

Original Article

Reasons for the Admittance of Turkish and Syrian Patients in Internal Medicine Clinic

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Abstract

Background: A literature survey carried out has put forth that too many individuals are faced with economic, family, social and housing problems after wars and that they are also faced with adaptation problems in fields of education and profession suffering from post-traumatic stress disorder and depression

Aim: The purpose of this study is to examine the reasons of admission of Turkish and Syrian patients to internal medicine clinic of a hospital to which Syrian patients subject to lacking health care services are admitted.

Method: The findings of this descriptive and retrospective research were collected from patients who were admitted to the Internal Medicine Clinic of Kilis Public. Hospital records between 01.01.2012-31.12.2013. The findings of the patients were examined retrospectively from the computer records of the hospital and were analyzed in computer environment.

Results: A total of 2233 patients were admitted to the internal medicine clinic where this research was carried out during 2012 and 2013. The ages of these patients vary from 14 to 107 and 83.1 % of them are Turkish whereas 16.9 % are from different nationalities. According to the diagnostics, 17.7 % of Turkish patients were admitted with digestive system related diseases, 16.3 % of them with circulatory system related diseases and 10.8 % with blood-hematinic organ related diseases while 4.4 % of the patients from different nationalities were admitted with genitourinary system related diseases, 3.4 % because with circulatory system related diseases, 2.4 % with blood-hematinic organs related diseases. A significant difference was observed between reasons of admission to the clinic of these two groups. ($X^2=153.516$, $p<0.001$).

Conclusions: According to these results, the admission to the hospital is more recurrent in the case of diseases which require a routine treatment and which are of an acute character. This study makes an important contribution to research on the importance of transcultural nursing care.

Key Words: Reasons for hospital admission, Turkish Patients, Syrian Patients

Introduction

Syrian immigrants continue immigrating to the border city of Kilis since March 2012 because of the civil war in Syria and they are settled in the container city established near the border gate of Öncüpınar. Actually there are approximately 40000 Syrians as 14000 of

them are living in the container city and 25000 live in the center of Kilis. With the construction of the new container city that has a capacity of 15000 people in the town of Beşiriye of Elbeyli district, this number will reach 55000 (Arslan, 2013; Tapsız, 2013). The total number of refugees both in and out

of camps significantly increased the population of these Turkish cities. For example, the population of Kilis, which is a rather small city of 124 thousand inhabitants, has increased by 30 percent with the influx of Syrian refugees (Syrian Refugees in Turkey, 2013).

Various social and health care systems issues cause problems in the treatment and care of chronic diseases that require long term care (Fadıloğlu, 2003).

One of these problems is war. War does irreparable damages to public health causing mutilations, deaths and diseases. War destroys families, societies and cultures. Public health institutions like hospitals, laboratories, clinics are targeted directly by war. In addition, the damages done on the electricity and water purification systems affect the services or result in the suspension of their functioning. Such conflicts also cause immigration of the well-formed health staff leading to the interruption of provided services. The observations made on this subject show that the damages on the infrastructure of health services remain even 5-10 years after the end of the war. One of the indirect effects of war is that it changes the patterns of diseases and aggravates them. It has been reported that diseases like AIDS, tuberculosis, malaria, cervical cancer and accidents increase during periods of war and conflict becomes aggravated. For example, in Congo, the deaths by war related diseases are 6 times more than the deaths caused by direct violence (Saçaklıoğlu et al. 2005).

Nursery initiatives are deeply influenced by the accommodation of people from different nationalities in Turkey and the extension of their accommodation period in our country with every passing year implies the necessity to provide health care services based on their specific cultural characteristics. Health care service provided by nurses is influenced by the culture of the people to whom this service is provided and the culture of the nurses also shapes nursing services. Nurses have an important role in the coordination and education of patients from different nationalities that facilitates their adaptation to the treatment.

