the host community were more inclined to hold negative attitudes towards immigrants who differed from them in terms of religion, ethnicity, and culture.¹⁴ This is noteworthy, considering the widespread refugee crisis in Türkiye, where refugees face challenges in exercising their right to health. Even qualified healthcare professionals sometimes exhibit negative attitudes that can hinder refugees' access to healthcare services.^{7,15} The aim of this study was to determine Turkish midwifery and nursing students' perceptions of refugee care. The study seeks to address the following research questions:

- 1) What metaphors do midwives and nursing students employ to describe their approaches to caring for refugees?
- 2) How can these metaphors be conceptually categorized?
- 3) How can these conceptual categories be linked to the framework of ethical principles?

MATERIAL AND METHODS

STUDY DESIGN

This qualitative phenomenological study aimed to explore the perceptions of midwifery and nursing stu-

dents regarding the provision of refuge care. Phenomenology, as a research approach, focuses on understanding how individuals interpret their daily life experiences from their own perspectives. It is particularly useful when the goal is to gain insights and a holistic understanding of a particular event or situation.¹⁶ In this study, metaphor analysis was employed as a technique within the phenomenological method, providing an innovative and creative means to uncover the nuanced aspects of care and professional practice that are influenced to varying degrees.¹⁷ To ensure methodological rigor, the study adhered to the Standards for Reporting Qualitative Research guidelines. These guidelines were followed both in conducting the study and in reporting the findings, ensuring transparency and robustness in the research process.

SETTING AND PARTICIPANTS

This study was conducted between June 1 and June 15, 2022, and involved senior students from the Niğde University Zübeyde Hanım Faculty of Health Sciences, specifically the Department of Nursing and Midwifery. Purposive sampling was used to select participants for this study. The inclusion criteria were being a senior midwifery or nursing student, having previous experience in caring for refugees, being a Turkish citizen, and willingness to participate in the study. At the time of the study, there were a total of 170 final-year nursing (n=89) and midwifery (n=81) students who fulfilled the inclusion criteria. Nine students did not complete the data collection form, and five students provided answers that were not suitable for metaphor analysis. The final sample size for this study consisted of 156 students.

DATA COLLECTION TOOLS

Personal Information Form

In this study, a personal information form was used to collect data. The form prepared by the researchers included questions about sociodemographic characteristics, such as age, gender, and department. The form also included three closed-ended questions aimed at evaluating participants' experiences related to refugee health.

Metaphor Determination Form

The form prepared by the researchers consisted of two parts of sentence completion questions, which align with the existing literature.¹⁸ In the first part, students were prompted to describe their perception of what caring for refugees resembled by completing the sentence "Caring for refugees is like a". The second part of the sentence required students to explain why they found caring for refugees similar to the analogy they provided in the first part, specifically by completing the sentence "because". The completion of the sentence following the word "because" was significant in uncovering the underlying meaning and content of the metaphor used.

DATA COLLECTION

A semi-structured form was used to collect the data, was distributed to the participating students in the classroom by one of the researchers. Prior to completing the form, the researcher provided a clear definition of the concept of metaphor to the students. They were instructed that when creating a metaphor related to caring for refugees, they should only make a comparison with a specific concept, and the statement following "because..." should describe the metaphor in detail. The students were given a time-frame of 30 minutes to contemplate and fill out the form.

DATA ANALYSIS

The qualitative data were analyzed manually until the point of data saturation was reached.¹⁶ Thus, the researchers continued to review the documents until no new information was added. A content analysis method was used to analyze the data, which involved in-depth analysis of the data to identify concepts and themes related to the subject being studied. The data were then organized in a logical way and interpreted.¹⁹ The metaphors described by the participants were analyzed and interpreted in five stages: identification, elimination, compilation and rearrangement, categorization, and ensuring consistency and confirmability.

Defining metaphors: At this stage, the participants were asked to define metaphors related to "car-

ing for a refugee.” Metaphors such as “humanity” and “futile labor” were written on a piece of paper.

Elimination: The researchers reviewed each metaphor and eliminated those that did not contain metaphors, were not meaningful or did not contribute to a comprehensive understanding of the concept of “caring for refugees” (n=5).

