A qualitative study about nurses’ experiences of working and caring in a Palestine refugee camp in Jordan and methodological reflections while conducting a study within this field

EMMELI FRÖBERG

ANNA ROLANDSSON
Sammanfattning

Jordan is a developing country and there are ten Palestine refugee camps throughout Jordan since the Arab-Israel conflict in 1948 and the Arab-Israel war in 1967. The camps are run by United Nation Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) which is the main provider of health care in the camp. Today, the fourth generation of refugees lives in the camps which are extremely overpopulated. The social and economic conditions in the camps are poor. The nurses’ workload in the Health care centre in the camp is getting harder and UNRWA’s resources are getting strained due to funding shortfalls. We asked ourselves the question: How do the nurses experience providing care for the patients with limited resources? The aim of this study is to elucidate the nurses’ experiences of working and caring in a Palestine refugee camp in Jordan and also to describe challenges while conducting a qualitative study within this field. Qualitative data were collected by performing interviews with an open ended question with nurses who are working in one of the Health care centres in the largest Palestine refugee camp in Jordan. Methodological reflections were made out of our experiences while conducting the study. The nurses talked about providing good care for the patients and their satisfaction when caring. They also reflected over the resources in the Health care centre. Since the Palestine refugee camp is the nurses’ home and workplace, a place where they have their professional and private life, it seems that there is a very strong connection between the nurse and the patient.

Nyckelord: Nurse, Experience, Palestine refugee, Camp, Jordan, Health care, Methodological reflections
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INTRODUCTION

The nursing profession is global. Nurses and caregivers are found working everywhere around the world in different caring contexts. During our education in Borås, Sweden, we have studied the cultural caring perspective and also met patients from different countries and cultures during practical courses. We believe that it is important to reflect over cultural differences and similarities and that the way we are looking at caring might not be the same somewhere else in the world where there are different kinds of working and living conditions. As people are moving around the world and boarders are opening up, we believe that the need of knowledge about different cultures is essential in the caring perspective. The globalisation of the nursing profession where nurses move to different countries to work and meet new cultures is also an increasing phenomenon. Considering these aspects, we find it important to learn more about different cultures, especially as both of us are planning to work abroad in the future. A way to learn more about caring in different cultures can be to go to another country and see how nurses experience working in this, for us different context.

As nursing students at the University College of Borås, we got the opportunity to apply for a scholarship called Minor Field Studies (MFS). MFS is a scholarship programme for field studies in developing countries. It is aimed for university and college students with an international interest who wish to spend 8 to 10 weeks in a developing country gathering material for their Bachelor’s or Master’s paper. It aims to provide Swedish students with the opportunity to build up their knowledge of developing countries and development issues. The Minor Field Studies scholarship is funded by The Swedish Agency for International Development Cooperation, SIDA. A MFS student should have a supervisor in the native country and a supervisor in the host country (Swedish International Office for Education and Training, 2007). Minor Field Studies gave us the chance to deepen our interest in developing issues. University of Jordan, Faculty of Nursing has cooperated with the University College of Borås, School of Health Sciences for many years. Teachers and students in Jordan and supervisors in both countries helped us accomplish this study.

Jordan is one of the countries that are classified as a developing country according to Organisation of Economic Co-operation and Development/Development Assistance Committee (OECD/DAC) (Swedish International Office for Education and Training, 2003). In newspapers and on the internet, we read about one of the developing issues Jordan faces today, the Palestine refugees who live in different camps since 1948. There are ten Palestine refugee camps in Jordan and one of the largest refugee camps is located outside Amman. The population in the camp is growing and the resources are strained. The healthcare centres are under pressure due to the increasing number of patients. We want to create an understanding of nurses working in another part of the world with different kinds of conditions and our question is: How do nurses in the Health care centre in one of the Palestine refugee camps in Jordan experience working and caring for patients? According to Halabi (2005), the researcher meets a great number of challenges when conducting a qualitative study with refugee clients. Therefore, we also want to describe the challenges we face while carrying out this study.
BACKGROUND

About the country Jordan

Jordan is a Middle East country, situated in the west of Asia. It is bordered by Iraq to the northeast, Saudi-Arabia to the east and south, Syria to the north and Israel and the West Bank to the west. Jordan has an area of around 100,000 square kilometres and can be divided into three geographic regions. The Jordan valley starts in the north west of Jordan and stretches south to the Dead Sea. From the Dead Sea and down to the town Aqaba by the Red Sea the valley is called Wadi Araba. East of these valleys is the East Bank plateau where most of the population in Jordan lives. The third region in the east of Jordan is a desert, which covers eighty percent of the country. The capital of Jordan, Amman, is located on the East Bank plateau (Greenway & Ham, 2006). The total population in Jordan is 5.8 million and out of this, 2 million people live in Amman. About 65% of the population are of Palestinian origin (The Swedish Institute of International Affairs, 2002). Today, Jordan also deals with around 700,000 refugees from Iraq and this puts even more pressure on the already poor country Jordan (Jamail & al-Fadhily, 2007).