Regarding health based issues; the people who immigrate are faced with too many

stress factors and are exposed to many psychological and physiological health problems because of the negative effects of stress on health as well as the insufficiency of anti-stress mechanisms. The cultural factors related to the immigration such as the difficulty to adapt to the new culture as well as discriminations play an important role on the evaluation and formation of the concepts of health and disease. For this reason, while making plans about these actions nurses should take into consideration the cultural differences as well as the social and economic variables, life styles, beliefs and value systems which are affected by the immigration process and which have direct effects on the health of the individual. It is important that the health of the women and families who have immigrated is maintained by nurses as well as it is so for the local individuals and it is also important to plan the health services for these groups (Topçu & Beşer, 2006).

A literature survey carried out has put forth that too many individuals are faced with economic, family, social and housing problems after wars and that they are also faced with adaptation problems in fields of education and profession suffering from post-traumatic stress disorder and depression (Letica-Crepulja, Salcioglu, Frančišković & Basoglu 2011; Soble, Spanierman & Smith, 2013; Tran, Glück & Lueger-Schuster, 2013) which reduce the quality of their lives by provoking somatic diseases (Bravo-Mehmedbašić, Kučukalić, Kulenović & Suljić, 2010; Hoge, Terhakopian, Castro, Messer & Engel, 2007) and headaches (Carlson, Taylor, Hagel, Cutting, Kerns & Sayer, 2013) and thus increasing the health care costs (Sabes-Figuera, McCrone1, Bogic M. et al. 2012).

It was observed in many European countries that immigrants and guest workers could not explain their health related necessities. This is due to the fact that the social, cultural and economic structures of the society they live in get to influence their health situation and behavior (Dikmetaş, 2006). The people who come from different cultures also may have different health necessities. Expressing one's own cultural necessities is a fundamental human right for everyone (Tortumluoğlu, 2004). A high quality treatment depends on

the relation between the patient and the health staff (Dikmetaş, 2006). Theorists like Leininger have emphasized the importance to train the nurses with the capacity of specifying the treatment according to different cultural characteristics. It is denoted that inasmuch as the nurses understand the cultural structure of the society to which they are providing services, the quality of their care services will be better (Tortumluoğlu, 2004). The comparative study of the Turkish patients and patients from different nationalities plays an important role in directing nursing services. Thereby, knowing the reasons why patients are admitted to the internal medicine clinics will be a key for resolving the problems and difficulties which arise during their treatment and care and also for focusing on the management of chronic patients. Starting from this point of view, the study has been carried out to examine the reasons why Turkish patients and Syrian patients are admitted to the internal medicine clinic.

Method

Data Collection

Data of this retrospective study were collected between 01 January 2012 – 31 December 2013 (2 years) from patients who were admitted to the Internal Medicine Service of the Public Hospital of Kilis. In order to compare the profiles of the patients, it has been decided to use the records of Turkish patients as well as those with different nationalities.

Kilis State Hospital has 204 beds. Internal medicine clinic has 30 beds (TDMS, 2014). Patients are admitted to the Public Hospital of Kilis according to the different specialties corresponding to their conditions such as neurology, cardiology, internal medicine and gastroenterology. The reasons for admission of these patients have been studied retrospectively from computer records. The researchers have recorded the variables as age, sex, nationality, date of admission, diagnostics, period during which the patient stays in hospital, prognosis and clinic of admission. Patient diagnostics have been classified according to the main diagnostic groups of ICD 10 (International Statistical Classification of Diseases and Related Health Problems) (WHO 2011). All patients

who were admitted during these dates have been included in the study. Before the start of the study, written permission of the hospital management and the ethical approval of the Ethic Committee of Clinical Investigations of the Medical Faculty of Gaziantep University were taken (07.01.2014/11).

Data Analysis

All collected data have been evaluated in a computer environment; percentile and standard deviations have been used for descriptive data analysis while Chi-Square method has been used to compare data. The data have been accepted as statistically significant with $P < 0.05$ in a 95 % confidence interval.