Compilation and reorganization: After the elimination stage, metaphors related to “caring for refugees” were identified. The remaining metaphors were reordered alphabetically. A metaphorical list was created by selecting a sample metaphorical expression for each metaphor. These metaphors are shown in their original form using direct quotations from the participants in the results section. In addition, care was taken for confidentiality, and quotations were written with explanatory abbreviations at the end of the sentences indicating from whom they were quoted. The abbreviations NS for nursing students, MS for midwifery students, F for girls, M for boys, and participant numbers are provided.

Categorization: All data were transferred to the Word program by assigning participant numbers. Repeated readings were made independently by the researchers to familiarize themselves with the data. Through an online interview, the researchers examined all data for the presence or absence of metaphors. To ensure reliability, each researcher independently examined the metaphors in terms of their source and subject matter and classified them according to their similarities and differences. Metaphors that came together in a meaningful way were categorized. The researchers reached a consensus on classification and categorization through an online meeting.

At this stage, metaphors (words filling in the first blank) were listed and grouped, and reasons (words filling in the second blank) were categorized. The metaphorical expressions obtained on the basis of “providing care to refugees” were categorized. The following categories were obtained: humanistic approach, human rights approach, professional role awareness, negative attitudes towards care, prejudices, language/cultural differences, and difficulty in managing care.

Ensuring consistency and confirmability: To ensure coherence and confirmability of qualitative research, it is crucial to provide a detailed presentation of the research process. This includes a comprehensive description of data analysis, research model, and design. To verify whether the metaphors accurately represented the conceptual categories identified in the study, the metaphors assigned by the two researchers were compared to the relevant categories. An expert opinion was obtained from an associate professor from the Department of Measurement and Evaluation to confirm the accuracy of the metaphors under seven categories. Expert and researcher opinions were verified for equivalence.

ETHICAL APPROVAL

Before starting this study, approval was obtained from Niğde University Ethics Committee (date: May 31, 2022, no: 2022/06-12). Study permission was obtained from the dean of Zübeyde Hanım Faculty of Health Sciences and verbal consent was obtained from the participants. The study was conducted in accordance with the tenets of Helsinki Declaration.

RESULTS

PARTICIPANT CHARACTERISTICS

A total of 156 final-year students participated in this study, with 79 being midwives and 77 being nursing students. The characteristics of the participants are presented in Table 1.

MAIN RESULTS

Nursing and midwifery students produced 50 different metaphors that fell into three main themes: compliance with ethical principles, non-compliance with ethical principles, and barriers to ethical care (Table 2). The metaphors of the nurses were concentrated on the theme of compliance with ethical principles, while the metaphors of the midwives were focused on the theme of barriers to ethical care. Metaphors created by male students were more pronounced under the theme of non-compliance with ethical principles (Table 3).

Twenty-five percent (f=39) of the students used the metaphor of compliance with ethical principles,

TABLE 1: Participant characteristics (n=156).

Variables	$\bar{X}\pm SD$	Median (Minimum-Maximum)
Age (year)	22.13 \pm 1.26	20-32
	n	%
Gender		
Female	136	87.2
Male	20	12.8
Department		
Midwifery	79	50.6
Nursing	77	49.4
Economic situation		
Low	72	46.2
Middle	68	43.6
High	16	10.2
Living area		
Rural	38	24.4
Urban	118	75.6
Taking a course on intercultural care		
Yes	60	38.5
No	96	61.5
Feeling competent in providing care to refugee people		
Yes	48	30.8
No	108	69.2
Refugee health workspace		
Primary health care services	3	1.9
Gynecology and obstetrics	103	66.0
Pediatric diseases	10	6.4
Emergency care	2	1.3
Intensive care	3	1.9
Other internal and surgical units	35	22.5

SD: Standard deviation

whereas 24% (f=37) used the metaphor of non-compliance with ethical principles. Additionally, 51% (f=80) of the students reported barriers to ethical care.