Jordan is claimed to have had the oldest settlements of human civilisation in the world and evidence of human living goes back to 500,000 years ago. Over time, the area of today’s Jordan has been ruled by many different peoples and different religions have been practised. After the Prophet Mohammed’s death in year 632 AD, Islam became the dominant religion in the country. At this time, Arabic also became the main language in the region. At the end of World War I, Britain got mandate over the region and year 1923 the region became Emirate of Transjordan. Emir Abdullah, a relative to Prophet Mohammed, Hashemite family was proclaimed ruler of the territory under the protection of Britain. In 1946, Transjordan became fully independent. Emir Abdullah was proclaimed King Abdullah I and the country was renamed the “Hashemite Kingdom of Jordan”. King Abdullah I was assassinated in 1951 and for a year after his death his son Talal ruled the Kingdom. In 1953, the grandson of King Abdullah I, Hussein was proclaimed King. Abdullah II took over the throne after his father Hussein’s death in 1999 (Greenway & Ham, 2003).

Today, Jordan is a constitutional monarchy and King Abdullah II has the greatest power and the executive authority in the country. Daily decisions are made by the Prime minister and the government who have been selected by the King. Jordan is one of the most democratic countries in the Arabic world (Greenway & Ham, 2003). About 92% of the population in Jordan are Muslims and around 6% are Christians. There is a protection of the freedom of all religions (The Jordan Tourism board, 2005).

Jordan is classified as a Low Middle Income Country according to OECD/DAC (Swedish International Office for Education and Training, 2003). The gap between rich and poor people in Jordan is big, but the economic situation is rather good compared to other Middle East countries. Financial assistance from other countries, income from Jordanians working abroad and export of phosphate are the main reasons for this. Tourism in Jordan is also a source of income as the country has several big tourist sites, such as the ancient city of Petra, ruins of Jerash, earth’s lowest point at the Dead Sea and Aqaba by the Red Sea with its world famous coral reefs (Greenway & Ham, 2003).
History of Palestine refugees

In the Arab-Israel conflict in 1948, Palestinians who had a normal life between June 1946 and May 1948, lost their homes and means of livelihood and became Palestinian refugees. There were around one million Palestinian refugees who were looking for somewhere to stay and fled to surrounding countries. Until the late 1950s, the Palestine refugees lived in tents. The tents were replaced with shelters which had one room. As the families were growing, they could construct an extra room in these shelters. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) were established by United Nations General Assembly resolution 302 of 8 December 1949 to provide the emergency humanitarian help for the Palestinian refugees. On the first of May 1950, UNRWA began its work in the surrounding areas of Palestine. At first, UNRWA was a temporary organisation. However, due to the failure of solving the conflict, the general Assembly extended UNRWA’s mandate repeatedly and the mandate today is until 30th of June 2008. 4 % of UNRWA is funded by the United Nations and covers costs for staff. The other 96 % are financed almost entirely by voluntary contributions from the European Union and governments around the world. Sweden was one of the largest donors in 2005 (UNRWA, 2007).

The Palestinians who lost their homes due to the Arab-Israel war 1948 are defined as Palestine refugees by UNRWA and thereby, they have the right to a UNRWA registration. The descendents of these refugees also have the right to be registered as UNRWA refugees. The Palestinians who came after the Arab-Israel conflict in 1967 are called displaced refugees and they are not registered at UNRWA. Therefore, there is a difference in the definition of a Palestine refugee and a Palestinian refugee (UNRWA & UNHCR 2007).

The legal definition of a refugee set by United Nations at the 1951 Convention is:

[…people who are outside their countries because well-founded fear of persecution based on their race, religion, nationality, political opinion or membership in a particular social group, and who, for persecution related reasons, are unable or unwilling to return home[…] (UNHCR, 2006 p.16).

The United Nations Relief and Works Agency for Palestine Refugees in the Near East cooperate with the Office of the United Nations High Commissioner for Refugees (UNHCR) which was set up in 1951 to help homeless refugees in Europe after World War II. UNHCR has the obligation to protect, help and assist refugees around the world, which also covers the Palestine refugees. UNHCR usually helps the Palestinian refugees when they are not within the area of UNRWA’s operation. There are Palestinian refugees for example living in other countries/areas such as Egypt, Iraq, America, Australia and Europe. UNRWA and UNHCR have a close cooperation where they exchange information and together they are trying to assist Palestine and Palestinian refugees with their problems (UNRWA & UNHCR, 2007).

Palestine refugee camps today

There are 59 Palestine refugee camps in total in Jordan, Lebanon, the Syrian Arab Republic, the West Bank and Gaza strip. One third of the registered Palestine refugees live in camps. Jordan has ten official Palestine refugee camps and four of them were set up on the east bank of the Jordan River, after the Arab-Israel conflict in 1948, and the other six were set up after the Arab-Israel war in 1967. A refugee camp funded by UNRWA is an area which is given to
UNRWA by the government so Palestine refugees can live there and get the facilities they need. Most of these plots of land are owned by local landowners, and are then leased by the government. Some of the land is owned by the government, which means that the refugees only have the right to use the land for residence but do not have the right to own it. Palestine refugees who are registered with UNRWA have the right to access UNRWA services, even if they live outside the camps (UNRWA, 2007).