Results

Findings on the characteristics of the patients

2233 patients were admitted to the internal medicine clinic during 2012 and 2013 where this study has been carried out. The age interval of these patients ranged between 14 to 107 years old and 83 % of them were Turkish while 16.9 % were from different nationalities. The age average of Turkish patients is 60.50 (SD, 18.71), the average rate of frequency of recurrent admissions is 1.3 (SD, 0.89), the average admission period on a daily basis is 4.77 (SD, 7.77), the average age of patients from different nationalities is 49.14 (SD, 18.99), the average of the frequency of recurrent admissions of patients from different nationalities is 1.3 (SD, 0.80), the average of the admission period of patients from different nationalities on a daily basis is 3.78 (SD, 4.5).

Sex, age group, prognosis, admission clinic, total days of the admission period, recurrent admissions and distribution of the years with admission can be seen in Table 1. A significant difference was observed between the sex, age group, prognosis as well as admission period and admission date between Turkish patients and patients from different nationalities. Table 2 shows the monthly distribution of the patients in 2012 and 2013. The admission of patients from different nationalities was started at April 2012 and an important difference was found

in 2012 between Turkish patients and patients from different nationalities; however, no significant difference was found in 2103.

Findings according to diagnostic groups

The distribution of the patients according to diagnostic groups can be seen in Table 3. Accordingly, while Turkish patients are admitted with digestive system related diseases (17.7 %), circulatory system related diseases (16.3 %) and blood-hematinic organs related diseases (10.8 %), patients from different nationalities are admitted with genitourinary system related diseases (4.4%), and circulatory system related diseases (3.4 %) and blood-hematinic organs related diseases (2.4 %).

The differences of diagnostics between the two groups were determined to be statistically significant ($X^2= 153.516$ $P <0.001$).

When patients were examined according to their diseases; it was observed that Turkish patients suffer mostly from liver-stomach related diseases (17.7 %), anemia-polycythemia (10.8 %) whereas Syrian patients suffer from chronic renal insufficiency (4%), anemia- polycythemia (2.4 %) and also the differences of diseases between the two groups is statistically significant ($X^2= 202.922$ $P <0.001$) (Table 4).

Discussion

Findings on the characteristics of the patients

In this research in which the reasons of admission of the Turkish patients and patients from different nationalities to Internal Medicine Clinic of the border public hospital in Turkey are discussed, it can be seen that a larger number of Turkish patients are over 65 years old and that they are mostly women while the number of women and men is equal in the Syrian patients group and they are young or middle aged. This difference leads us to think that the shortcomings in health care are affecting the young and middle aged male as well as female patients from Syrian nationalities.

As Topçu and Beşer (2006) have also expressed, immigrants are faced with many

stress factors during the immigration process and because of the negative effects of stress on the health and insufficiency of anti-stress mechanisms, they are exposed to many psychological and physiological health problems. Regarding this research it can be said that young and middle aged men and women who suffer from various problems need different types of health care.

According to the data of TÜİK (Turkish Institute of Statistics), female patients have more health problems than male patients and their overall status of health is often evaluated as bad-very bad. The profile of Turkish patients is correlated with Turkish statistics (Başara, Güler, Yentür, Birge, Pulgat & Ekinci 2013).

When prognosis of patients is examined, it can be seen that it is more likely that Turkish patients be discharged after the treatment whereas patients from Syria nationality are transferred to another institution. This difference makes us think that the Syria nationality patients need to be treated in a general hospital with more facilities and that they suffer from diseases the treatments of which are very hard.

According to data of the year of 2012 of General Directorate of Health Services, the average length of stay in hospitals of the Ministry of Health is 4.3 days whereas this average is 3.1 days in the city of Kilis (Başara, Güler, Yentür, Birge, Pulgat & Ekinci 2013). In this research it can be seen that the length of stay of Turkish patients is longer than the length of stay of Syria nationality patients. These results lead us to think that the treatments of Syrian patients are concluded in a shorter period of time or these differences arise since they have been referred to another institution.