The theme of compliance with ethical principles comprised 13 metaphors. Among these metaphors, twelve utilized the expression “humanity,” eight employed “humanitarian duty,” three involved “distributing justice,” three referred to “world peace,” five revolved around “extending a hand,” and one utilized “dried flowers.” Among the metaphors within the theme of compliance with ethical principles, five students employed the metaphor “extending a hand,” three students utilized the metaphor “dispensing justice,” and three students

used the metaphor “world peace.” The students also used the following metaphors, each used once: “brown sugar instead of white sugar,” “shedding light into the darkness,” “a dried flower,” “a precious metal,” “a wounded bird,” “an empathic path,” “healing a wound,” and “helping a person on a desert island” (Table 4: 71, NS-F; 19, MS-F; 35, MS-F; 39, NS-M; 74, NS-F).

The theme of non-compliance with ethical principles comprised 16 metaphors. Twelve students used the metaphor “to row in vain,” six employed the metaphor “a wasted effort,” four used the metaphor “torment,” and two employed the metaphor “a life wasted.” Four students used the metaphor “torment,” two used the metaphor “a life wasted,” and two used the metaphor “broken glass.” Other metaphors employed by the students, each used once, included “ungrateful cat,” “a source of unrest,” “bad duet,” “raw meatballs,” “flooding,” “mandatory guest,” “persecution,” “pollution,” “sea urchin,” “swamp,” and “to take something to heart” (Table 4: 128, MS-F; 41, NS-M; 81, MS-F; 21, MS-F; 22, MS-F; 142, NS-F).

The theme of barriers to ethical care comprised 21 metaphors. Twelve students utilized the metaphor “a difficult process,” nine employed the metaphor “baby/child,” and nine employed the metaphor “stone/wall.” Additionally, four students employed the metaphor “inefficiency,” and three used the metaphor “not getting results no matter what you do.” Eight students employed the metaphor of “deaf/mute,” seven utilized the metaphor of “being a stranger,” seven employed the metaphor of “jumping a camel into a ditch,” and four used the metaphor of “inefficiency.” The metaphors used three times were “looking for stones in the ocean,” “taking a compulsory language course,” and “not getting results no matter what you do.” The metaphors used twice were “death,” “land-swimming/tree-climbing fish,” “burden on the shoulder,” and “making an academic career.” Other metaphors used once by the students included “bringing water from 40 streams,” “going into space,” “chopping a tree with a blunt axe,” “kneading dough,” “plant,” “sheep shearing,” and “thorny rose” (Table 4: 96, MS-F; 82, MS-F; 132, NS-M; 90, MS-F).

TABLE 2: Metaphors related to the concept of "providing care for refugees" (n=156).

Themes	Categories	Metaphors (f)
Compliance with ethical principles (13 Metaphors; f=39)	Humanistic approach (2 Metaphors; f=20)	Humanity (f=12), Humanitarian duty (f=8)
	Human rights-based approach (4 Metaphors; f=8)	Dispensing justice (f=3), World peace (f=3), Brown sugar instead of white sugar (f=1), Shedding light into the darkness (f=1)
	Professional role awareness (7 Metaphors; f=11)	Extending a hand (f=5), A dried flower (f=1), A precious metal (f=1), A wounded bird (f=1), An empathic path (f=1), Healing a wound (f=1), Helping a person on a desert island (f=1)
Noncompliance with ethical principles (16 Metaphors; f=37)	Negative attitudes to care (3 Metaphors; f=19)	To row in vain (f=12), A wasted effort (f=6), Ungrateful cat (f=1)
	Prejudices (13 Metaphors; f=18)	Torment (f=4), A life wasted (f=2), Broken glass (f=2), A source of unrest (f=1), Bad duet (f=1), Raw meatball (f=1), Flooding (f=1), Mandatory guest (f=1), Persecution (f=1), Pollution (f=1), Sea urchin (f=1), Swamp (f=1), To take something to heart (f=1)
		A difficult process (f=12), Baby/child (f=9), Stone/Wall (f=9), Deaf/mute (f=8), Being a stranger (f=7), Jumping a camel into a ditch (f=7), Looking for stones in the ocean (f=3), Taking a compulsory language course (f=3), Death (f=2), Land-swimming/tree-climbing fish (f=2), Burden on the shoulder (f=2), Bringing water from forty streams (f=1), Going into space (f=1)
Barriers to ethical care (21 Metaphors; f=80)	Language/cultural differences (13 Metaphors; f=66)	Inefficiency (f=4), Not getting results no matter what you do (f=3) Making an academic career (f=2), Chopping a tree with a blunt axe (f=1), Kneading dough (f=1), Plant (f=1), Sheep shearing (f=1), Thorny rose (f=1)
	Difficulty managing care (8 Metaphors; f=14)	

f. Frequency

TABLE 3: Metaphor usage by department and gender.