Today, the fourth generation of Palestine refugees are becoming adults, and the camps are extremely overpopulated. There are 1 740 170 registered Palestine refugees in Jordan and 307 785 of these are registered in the refugee camps. The social and economical conditions in the camps are poor. The infrastructure is basic with open sewers, limited supplies of clean water and drainage systems which do not work sufficiently. Due to these poor conditions, diarrhoea and intestinal parasites are highly prevalent. Diseases such as diabetes, hypertension, cardiovascular diseases and cancer are all increasing. UNRWAs resources are getting strained due to funding shortfalls (UNRWA, 2007). Despite of this, UNRWA has some successful programmes, for example, vaccination, screening programme for diabetes and nutrition deficiency. The organisation does check ups on children from 0-3 years and also gives mothers health education. If the mother does not come back with the child for regular check ups, the nurse in the camp will call or do a home visit to the family (Dr. Abu Zayed, I. Chief, Field Health Programme, UNRWA, Jordan, personal communication, 2007-05-01). Khawaya (2004) argues that one reason for the low levels of infant and childhood mortality in the Arab world among Palestinian population is because of the local efforts from UNRWA. UNRWA has planned for more development projects when there are available funds, e.g. improvement of the infrastructure, staff training, improvement of the equipment in the Health care centre and introduction of a screening programme for breast cancer (Dr. Abu Zayed, I. Chief, Field Health Programme, UNRWA, Jordan, personal communication, 2007-05-01).

The United Nations Relief and Works Agency for Palestine Refugees in the Near East is the main provider of healthcare for the Palestine refugees. The organisation follows the United Nations humanitarian policies as well as the principles of the World Health Organisation (UNRWA, 2007). The World Health Organisation (WHO) states that: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1946 p. 2). According to WHO, every human being has the right to the “highest standard of health that is known, regardless of where you live, religion and social condition” (WHO, 1946 p. 2). Countries around the world have an obligation under the right to health that healthcare staff and public health services must be available and accessible to all the individuals in each country (WHO, 2006).

Description of the Health care centre in the Palestine refugee camp

In March 2007, there were 90 953 UNRWA registered refugees living in the largest Palestine refugee camp in Jordan. Not all the people living in the refugee camp are registered by UNRWA. The population in the camp is 101 811 people in total. Registered and not registered refugees are in the catchment area for the Health care centre and have access to free of charged care. In the refugee camp, there are two Health care centres which provide the same type of primary health care. The Health care centres are open from 07:30 to 13:45, from Saturday until Thursday every week (Dr. Abu Zayed, I. Chief, Field Health Programme, UNRWA, Jordan, personal communication, 2007-05-01). In total, the Health care centres have 12 doctors, around 60 nurses and assistants for about 1200 patients daily. This means
that each doctor receives around 100 patients daily. The workload is increasing as the population is constantly growing (UNRWA, 2007).

Primary care is provided in the Health care centre, e.g. maternity care, child care, immunisation, health education, school health, family planning, dental care and care for patients with diabetes and hypertension. Daily, there are also cases of skin problem, eye problems and other common complaints (Dr. Abu Zayed, I. Chief, Field Health Programme, UNRWA, Jordan, personal communication, 2007-05-01). The medical staff also faces the issue that patients use alternative medicine. Some people believe that olive leaves are a substitute for insulin and that it is good to put egg on burns. Some mothers believe that rubbing salt into their newborn baby is good for the skin. These thoughts are getting less common, though, since people get more education (Lecture Shaeen, A. Head of community health nursing practice session, University of Jordan, personal communication, 2007-04-28).

If hospital care is needed, patients are transferred to any public hospital in Amman. If there is any special care needed, patients can also be transferred to a private hospital. Registered refugees have a type of insurance through UNRWA that covers 75 % of the total cost of the hospital care if transfer to hospital is needed. Patients who are not able to pay can get 95 % of the cost covered. The unregistered refugees have the same right to free care at the UNRWA Health care centre as the registered refugees in the refugee camp, but at the hospitals they have the same conditions as the rest of the Jordanian people (Dr. Abu Zayed, I. Chief, Field Health Programme, UNRWA, Jordan, personal communication, 2007-05-01).

Nursing staff and health workers in the Health care centre in the Palestine refugee camp

Staff nurses and midwives at the Health care centre have a university degree and they are Registered Nurses. Practical nurses (assistant nurses) have a diploma in nursing. All nurses have to have a Ministry of Health license. The nurses get annual renewal of employment. Most of the staff are Palestine refugees and live in the camp themselves (Dr. Abu Zayed, I. Chief, Field Health Programme, UNRWA, Jordan, personal communication, 2007-05-01). All the health workers have clear instructions of what kind of duties they are expected to perform and continuous education is offered (R.N. Sahtout, M. A., Primary health care speciality. Field Nursing Officer, UNRWA, Jordan, personal communication 2007-05-03). In the camp, the staff nurse supervises the practical nurses and midwives. Staff nurse is also responsible for hygienic standards in the Health care centre and makes sure that medical supplies needed for nursing activities are available. Both practical and staff nurses are doing nursing activities such as dressing, injections, health education, counselling and home visits. The midwives main responsibilities include maternal health and family planning (Area Staff Post Description, Grades 1-14, 2003).

Health care system in Jordan

The health care system in Jordan is divided into three different sectors. The Public sector, Private sector and the International and Charitable sector. The Public sector includes the Ministry of Health which is responsible for all health issues in Jordan such as providing preventive and curative services, organising and supervising the help services in Private and Public sectors, providing health insurances and establishing educational health institutions.
The Public sector also includes Royal Medical Services, which are responsible for the care provided to military and security personnel, as well as the Public University Hospitals. UNRWA is included in the International and Charitable sector. In 2004, there were 9,820 reported beds at the hospitals in Jordan. The Private sector had 56 hospitals with 36.3% of the beds in Jordan. The Ministry of health had 29 hospitals and 36.7% of the beds and the Royal medical services had ten hospitals and 18.3% of the hospital beds in Jordan (Alwan, 2005).