It was observed that the number of Syrian patients has increased more than twice in 2013 in comparison with 2012. Moreover, the foundation of the container city at Kilis in March has led to an increase in the number of admitted patients which was only two when admittance was first started in April and this number has continued to increase and in 2013 it was observed that the number of admitted patients has increased every month.

Table 1. Turkish and Syrian Patients Characteristics

Patient Characteristics	Turkish		Syrian		Total		X ² P
	n	%	n	%	n	%	
Gender							7.609
Female	1069	47.9	188	8.4	1257	56.3	P=0.006
Male	787	35.2	189	8.5	976	43.7	P<0.05
Age Group							
≤ 40	314	14.1	134	6	448	20.1	
41-65	641	28.7	156	7	797	35.7	104.231
> 65	901	40.3	87	3.9	988	44.2	P<0.001
Prognosis							
Discharged	1757	78.7	334	15	2091	93.6	19.400
Transfer	99	4.4	43	1.9	142	6.4	P<0.001
Clinic							
Neurology	192	8.6	38	1.7	230	13.3	2.283
Cardiology	300	13.4	60	2.7	360	16.1	P=0.516
Internal medicine	1199	53.7	254	11.4	1453	65.1	P>0.05
Gastroenterology	165	7.4	25	1.1	190	8.5	
Hospitalization day							
1-5	1321	59.2	249	11.2	1570	70.3	8.658
6-10	418	18.7	89	4	507	22.7	P=0.013
>10	117	5.2	39	1.7	156	7.0	P<0.05
Hospitalization No							
No							1.943
1	1556	69.7	305	13.7	1861	83.3	P=0.163
≥2	300	13.4	72	3.2	372	16.7	P>0.05
Hospitalization Year							
2012	1000	44.8	105	4.7	1105	49.5	84.921
2013	856	38.3	272	12.2	1128	50.5	P<0.001
Total	1856	83.1	377	16.9	2233	100	

Table 2. Turkish and Syrian Patients Hospitalization Years and Months

Months	2012				2013			
	Turkish		Syrian		Turkish		Syrian	
	n	%	n	%	n	%	n	%
January	159	14.4	0	0	71	6.3	22	2.0
February	124	11.2	0	0	60	5.3	17	1.5
March	86	7.8	0	0	74	6.6	21	1.9
April	53	4.8	2	0.2	63	5.6	28	2.5
May	89	8.1	2	0.2	77	6.8	20	1.8
June	87	7.9	1	0.1	75	6.6	25	2.2
July	81	7.3	5	0.5	95	8.4	13	1.2
August	65	5.9	13	1.2	62	5.5	21	1.9
September	76	6.9	16	1.4	66	5.9	26	2.3
October	55	5	17	1.5	66	5.9	26	2.3
November	63	5.7	29	2.6	63	5.6	30	2.7
December	62	5.6	20	1.8	84	7.4	28	2.5
Total	1000	90.5	105	9.5	856	75.9	272	24.1
$X^2= 156.104 P < 0.001$				$X^2= 16.243 P=0.132$				

Table 3. Turkish and Syrian Patients ICD 10 Major Diagnosis Group

ICD 10 Major Diagnosis Group	Code	Turkish		Syrian		Total	
		n	%	n	%	n	%
Diseases of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism	D50-D89	242	10.8	54	2.4	296	13.3
Endocrine, Nutritional and Metabolic Diseases	E00-E99	231	10.3	9	0.4	240	10.7
Diseases of the Nervous System	G00-G99	190	8.5	38	1.7	228	10.2
Diseases of the Circulatory System	I00-I99	363	16.3	77	3.4	440	19.7
Diseases of the Respiratory System	J00-J99	125	5.6	9	0.4	134	6
Diseases of the Digestive System	K00-K93	396	17.7	52	2.3	448	20.1
Diseases of the Genitourinary System	N00-N99	136	6.1	98	4.4	234	10.5
Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified	R00-R99	173	7.7	40	1.8	213	9.5
Total		1856	83.1	377	16.9	2233	100