Themes	Department		Gender	
	Midwifery n (%)	Nurse n (%)	Female n (%)	Male n (%)
Compliance with ethical principles	9 (11.4)	30 (39.0)	34 (25.0)	5 (25.0)
Non-compliance with ethical principles	17 (21.5)	20 (25.9)	29 (21.3)	8 (40.0)
Barriers to ethical care	53 (67.1)	27 (35.1)	73 (53.7)	7 (35.0)

TABLE 4: Students' expressions related to the concept of “providing care for refugees”.

Student's code	Expressions
71, NS-F	<i>Caring for refugees is like humanity because that is what nursing requires. It is everyone's right to receive care equally, regardless of language, religion or race.</i>
19, MS-F	<i>Caring for refugees is like a humanitarian duty, because every human being has the right to health care and they should be given adequate care.</i>
35, MS-F	<i>Caring for refugees is like extending a hand, because it is our duty to lend a helping hand to those in need, regardless of language or religion.</i>
39, NS-M	<i>Caring for refugees is like ensuring social equality and world peace, because everyone has the right to life and health care.</i>
74, NS-F	<i>Caring for refugees is like giving water to a dry flower to make it bloom, because just as a dry flower needs water to bloom, refugees need us to help them recover and regain their health. We must provide them with the care they need because they have no choice but to seek refuge with us.</i>
128, MS-F	<i>Caring for refugees is like rowing in vain, because I see my care for refugees as unnecessary. I experience conflict between my national identity and my professional identity.</i>
41, NS-M	<i>Caring for refugees is like a wasted effort, because it is unnecessary to benefit people who do not benefit their own country.</i>
81, MS-F	<i>Caring for refugees is like a life wasted, because we make room for refugees instead of our own citizens and we have to take care of them. We cannot spend as much effort on our own citizens as we do on dealing with refugees.</i>
21, MS-F	<i>Caring for refugees is like drinking water from a broken glass because they are unnecessary and I don't want them in my country.</i>
22, MS-F	<i>Caring for refugees is like caring for ungrateful cats; they don't understand what you say and even if they do, they don't apply it and they are very indifferent. The care we provide results in ingratitude.</i>
142, NS-F	<i>Caring for refugees is like flooding, because they keep giving birth and disrupting the population. Frankly speaking, I witness the hatred of some of them through their eyes. They create unrest in our country.</i>
96, MS-F	<i>Caring for refugees is like going through a difficult process, because we suffer because of our language and cultural differences.</i>
82, MS-F	<i>Caring for refugees is like talking to a wall, they are very quiet, there is a language barrier between us and they don't understand what I say and I don't understand what they say.</i>
132, NS-M	<i>Caring for refugees is like jumping a camel into a ditch because there is no common language we can communicate in and it is very difficult to find an interpreter in the hospital.</i>
90, MS-F	<i>Caring for refugees is like chopping trees with a blunt axe, because it requires both patience and perseverance. The language barrier is the biggest difference here. Both sides find it difficult to communicate, the health worker does not provide effective care and the patient does not receive the care they need. The second important issue is the unusual intercultural difference, so what is normal to us may seem absurd to them, and what is absurd to us may seem normal to them. Therefore, the problem of not wanting to give care or not receiving effective care arises again.</i>

NS: Nursing student; MS: Midwifery student; F: Female; M: Male.