In Jordan, the population has different health insurance programmes, administrated by different institutions, such as Ministry of Health, Royal Medical Services, UNRWA, Private sector, employer self-insured funds or Jordan University hospital. Out of the whole population in Jordan, 40% do not have any insurance at all. However, the Ministry of health has to give all citizens in Jordan, even the people without insurances health care for free or to a reasonable price (Alwan, 2005).

**Nursing profession in Jordan**

In Jordan, the nursing profession is under development. Today, there is no overall national strategy for the nursing profession. Several meetings regarding regulation of the nursing profession have been held with different health sectors (WHO Country Office Jordan, 2006). There are differences in nurses’ duties and responsibilities depending on the working place (Jordan Nursing Council, 2005). Despite of this, nurses in Jordan face the same problem as other nurses around the world, i.e. low remuneration, high workload and conflicts with other professionals. The view of nursing as a female profession has changed in Jordan during the last decade. The reason for this is that many men have started studying in the university-based nursing programmes (Oweis, 2005). There are 29.4 nurses per 10,000 population in Jordan (Annual Statistical Report, Health in Jordan, 2005).

According to the Jordanian Nursing Council (2005), the nurses are obligated to follow the laws, professional practice standards and professional ethics as well as base their knowledge on science. The professional ethics involves creating a professional relationship with the patient based on mutual respect. The nurse should defend and guarantee the patient’s rights, treat the information about the patient confidentially and report if there are any inappropriate professional practices.

**PROBLEM FORMULATION**

The living conditions in the Palestine refugee camp in Jordan are different from the living conditions that we are used to in Sweden. When we read about the strained situation for the medical staff in the Palestine refugee camp, we asked ourselves the question: How do the nurses experience providing care for patients with limited resources, e.g. clean water and medicine, which are essential in the health care work? We could not find any literature or studies that illustrated the nurses’ perspective in working and caring in the Palestine refugee camp. We believe that a study about the nurses’ experiences will increase the awareness and understanding of nurses working in another part of the world with other kinds of conditions. However, conducting a qualitative study in a country with different culture and language than your own might cause different challenges which can have an impact on the quality of the results. Therefore, it is important to take these challenges in account.
AIM

The aim of this study is to elucidate the nurses’ experiences of working and caring in a Palestine refugee camp in Jordan. Another aim is to describe challenges while conducting a qualitative study within this field.

METHOD

According to Streubert Speziale and Rinaldi Carpenter (2006), the choice of method depends on the question that is being asked. When the researcher wants to find out about people’s experiences a qualitative approach is used.

A qualitative method has been chosen for this study. The tool that has been used is interviews with an open ended question. To describe the challenges when conducting a qualitative study within this field, we used journaling where we reflected over our own experiences.

How to collect qualitative data

A qualitative method is used when a phenomenon is described (Dahlberg, 1997). A phenomenon is an object that is given meaning in a context when it is experienced by a subject (Molander, 2003). People’s experiences can not be measured; the experiences can only be described and tried to be understood (Dahlberg, 1997). The researcher wants to find a meaning and understanding behind the phenomenon. In the qualitative research, the reality can be investigated through interviews, stories and observations. Qualitative interviews are recognised when an open question has been asked. The open ended question is used so that the participants have the possibility to describe their experiences in a way that is more independent than being controlled by alternative answers. Using this interview method the researcher can get answers which are not expected and a lived experience can be described (Streubert Speziale & Rinaldi Carpenter, 2006).

A qualitative interview is unpredictable and the interviewer has to be ready for surprises (Svensson & Starrin, 1996). According to Dahlberg (1997), the researcher should be open-minded towards the studied phenomenon. To be open-minded is recognised as being adaptable, flexible, having the desire to understand and being respectful towards the phenomenon and the interviewees. Furthermore, the research should take into consideration the premises of the phenomenon and find out the unique in every described situation (Dahlberg, 1997). In the beginning of the qualitative interview, the researcher does not know what kind of questions are important and meaningful. The interviewer has to pay attention, be alert and use his/her creativity through the interview to fulfil the aim of the study. The responses from the interviewees can be affected by how the question has been asked by the interviewer. The answer can also depend on the expectations of the interviewer (Svensson & Starrin, 1996).
**Interviews in a different Culture and with a different language**

When data are collected through interviews, it is important to think about the social and cultural context where the interviews will be collected. It is important to be aware of the fact that both the interviewers’ and the participants’ social and cultural background will have an effect on how they understand something and how they are being understood. By being aware of these differences, the interviewer could reduce the impact of the social and cultural backgrounds during the interviews (Steubert Speziale & Rinaldi Carpenter 2006). Previous studies report that trust between the interviewer and the respondent during interviews is an important issue. The more trust, the better data. To get this trust, the participants have to know that anything they say is valuable and that there can not be any wrong answers. The participants also need to know who the interviewer is and the aim of the study before they can have a feeling of trust and share their life-world. It can be difficult to get the permission to tape-record the interviews of Palestine refugees because of the participants’ fear that the interview might not be confidentially treated, even though the interviewer has assured this (Halabi, 2005).