$X^2= 153.516$ $P < 0.001$

Table 4. Turkish and Syrian Patients Illnesses

Illnesses	Turkish		Syrian		Total	
	n	%	n	%	n	%
Anemia	242	10.8	54	2.4	296	13.3
Diabetes-Tyroid	231	10.3	9	0.4	240	10.7
Serebro vascular	190	8.5	38	1.7	228	10.2
Heart Failure	87	3.9	25	1.1	112	5
Cardiac Diseases	198	8.9	44	2	242	10.8
Hypertension	78	3.5	8	0.4	86	3.9
Pulmoner Enfektion Disease	125	5.6	9	0.4	134	6
Liver-Stomach Diseases	396	17.7	52	2.3	448	20.1
Renal Failure	86	3.9	90	4	176	7.9
Other Renal Disease	50	2.2	8	0.4	58	2.6
Other Disease (fatigue-stomachache)	173	7.7				
Other Disease (stomachache-injury-fewer)			40	1.8	213	9.5
Total	1856	83.1	377	16.9	2233	100
$X^2= 202.922$ $P < 0.001$						

These results are precursors to the fact that health care necessities in nursing services have changed and will continue to change. Besides, these results support the idea that nursing services of internal medicine clinics must be adapted to the personal and cultural characteristics of the patients involved as well as to the condition of their diseases.

Findings according to the diagnostics

It was observed during this study that Turkish patients mostly were admitted with diagnostics concerning the digestive system diseases whereas Syrian patients were diagnosed mostly with genitourinary system diseases. The differences arising from the diagnostics of two groups were evaluated as statistically significant. According to the findings of 2012, the highest number of patients who were admitted to the hospital consist of patients who were diagnosed with respiratory (12.9 %) and digestive (10.2 %) diseases. Since patients diagnosed with respiratory problems were admitted mostly to the chest diseases clinic and since this clinic has not been included in this study, the number of respiratory system related diseases was found to be low. In addition, the average rate resulting from this research is similar to the average in Turkey (Başara, Güler, Yentür, Birge, Pulgat & Ekinci 2013).

It was observed that, after the war, too many families have had to face difficulties of adaptation to their jobs and schools and also that their quality of life declined due to post-traumatic stress disorder, depression and somatic diseases (Letica-Crepulja, Salcioglu, Frančisković & Basoglu 2011; Hoge, Terhakopian, Castro, Messer & Engel 2007). It is thought that Syrian patients were mostly diagnosed with chronic renal insufficiency and that their health situation was affected by interruptions that occurred in dialysis sessions to which they were going regularly in their country. Also it can be said that the patients who need a blood transfusion were admitted to the hospital with anemia diagnosis because of the interruptions that occurred in their routine treatment that they are receiving in their country.

According to Fadiloğlu (2003); the individuals who have chronic diseases are faced with several problems. When these

problems are studied it can be seen that preventing and treating medical crisis situations, taking the symptoms under control, defining a treatment regime, making a diet and exercising, applying for medical treatment, maintaining the relationships, taking control over the exacerbation of the disease and managing it, making the necessary payments for the treatment are very important issues⁴. This study arrives at a conclusion that most of the Syrian patients are admitted to the hospital with chronic renal insufficiency diagnosis, anemia and heart problems; which is a conclusion supported by relevant literature.

Conclusion

In conclusion, it was observed during this study that the Turkish patients were mostly admitted with problems concerning the digestive system whereas Syrian patients were diagnosed with the genitourinary system diseases. The differences arising from the diagnostics of these two groups have been evaluated to be statistically significant. The number of Syria nationality patients is rising in 2013 in comparison with the numbers from last year. Based on these results, it has been emphasized that it is necessary for nurses of the internal medicine clinic to apply their nursing services for two years by taking in consideration the profile of Syrian patients. Moreover, the results of this study also can be used for in-service training sessions that nurses of internal medicine clinics will participate in.

Limitation

Findings on chest and infection diseases were not included in this study since the number of Syrian patients admitted were lower. The results of this research can be generalized only to the internal medicine clinic.

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