DISCUSSION

In this study, which examined the perceptions of midwifery and nursing students regarding the provision of care to refugees, metaphor analysis provided valuable insights into the students' understanding of the concept of “providing care for refugees” and their thought patterns. One in four participating midwifery and nursing students used metaphors that aligned with professional ethics in relation to refugee care. The remaining students used metaphors that revealed negative attitudes, prejudices, linguistic and cultural

differences, and perceived barriers to managing refugee care. The diverse range of metaphors identified in this study on refugee care may be attributed to several factors: the ethical obligation of providing care, the humanitarian, ethical, and rights-based dimensions of refugee health, and the varying perceptions of care held by students.^{11,20} The American Nurses Association emphasizes that nurses are responsible for establishing and maintaining therapeutic relationships with patients based on the principles of universal care. Nurses firmly believe that all individuals, regardless of their circumstances, deserve to

be treated with dignity and respect because it is a fundamental human right, and everyone should have access to the necessary care for a healthy life.²¹

The metaphors within the theme of “compliance with ethical principles” indicate that some students are willing to address the needs of refugees who have experienced human rights violations. However, it is important to note that professional awareness and values should serve as a foundational framework for all routine nursing and midwifery care practices. Developing these skills among all students is crucial for enhancing professional practice and improving the quality of services provided.

Considering that professional values are developed during pre-degree academic education, it can be argued that there is a need to evaluate the impact of nursing and midwifery education on acquiring competence to work in the field of refugee health.²² Our findings revealed a low participation rate of students in intercultural care courses, and nearly 70% of students did not feel competent in delivering healthcare to refugee groups. A previous study has also identified insufficient awareness of refugee health and rights among health education students.²³ However, nursing and midwifery students may experience significant ambivalence when their personal values clash with prevailing societal beliefs and professional ethics. Including human rights in ethics education could be advantageous in allowing students to examine their own social value judgments and mitigate potential ethical confusion and moral distress.²⁴

A study revealed that midwifery students expressed more negative assessments regarding the Turkish reading and comprehension abilities of refugee patients than nursing students. This discrepancy may arise from the fact that midwifery students predominantly offer care to marginalized female patients.²⁵ In fact, it has been reported that refugee and asylum-seeking women often experience social isolation, loneliness, language barriers, cultural disparities, and gender discrimination, which frequently result in their exclusion from social and occupational spheres.²⁶ It is also noted that these women’s efforts to meet their needs within their own communities isolate them from society and make it difficult for them

to adapt to the host country, which in turn negatively affects their language acquisition.²⁶

A study revealed that nursing students demonstrated a higher inclination towards utilizing nonverbal communication compared to midwifery students.²⁵ The same study indicated that midwifery students might encounter challenges in communicating with refugee women due to language barriers, as they provide care during critical periods such as pregnancy, childbirth, and the postpartum period. In this study, the prevalence of metaphors among midwifery students in the categories of “Difficulty in managing care” and “Language/cultural differences” could be attributed to the difficulties they face in addressing the concerns of marginalized women’s groups.

A notable finding in this study is that male participants generated a greater number of metaphors in the category of “Incompliance with ethical principles.” This observation could be attributed to nursing being predominantly perceived as a female profession in Türkiye, which results in distinct expectations for professional conduct based on gender.²⁷ Moreover, male healthcare professionals experience more gender-based discrimination when delivering services to refugees compared to their female counterparts.²⁸ Such circumstances may have contributed to the development of more negative attitudes and prejudices towards refugees among male students compared to their female counterparts.

The perception of refugees as symbolic and realistic threats is the strongest predictor of negative attitudes.²⁹ A significant proportion of global views on refugees still harbor negative attitudes, which are likely to become more entrenched with the increasing number of refugees.^{4,30} The attitudes of Turkish society towards refugees have evolved from a positive stance based on hospitality to xenophobic attitudes as the number of refugees and their length of stay have increased.³¹ A study examining Turkish society’s perceptions of the refugee threat reveals that threat perceptions are concentrated in the areas of culture, society, economy, and access to basic services.³¹ Several studies have indicated that refugees are associated with problems related to healthcare access and presentation, as perceived by both community mem-

bers and healthcare professionals.^{31,32} In a study involving 1,273 healthcare workers actively involved in refugee care, more than half of the participants reported that refugees and asylum seekers unnecessarily utilize the healthcare system, have inadequate personal hygiene, and have high rates of contagious diseases.³² In this study, the metaphors used by students in the categories of “Negative attitudes towards care” and “Prejudices” may be linked to their shared attitudes and prejudices with the society they reside in. As highlighted by Frounfelker et al., interventions are necessary for professionals who oppose access to care for refugees/asylum seekers.³³ Students’ insensitivity and reluctance to provide care for refugees/asylum seekers can negatively impact communication and hinder refugees/asylum seekers from receiving the healthcare they deserve.²⁵ It is recommended that educators assist and guide students in recognizing their own thoughts and prejudices.²³ From a broader perspective, policymakers need to actively address and reduce negative stereotypes towards refugees, ensuring their successful integration into host societies.³⁰ A study covering 21 European countries determined that a one-unit increase in positive attitudes towards immigrants was associated with a one-unit decrease in the prevalence of moderate/poor health.⁴