**Collection of our interview data**

The students at University of Jordan, Faculty of Nursing carry out part of their clinical training at one of the Health care centres in one of the Palestine refugee camps. This cooperation made it possible for us to get into the Palestine refugee camp with the students from the University. Hence, this is the reason why this particular refugee camp and Health care centre were chosen for our study.

**Preparations in field**

To do our field study in the Palestine refugee camp in Jordan, we had to get approval from the UNRWA organisation. An application was written three months before we went to Jordan. The application had to be modified once before leaving Sweden. The modification included more precise information regarding our study (Appendix 1:1, 1:2). Upon arrival in Jordan at the end of March 2007, it was not certain whether the approval would go through or not. During the first three weeks in Jordan, the application had to be modified once again and a questionnaire had to be sent to the UNWRA office (Appendix 2:1, 2:2, 2:3). While waiting for the answer, we got a bit acclimatised in this new environment with the Jordan culture. When conducting a study in a different country with participants from other cultures, it is important according to Birks, Chapman and Francis (2007) for the researcher to get an understanding of the new environment. We also visited the Palestine refugee camp twice. The first visit was at a rehabilitation centre for mentally disabled children and the second visit - at a school for girls. During this time, our teacher in Jordan made several phone calls to talk to the responsible person at UNWRA and finally we got their approval (Appendix 3).

An open ended question was used in the interviews. At first the question was “How do you experience taking care of patients in a refugee camp in Jordan?” After discussion with our teacher in Jordan, the formulation of the question was changed into: “From your perspective as a nurse, how do you assess the type of care provided at refugees camps?”. This formulation of the question was, according to our teacher more appropriate in this context to fulfil the aim of the study. The question was then translated into Arabic and printed on a paper.
Students participating in the study

Six male and one female fourth-year students at bachelor’s level from the University of Jordan were chosen by our teacher to help us conduct the interviews in Arabic. All students had passed a research course and a communication course. The students had to be prepared performing the interviews. They had to be given a general idea about the study and how to collect the data. Information letters were put together for the students containing information about us, the aim of the study and a list of issues to consider when performing a qualitative interview with an open ended question (Appendix 4). The students also received information about what to tell the participants before the interview could start (Appendix 5). A written copy of this information was also prepared for each participant (Appendix 6). Information letters and oral information were given to the selected students on the short bus trip to the Palestine refugee camp the same day the interview was scheduled to take place.

Participants and setting for data collection

Our teacher made a phone call to the Health care centre the day before the data collection and prepared them for our visit. When arriving to the Palestine refugee camp the day of the data collection, we had to talk to the responsible person at the Health care centre and show him the approval. The responsible person also had to confirm the approval by a phone call to the UNRWA head office. After the confirmation, interviews with 14 nurses out of 17 nurses working in the Health care centre were performed. Each interview took between 8-25 minutes. All participants were female nurses, 11 practical nurses, 1 staff nurse and 2 midwives. The average time of working experience was 17, 3 years, with a range from 3 to 30 years. The interviews were conducted at two different occasions with one day in between. Both interview occasions took place in one of the Health care centres in the Palestine refugee camp.

Two interviews took place in the manager’s office with the help of two of the students. The interviews were performed in Arabic and part of the interviews was translated verbally into English in order to give us an idea of what was said. In this way, we were involved in the interviews and could ask some follow up questions. Both students were involved asking questions during the interviews and one of them took notes in Arabic of what was said during the interviews. The following twelve interviews were held under the second day. Just before going into the Health care centre, two of the five recommended students decided not to participate in the study and switched with two other students from the class. The students performed between one and three interviews each. All interviews were performed and written down in Arabic. The interviews were held in different rooms at the Health care centre.

During the two days of data collection, both of us wrote down observations about the environment and the participants. During all interviews, there were a lot of people in the rooms. There were activities around the interviewer and participant such as interactions and communication between other nurses and patients. Patients were examined in the same room where the interviews took place. Sometimes, the interviews were interrupted by other people in the room, for example doctors, other nurses and from people serving tea. The Health care centre was very busy and there were no private rooms available to perform the interviews. At one time, three interviews were carried out at the same time in the same room.
Translation of collected data

The interviews were translated into English by two teachers at University of Jordan, Faculty of Nursing. Both teachers read through all interviews and faced no problems in the translation process. The translation from Arabic to English was written down by hand on a separate page. Then, we typed the translation comparing it twice with the handwritten copies to make sure that we had not missed anything. We double checked with our teacher the words that we could not understand or were unable to read.

How to analyse qualitative data

When a text from an interview is analysed, it can be done in three phases. The first phase implicates that the researcher reads through the material and gets familiar with it. The second phase follows with a deeper understanding of the text and it is done by dividing the text into smaller parts (Dahlberg, 1997). Meaning units are picked out from the text, i.e. a sentence or a word which are related to each other and serve the aim of the study (Graneheim & Lundman, 2003). The researcher looks for qualitative similarities and differences in the text and hence, patterns are found. The researcher creates qualitative categories out of these patterns. In the third phase, the results from the analysis is compiled and presented as a new understanding. These phases could be described as whole – parts – whole (Dahlberg, 1997). It is important that the meaning units do not fit in to more than one category and that no meaning units related to the aim of the study are excluded. The researcher has to go back to find the meaning in the original text if this occurs (Graneheim & Lundman, 2004).

