INTRODUCTION

Nursing care has a vital role on medical treatment. Although giving right treatment procedure to patients is important, applying of treatment also has importance in treatment of diseases. In addition, nursing care also provides prophylaxis of diseases in a society, and provides more qualified life standards. In order to give effective and productive nursing cares, nurses must be oriented to the society (Expósito et al., 2018; Hertel-Joergensen et al., 2018; Plaku-Alakbarova et al., 2018). The main reason for this requirement is that nursing care is not an acute service; it needs an interaction between patient and nurses.

Interaction between individuals in a society includes social and cultural patterns. Thus, social orientation is an important part of the nursing care and nursing educations. In application, nursing candidates or nurses who change their operation area needs to take orientation programs. Nursing is also a cultural and social interaction process. Within this process, patient and nurses share same society, and social standards. At this point, level of social shared values has directly effect on success of nursing care processes. It is reported in many researches that social adaptation and orientation has positive impact on patients trust to medical treatment procedure and nursing applications (Choi, 2018; Greenwood et al., 2018; Marino et al., 2018; Jueng et al., 2017; Gadecka et al., 2015).

Increase in communication and transportation opportunities have increased social interaction of different societies. As a result of these interactions, multiculturalism term has become important for all fields related with humanity and service sectors. In general, multiculturalism is defined as living different social structures in a same environment (Sam, 2018; Sánchez-Sánchez et al., 2017; Yeo and Pang, 2017; Yampolsky and Amiot, 2016; Logvinova, 2016). This means that multiculturalism is a process in which different cultures get together to construct a new cultural structure.

Our past experiments and social researched showed that adaptation of a culture or cultural change needs long times than change in technology and daily life. In other words, individuals change rapidly their daily life according to economic and other reasons, but their cultures resist to this change, and thus, multiculturalism term is defined.

Another social change is mass migration. Mass migration is defined as migration of crowd people in a short time due to some extraordinary events such as war, natural forces etc. Mass migration is a great and comprehensive change compared to migration or immigration. In migration process, individuals change their living environment based on their requirements. On the other hand, mass migration does not give a selection to individuals, and they do not have required time to adapt new
society, even new life standards or accommodation (Fox et al., 2017; Abramitzky et al., 2013). For this reason, great social and cultural changes, conflicts, social reactions may be realized in mass migrations, as well as cultural conflicts.

In this research, it is aimed to evaluate effects of mass migration due to war in Syria on Turkey in the perspective of nursing care. According to this aim, 20 field experts subjected to a semi-conducted interview, and their experiences on different culture structures sourced from mass migration were examined.

**METHOD**

This research was patterned in descriptive survey method. In the research, total 20 nurses operating in different public and private hospitals in Istanbul Province during 2018 year were subjected to semi-conducted interview. Participants were asked to answer following questions:

1. What is your opinion on mass migration? Do you think that mass migration affects nursing cares?
2. What kind of events you experienced during working with immigrant people?
3. What are negative effects of mass migration on nursing cares in your opinion?
4. What kind of measurements may be taken in order to reduce negative effects of mass migration?

**RESULTS**

Demographic properties of participants were shown in the Table 1.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital type</td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>9 (45.0)</td>
</tr>
<tr>
<td>Private</td>
<td>11 (55.0)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Under 25 years</td>
<td>12 (60.0)</td>
</tr>
<tr>
<td>26-35 years</td>
<td>5 (25.0)</td>
</tr>
<tr>
<td>36 years and higher</td>
<td>3 (15.0)</td>
</tr>
<tr>
<td>Experiment</td>
<td></td>
</tr>
<tr>
<td>Under 5 years</td>
<td>10 (50.0)</td>
</tr>
<tr>
<td>5-10 years</td>
<td>7 (35.0)</td>
</tr>
<tr>
<td>11 years and higher</td>
<td>3 (15.0)</td>
</tr>
</tbody>
</table>

**What is your opinion on mass migration? Do you think that mass migration affects nursing cares?**

All of the nurses participated to the research stated that migration is a humanity problem, and negatively affects nursing cares (N1-N20). On the other hand, they stated that negative affecting of nursing care is not fault of immigrants; the fault is related with political institutions and politicians (N3-N18).

**What kind of events you experienced during working with immigrant people?**

Most of the participants stated that communication is main problem for immigrant people (N2-N8, N10-N18). Other indicators are cultural differences (N2, N4, N5, N6, N8, N12, N14, N15, N17), fear from different cultures (N2, N7, N8, N11, N16, N19, N20), and lack of trust (N1, N6, N8, N9, N12, N13, N15, N18).

**What are negative effects of mass migration on nursing cares in your opinion?**

Participants stated that cultural deformation (N1-N8, N10-N20), increasing work load (N3, N5-N17, N19, N20), and inadequate labor due to changes in public structure (N1, N3, N5-N17, N19, N20). Participants mainly stated that since immigrants change their countries for war reason, they have serious adaptation problems.

**What kind of measurements may be taken in order to reduce negative effects of mass migration?**

All participants stated that immigrants from Syrian war must be psychologically supported and subjected to orientation programs (N1-N20). In addition, there may be several measures must taken such as increasing nurse professionals (N2, N4, N5, N7, N8, N11, N14-N19), increasing working standards of nurses (N1, N2, N3, N7-N16), vocational educations, and cooperation of public organizations (N3, N7, N8, N11, N15, N17, N19).

**DISCUSSION**

Migration has negative effects of individuals, and it has also negative effect on society. The main reason for this result is that human being is somehow related with its physical environment. In migration process, individual or social groups seek to find more feasible places to live. On the other hand, they spend their history to gain more comfortable life. This comfort may be economic issues, working conditions, education or health related. Whatever its reason, the importance at this point is that migration not only changes places in which people live, but also effects social and cultural aspects (Fox et al., 2017; Abramitzky et al., 2013). This changing procedure also effects social structure of hosting country.

There have been many researches reported that social structure has vital importance on nursing care. Nursing services not only giving a medical treatment, but it also includes social interaction. In addition, a great deal of researches argued that interaction between patient nurses also must be determined as a part of medical treatment (Expósito et al., 2018; Hertel-Joergensen et al., 2018; Plaku-Alakbarova et al., 2018; Choi, 2018; Greenwood et al., 2018; Marino et al., 2018; Jueng et al., 2017; Gadecka et al., 2015). For this reason, it may be argued that social changes are also part of medical treatment procedures. Thus, social changes such as migration may be evaluated as a risk factor for medical treatment procedures.

Underlying importance of social change in nursing care and medical treatment, another issue must be mentioned. Migration and mass migration concepts are two different processes, although they are classified as types of migration. Both mass migration and migration processes results “immigrant”. At this point, it is better to name these people as “migrated” people instead of “immigrant”. Immigrant term means individuals migrated for various reasons to change their life and to have a better life. On the other hand, mass migration is not related with better life, it is directly related with life saving and compulsory reasons. Thus, psychology of “migrated” people must be worse than “immigrant”. As a result of this, their social adaptation and including in multicultural structure is more difficult. These difficulties also reflect to nursing cares. A
person who is not able to interact even ordinary people surely will face difficulties with a specialist individual, a nurse.

CONCLUSION

Results of the study showed that mass migration due to war or other extraordinary events not only affect domain country’s culture and social structure, but it also affects multicultural structure balance and social constitutions. In addition, mass migration has negative effects on immigrant people.

References