In many countries, refugees and asylum seekers fall victim to violations of social, economic, and cultural rights, such as limited access to employment, education, medical care, and basic public health measures.³⁴ Refugees typically have complex health needs, with reports indicating that one out of six refugees experiences a physical health issue that significantly impacts their quality of life, while two-thirds of them face mental health problems. The persistent disadvantage faced by refugees in their new country often leads to poverty and dependence. Language barriers and unfamiliarity with the social environment and healthcare system can further exacerbate their challenges.³⁵

The metaphors used by students in the categories of “difficulty in managing care” and “language/cultural differences” can be associated with these realities. In a study examining the clinical observations of midwifery and nursing students regarding

refugee/asylum-seeker patients, it was discovered that most students experienced increased anxiety and fear due to language barriers and encountered challenges in their care processes. The same study revealed that students believed refugee/asylum-seeker patients to be at higher risk of complications, longer recovery and hospital stays, less sensitive healthcare services, and higher rates of infectious diseases.²⁵ Another study conducted in Türkiye with a large participant group (n=1,273) found that 86% of health professionals faced communication difficulties with refugees.³²

LIMITATIONS

While it is an inherent feature of qualitative research, the findings of this study may have been influenced by the biases of the research team, including their personal experiences and professional training. This is because defining metaphors and interpreting their basic meanings are subjective processes. Another limitation of this study is the inability of the students to replicate the results because of their graduation.

CONCLUSION

Midwifery students appear to encounter more challenges than to healthcare professionals, possibly because of their involvement in maternity care. This could result in practices that deviate from ethical principles. Moreover, male nurses may demonstrate less awareness of their professional role and experience more difficulties in providing care in the field of refugee health than female nurses. With only one in four students perceiving refugees in line with universal professional values and ethical principles, there is a significant risk to the health of refugees in the future. Therefore, health educators and policymakers should take necessary precautions to address this issue. In addition, the results of this study may provide insights for education and awareness strategies for refugee health services.

Acknowledgments

We would like to thank all women for participating in conducting this study.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct con-

nection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or mem-

bers of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

All authors contributed equally while this study preparing.