Analysis of our data

The 14 interviews were reread several times until we could describe the content to each other. Then, independently of each other, we highlighted parts of the text regarding the aim of the study. We then compared our marked meaning units and found that we had made similar choices. After further reflection and discussion, we came to agreement. We found that one of the interviews did not contain any meaning units connected to our aim. Therefore, this particular interview was not included in the result. All the other selected meaning units were pasted into a new document. Each meaning unit was coded with a number so we knew which interview each meaning unit was appertained to, and the data were printed out on hard copy. The units were cut out and spread out over the floor. We sat down studying which meaning units related to each other and which differed from each other. While discussing, we started to distinguish patterns between the meaning units. When something in the meaning units seemed unclear, we went back to the original text in order to find a deeper understanding of what was said. Eventually, we could find meaning units and patterns belonging to three different themes. We then abstracted the meaning units into a text and to illustrate this text, we selected some citations from the nurses’ interviews. The text compiled was then reread several times at different occasions for final revision.

In our approval from UNRWA to get the interviews at the Health care centre in the Palestine refugee camp the following is stated:
The data collected from any UNRWA health centre should be revised, discussed and approved by authorised UNRWA staff such as the Chief Field Health Programme in Jordan before publication for the sensitivity of this issue.

(2007-04-02 appendix 3)

Considering this statement the analysed data were taken to the UNRWA Field office in Amman for their final approval. We booked an appointment with Dr Ishtaiwi Abu Zayed (Chief for Field Health programme UNRWA, Jordan, 2007) and went there to show him and his college Dr Bassam Khnouf, (Field family health officer, UNRWA, Jordan, 2007) our results. We discussed our result of the interviews and they wanted to have some time to read it through. A new date for appointment was set when the results were discussed and accordingly clarified.

**RESULT**

The result is presented in two parts. Firstly, the analysed result of the interview text is presented in the following three themes: “Caring is about making patients feel pleased”, “Providing care makes me feel stronger in my profession” and “Different perspectives over resources for patients’ needs”. Quotations are coded to show variety of the participants’ statements.

The second part of the result contains methodological reflections when conducting this study. We have divided the challenges into different categories: “Preparations before collecting our qualitative data”, “Qualitative question in different culture”, “Interpretation and translation dilemmas”, “Information to the interviewers”, “Language barriers”, “Time for trust”, “Environment for interview”, “Participants and interviewees” and “Use of tape recorder and Consequences of not being neutral”. These categories are also discussed in relation to existing research literature.

**Caring is about making patients feel pleased**

The nurses talk about making the patients feel comfortable and mention this as a main goal of the health care. Nurses believe that giving the patient health education leads to the patient’s getting a sense of comfortable feeling because of more knowledge. The nurses experience that the patients are comfortable to visit the Health care centre as the care provided there is for free, comparing to other places which are very expensive.

People here are comfortable and happy and they review the Health care centre always without hesitation and some of them we see them daily go to all clinics (5).

I care in the centre to give the patient the best treatment circumstances so he does not waste his time useless (10).

Communication is an important component in the meeting with the patient. When dealing with patients, the nurses build friendship with them. Through friendship it is possible to get good communication and also to care with all the psychological problems the patients have.
From the nurses’ perspective, they feel that, in general, all staff are good in communication at the Health care centre.

I always focus on the effective communication and friendship relationship (1).

If I enter the room and he was angry I can communicate with him effectively to reduce his aggressiveness (1).

The nurses’ perception of the care and services being provided in the camp is that they are very good. There is competency in nursing services, the staffs are helpful and if follow up for the patients is needed, there are doctors available. The nurses educate the people and try to satisfy the patients’ needs.

**Providing care makes me feel stronger in my profession**

Nurses have a positive attitude from providing care in the camp; they show willingness to work there and through their experiences, they grow stronger in their profession. The nurses also talk about a feeling of earning self-confidence through their work and expressing happiness and satisfaction while caring for the patients. When caring for patients, the nurses describe a feeling of being from the same family and because of this the feeling of happiness arises and they are comfortable to help the patients. They accept the patients as they are. If the nurses meet a difficult patient they feel it is their job and duty to manage the situation.

Daily we do have new experiences which make me stronger, I have to be patient, I have to except the patients as they are (1).

During work my self-confidence increased and I earned a lot of friends and my financial status improved (2).

Happy because I am helping other people, those who need help (1).

The skills of time management when providing care increase when the nurse gets more experience. The nurses described feelings of satisfaction in their work and only one nurse mentioned that she was unsatisfied with her salary.

**Different perspectives over resources for patients’ needs**

Reflection and opinion about resources such as medication and equipments are going apart between the nurses. They seem unified about the shortage of staff.

There are nurses who experience that they always have available resources, for example tetanus vaccine is mentioned. The nurses claim that no referrals to centres or hospitals regarding vaccinations are needed.

Medication and all needed things are always available (1).
Some nurses state that there is a constant shortage of equipment and medicine and also that it is not updated. Even though the nurses talk about shortage in medicine, they emphasise that the shortage in medication is the doctors’ problem and responsibility.

I consider the services provided in this clinic and other clinics with the available resources good, but it does not meet the ambitions of health care providers in providing the best care for the patients (12).

One of the problems that we suffer from is shortage of medical equipment which is available and also this equipment is not updated to meet the medical advancement to provide the best care (12).

Some of the nurses state that the shortage of equipment and medicine is always compensated, for example when there is deficiency in vaccines the patient is delayed to another day. Some patients though choose not to come back until maybe years later and this could cause some problem because the patient’s file is then deleted.

No shortage of supply occurs. When there is shortage of material, there is direct compensation so nobody notices this shortage (2).

The large number of patients received every day leads to shortage of equipment and medications. Nurses also express that they feel pressure due to the large number of patients received each day. One explanation for the large amount of patients is because the care is good and for free. Furthermore, the nurses express that there is not enough medical staff to meet the needs of all patients.

I work in heart and eyes clinic and the reason why I work in both clinics is the shortage in medical staff and this is one of the problems that the centre suffers from (14).

When pressure occurs at work, the nurses feel that there is a part of their work and that they should handle it.

Sometimes, we feel pressure, but we should deal with it (1).

Nurses compare the services given at their Health care centre with governmental Health care centres and believe that they are able to give better care where they work. Further, the nurses express that the service provided by UNRWA has more available resources than the governmental services.

In my opinion, I claim that the care provided in the centre is better than the care provided in the other governmental centres, that all equipments are available (13).

The equipment is not enough but the services which are provided are good compared to other governmental centres (11).

Since the buildings are separate in the health care centre, the nurses feel it would be better to be in one building. Despite this, the nurses still feel there is excellent service since they have room for different treatments such as blood pressure room, dressing room for wounds and injection room. What the nurses miss is their own staffroom. Some of the nurses believe that
the Health care centre has improved since they started to work there. Other nurses claim that the medical services have not changed or improved compared to other services that are updated.

**Methodological reflections**

**Preparations before collecting our qualitative data**

When conducting a study in a developing country, it is important to be prepared that the original plan can be modified plenty of times and the outcome of the study might not be as expected. To wait three weeks for the approval to do interviews in the Palestine refugee camp might have been positive because we had the time to acclimatise to the Jordan society and also visit the refugee camp twice. Just to get access to the Palestine refugee camp can be difficult. According to Halabi (2005), the researcher has to have personal contacts, like we had, to be able to enter the camp, our access to the camp was through University of Jordan, Faculty of Nursing. The visits to the refugee camp made us more aware of the environment in the camp and gave us some preparation for our data collection. These three weeks before the data collection also gave us opportunity to meet students and teachers at the Faculty of Nursing. We tried to get an understanding of the Jordan culture and interacted with Jordanian people. Through the University, we also visited a hospital and a governmental Health care centre. We believe that these visits and meetings with different Jordanians made us more comfortable at the day of data collection; we then knew what to expect. The fact that we had done the bus trip to the camp before and knew how long time the bus drive would take made us aware of the time we had to introduce our study to the students who were going to help us collect the data. Upon our arrival to the Health care centre, we recognised the environment since the building was situated next to the rehabilitation centre which we had already visited. The first time we visited the camp, there were a lot of new impressions and at the day of the data collection, we could focus more on the study instead of the different context.

Our experiences of people’s interacting with each other in Jordan are different from what we are used to in Sweden. It seems that the people we met are used to lively surroundings and are not disturbed by this. While talking to a Jordanian nursing student who had been an exchange student in Sweden for five months, we discussed this and she experienced that it was very “quiet” in Sweden comparing to Jordan and she missed the lively environment in Jordan. During the interviews, there were a lot of people interacting with each other everywhere and being prepared for that made us feel more comfortable in that environment. We think that if we had conducted the interviews in that environment the first weeks without being prepared and having visited the camps before, we would have got annoyed by people interrupting each other all the time. As mentioned before, conducting a study in a different country with participants from other cultures requires that the researcher gets an understanding of the new environment (Birks, Chapman & Francis, 2007). The waiting for the approval also affected the data collection in a way, because it had to be done in a short period of time and we also had created some kind of stress of not knowing if the approval would go through or not.

**Qualitative question in different culture and language**

The open ended question used in the interviews was first translated into Arabic from the original wording in English. This could have had an effect on the data being collected. The meaning of the question might have been changed between the translations. According to Kapborg and Berterö (2002), it can be very hard to get the right content in a word when
translation from one language to another is made, this because of subtle differences in meaning. We have been reflecting over the fact that the question got changed, since the answer from the participants did not match very well our original question. We have also asked ourselves if it was a proper question to begin with or if another type of question or formulation of question could have been better in this context. Maybe more than one question had been appropriate. Thomsson (2002) claims that if the interviewer is a beginner in interviewing, it can be good to have follow up questions prepared before the interview to support the interviewer when the reflection and creativity fail. It is still important despite of these questions to follow the interview and only use the questions if needed. We considered this as well, but decided to use one question, since we did not want to lead the nurses into any specific subject. We had prepared follow up questions to deepen the interviews in case we should perform the interviews ourselves, e.g. “Can you give me an example of what you are talking about”. Our teacher suggested not to give the students this follow up questions, as this would confuse them and they might think that they have to ask all of the questions.

**Interpretation and translation dilemmas**

The students wrote down the interviews in Arabic. Depending on what kind of selection the students did, the results might have been affected, for example one interview could last 10 minutes but there was not so much information written down. Based on their own experiences and interpretations, the students might have made their own selection of what they considered important or not. We had little control over what was said during the interviews because we were not able to understand any Arabic. Thomsson (2002) emphasises that during the interview, the interviewee interprets the answer from the participants and reflects around this answer using interviewer’s own knowledge and experience. Out of the answer, the interviewer then creates following up questions that can not be prepared in advance.