REFERENCES

1. United Nations High Commissioner for Refugees [Internet]. [Cited: September 22, 2022]. What is a refugee? 2022. Available from: <https://www.unhcr.org/what-is-a-refugee.html>
2. United Nations High Commissioner for Refugees [Internet]. [Cited: October 22, 2022]. Refugee data finder. 2022. Available from: <https://www.unhcr.org/refugee-statistics/#:~:text=27%20October%202022,Refugee%20Data%20Finder,solutions%20some%20of%20them%20found>
3. Alix-Garcia J, Saah D. The effect of refugee inflows on host communities: evidence from Tanzania. *The World Bank Economic Review*. 2009;24(1):148-70. <https://doi.org/10.1093/wber/lhp014>
4. Pinillos-Franco S, Kawachi I. Hostile attitudes toward immigrants and refugees are associated with poor self-rated health. Analysis of 21 European countries. *Soc Sci Med*. 2022;301:114969. PMID: 35429838.
5. Desmyth K, Eagar S, Jones M, Schmidt L, Williams J. Refugee health nursing. *J Adv Nurs*. 2021;77(10):e30-e2. PMID: 34109657; PMCID: PMC8518904.
6. World Health Organization [Internet]. [Cited: April 15, 2022]. Refugee and migrant health. 2022. Available from: <https://www.who.int/news-room/questions-and-answers/item/refugee-and-migrant-health>
7. Önal A, Keklik B. Mülteci ve sığınmacıların sağlık hizmetlerine erişimde yaşadığı sorunlar: Isparta ilinde bir uygulama [A study on the problems encountered by refugees and asylum seekers in their access to healthcare services in Isparta province]. *Suleyman Demirel University the Journal of Visionary*. 2016;7(15):132-48. <https://doi.org/10.21076/vizyoner.252112>
8. Artuğ Cansızlar G, Beydağ KD. Mülteci gebe ve lohusa kadınlara bakım veren ebe ve hemşirelerin bakım verme ve bakımı sürdürmede yaşadığı güçlükler [Difficulties experienced in providing and maintaining care by midwives and nurses who care for refugee pregnant and puerperal women]. *World Journal of Human Sciences*. 2022;(2):53-72. <https://doi.org/10.55543/insan.1073747>
9. United Nations High Commissioner for Refugees [Internet]. [Cited: October 22, 2022]. How midwives support the journeys of refugee mothers. 2021. Available from: <https://www.unrefugees.org/news/how-midwives-support-the-journeys-of-refugee-mothers/>
10. Chadwick R, Gallagher A. *Ethics and Nursing Practice: a Case Study Approach*. 2nd ed. Bloomsbury Publishing; 2016. p.12. (Verilen sayfa aralığına istinaden bölüm yazarları ve bölüm başlığı eklenmelidir.)
11. Richters A. When ethics, healthcare, and human rights conflict: mental health-care for asylum seekers. *Camb Q Health Ethics*. 2002;11(3):304-18. PMID: 12082913.
12. Haith-Cooper M, Bradshaw G. Meeting the health and social needs of pregnant asylum seekers, midwifery students' perspectives: part 1; dominant discourses and midwifery students. *Nurse Educ Today*. 2013;33(9):1008-13. PMID: 22698756.
13. Yıldırım JG. Mültecilere bakım veren hemşire öğrencilerin deneyimleri: olgu-bilim çalışması [Experiences of nursing students caring for Syrian refugees: a phenomenological study]. *STED*. 2019;28(4):263-71. <https://doi.org/10.17942/sted.468021>
14. Aydın M, Akgül Açıkmeşe S, Dizdaroğlu C, Kara O. Türk Dış Politikası Kamuoyu Algıları Araştırması Kantitatif Araştırma Raporu. İstanbul: 2017. https://www.khas.edu.tr/sites/khas.edu.tr/files/inline-files/TDP-2017_vfinal.pdf
15. Akgül-Gündoğdu N, Taş F, Selçuk-Tosun A. Nursing care experiences with Syrian refugees in southern Turkey: a metaphor analysis. *J Nurs Res*. 2022;30(3):e208. PMID: 35446301.
16. Erdoğan S, Nahcivan N, Esin N. *Hemşirelikte Araştırma Süreç, Uygulama ve Kritik*. 2. Baskı. Ankara: Nobel Tıp Kitabevi; 2015. p.136-60. (Verilen sayfa aralığına istinaden bölüm yazarları ve bölüm başlığı eklenmelidir.)
17. Moser KS. Metaphor Analysis in Psychology-Method, Theory, and Fields of Application [22 paragraphs]. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*. 2000;1(2):Art. 21. <https://www.qualitative-research.net/index.php/fqs/article/view/1090/2387>
18. Yıldırım A, Şimşek H. *Sosyal Bilimlerde Nitel Araştırma Yöntemleri*. 11. Baskı. Ankara: Seçkin Yayıncılık; 2018. p.67-74. (Verilen sayfa aralığına istinaden bölüm yazarları ve bölüm başlığı eklenmelidir.)
19. Elo S, Kääriäinen M, Kanste O, Pölkki T, Utriainen K, Kyngäs H. Qualitative content analysis: a focus on trustworthiness. *SAGE Open*. 2014;4(1):1-10. <https://doi.org/10.1177/2158244014522633>
20. Lachman VD. Applying the ethics of care to your nursing practice. *Medsurg Nurs*. 2012;21(2):112-4, 116. PMID: 22667005.
21. Dossey BM, Keegan L, Barrere CC, Helming MAB. *Holistic Nursing: Practice Handbook*. 7th ed. Sudbury: Jones and Bartlett Learning; 2016. p.21. (Verilen sayfa aralığına istinaden bölüm yazarları ve bölüm başlığı eklenmelidir.)
22. Sibandze BT, Scafide KN. Among nurses, how does education level impact professional values? A systematic review. *Int Nurs Rev*. 2018;65(1):65-77. PMID: 28657173.
23. Tosun B, Sinan Ö. Knowledge, attitudes and prejudices of nursing students about the provision of transcultural nursing care to refugees: a comparative descriptive study. *Nurse Educ Today*. 2020;85:104294. PMID: 31786486.
24. Ejder Apay S, Gürol A, Gür EY, Church S. Midwifery students' reactions to ethical dilemmas encountered in outpatient clinics. *Nurs Ethics*. 2020;27(7):1542-55. PMID: 32436429.
25. Başkaya Y, Özdemir K, Beytaş Ş, Turtul B. Ebelik ve hemşirelik öğrencilerinin mülteci/sığınmacı hastalara bakım verme sürecinde yaşadıkları sorunlar ve sözsüz iletişime yatkınlık düzeyleri [Problems experienced by midwifery and nursing students in the process of giving care to refugee/asylum seeker patients and levels of non-verbal communication]. *BAUN Health Sci J*. 2021;10(2):186-93. <https://dergipark.org.tr/en/download/article-file/1179292>
26. Barın H. Türkiye'deki Suriyeli kadınların toplumsal bağlamda yaşadıkları sorunlar ve çözüm önerileri [Syrian women in Turkey: social struggles and solution proposals]. *The Journal of Migration Studies*. 2015;1(2):10-56. https://www.academia.edu/38295094/Syrian_Women_in_Turkey_Social_Struggles_and_Solution_Proposals

-
27. Cerit B, Temelli G. Hemşirelik öğrencilerinde profesyonel davranışların cinsiyet ve sınıf düzeyine göre incelenmesi [Examination of professional behaviors according to the gender and grade level in nursing students]. *Journal of Health and Nursing Management*. 2018;5(3):164-71. <https://doi.org/10.5222/SHYD.2018.164>
 28. Akkoç S, Tok M, Hasırıpı A. Mülteci ve sığınmacı hastalara sağlık hizmeti sunulurken sağlık çalışanlarının yaşadığı sorunlar [The problems encountered by healthcare workers while offering a medical care to refugees and asylum seekers]. *Health Care Acad J*. 2017;4(1):23-7. <https://dergipark.org.tr/en/download/article-file/752000>
 29. Cowling MM, Anderson JR, Ferguson R. Prejudice-relevant correlates of attitudes towards refugees: a meta-analysis. *Journal of Refugee Studies*. 2019;32(3):502-24. <https://doi.org/10.1093/jrs/fey062>
 30. Knappert L, Van Dijk H, Yuan S, Engel Y, van Prooijen JW, Krouwel A. Personal contact with refugees is key to welcoming them: an analysis of politicians' and citizens' attitudes towards refugee integration. *Political Psychology*. 2021;42(3):423-42. <https://doi.org/10.1111/pops.12705>
 31. Ekici H. Türk toplumunda Suriyelilere yönelik algılanan tehditler ve çözüm önerileri [Threat perceptions of Turkish society towards Syrians and policy recommendations]. *Journal of Social Policy Studies*. 2019;19(44):695-730. <https://doi.org/10.21560/spcd.v19i49119.487325>
 32. Küçükkendirci H, Batı S. Konya'da sağlık çalışanlarının mülteci ve sığınmacılara bakış açısının değerlendirilmesi [Evaluation of the view on refugees and asylum-seekers by healthcare professionals in Konya]. *Journal of General Health Science*. 2020;2(2):28-39. <https://dergipark.org.tr/en/download/article-file/982941>
 33. Frounfelker RL, Rahman S, Cleveland J, Rousseau C. A latent class analysis of attitudes towards asylum seeker access to health care. *J Immigr Minor Health*. 2022;24(2):412-9. PMID: 33893935.
 34. Moreno A, Piwowarczyk L, Grodin AM. Human rights violations and refugee health. *JAMA*. 2001;285(9):1212-7. <http://dx.doi.org/10.1001/jama.285.9.1215-JMS0307-5-1>
 35. Khan F, Amatya B. Refugee health and rehabilitation: challenges and response. *J Rehabil Med*. 2017;49(5):378-84. PMID: 28440839.

ARTICLE IN PRESS