The translation of the Arabic interview text into English might have been effected by the translator’s interpretation of the text and translation skills. Kapborg and Berterö (2002) state that it is good if the participants and the translator have the same cultural background and in this particular study they had that. Since there were two different teachers who confirmed each others’ translations of the interviews, we considered this to be enough. According to Temple and Young (2004), the translator’s role will always be reflected in the research, since the translator makes assumptions about meaning equivalence and this will make the translator an analyst.

**Information to the interviewers**

The students received a very short introduction on the bus to the camp. We had never met the students before and they did not know anything neither about us nor about our study. It was a challenge to select the most important information because of the short period of time for introduction. It might have been better if we had the opportunity to meet the students on an earlier occasion where more time for explanation about the aim of the study could have been possible. Even if the students had carried out a research course, they had never performed interviews before. The students did at most three interviews each. We believe that it is too few to be accustomed to the performance but at the same time this might have kept their interest and focus during the whole time. The fact that two of the students made a decision not to participate right before we should start the data collection meant that the two students who participated instead got a shorter introduction of our study. We later asked our teacher why
they had chosen to withdraw. The reason was that the interest of participation was greater among the latter two students.

**Language barriers**

English is the second language for both of us and the students, a fact that needs to be taken into consideration regarding the validity of the study - whether the students understood everything we said during the introduction of our study and whether we understood the students and their questions correctly. The language barrier between us made it harder to explain everything and this might have affected the results. This might be another reason why we had to exclude one interview which did not contain any information at all to serve the aim of the study.

**Time for trust**

The time pressure made it impossible for us to create any sense of trust feeling between us and the participants or between the students and the participants; it was not possible for the nurses to be away from their work for a longer period time. This lack of time for building trust could also have had an impact on the answers that were not as deep as we expected. In general, though, the nurses started to speak without any problem and they did not seem shy at all. We think that the lack of time for each nurse being interviewed was also one of the reasons to why each interview did not contain so much data. The choice to interview all nurses working at the Health care centre was made because after the first two interviews, we realised that lack of data was an issue. According to Thomsson (2002), it is fair for students to do around ten interviews on bachelor’s level. By doing this amount of interviews, there is more data to reflect around and also more interviews to compare differences and similarities in the description of the participants’ reality. We believe it is good that we covered many of the nurses working in the camp and that they had different ages and experiences from working there because then we got a variety of opinions.

**Environment for interview**

Our plan was to do the interviews in a private room. However, no private rooms were available. The fact that the interviews were held where other people could hear what was said could have had an impact of their answers. In our approval from UNRWA, it is clearly stated that “…the conduction of this research should not be at the cost of proper service delivery in X Health centre.” (Appendix 2). Despite of not taking the nurses from the examining room the nurses seemed to be used to surroundings with a lot of things going on at the same time and being interrupted. We still think that the interruptions had an impact on what the nurses said and this could also be a reason for the lack of data and not so deep interviews. Thomsson (2002) states that having someone else than the interviewer and participants listening is one of the most disturbing things during an interview. It is important that the interview is performed undistractedly so that the participants get the chance to say what they want and that the interviewer has an opportunity to listen. Another consideration regarding the interview circumstances is that the nurses could have influenced each other on what was said during the interviews, since they were in the same room and had the possibility to talk to each other between the interviews. We also discussed the potential effect of being more than one interviewer like we were during some of the interviews. According to Thomsson (2002), being more than one interviewer and only one participant will affect the power situation in the interview and an interviewer has to consider this aspect and make a decision in each interview.
situation. We do not feel that we had more power than the nurses because it was a well known environment for them and they had their colleagues around.

Participants and interviewees

Our wish was to interview staff nurses in the first place, since they have a bachelor’s degree as nurses in Sweden. When we arrived at the Palestine refugee camp, we realised that this was not possible since there was only one staff nurse working in the Health care centre. Despite of this, we did not consider this to be a problem since all nurses provide health care services and have more or less the same duties. All interviewed participants were female and six out of seven interviewers were male. We made a reflection whether this had an impact on the nurses’ feeling comfortable or not. What we could tell from our observations during the interviews was that the difference between the male and female interviewers did not seem to be an issue. After reading the translated interviews and not seeing any significant differences in the translated interviews held by the female student compared to the ones done by the male students, we believed this did not make any impact on the data collected.

Use of tape recorder

From the beginning, we had planned to use a tape recorder. To get the approval from UNRWA, we had to modify this plan. Even if we had received an approval to tape record the interviews, it would have been difficult to perform it, because of the noisy and loud environment around during each interview. Since more than one interview was held at the same time, it would have been another limitation of the tape recording. Halabi (2005) states that even if there is a permission to tape record the interviews, there is a fear from the participant that whatever she or he said might get held as evidence against the participant in the future. It is possible that a lot of information has been left out because of the fact that we were not able to tape record the interviews, but at the same time the nurses might have talked more freely without it.

Consequences of not being neutral

We also have to reflect over our role as Swedish students being at the Health care centre when the data collection took place. The nurses did not seem suspicious towards us, but they knew that the responsible at the Health care centre had let us in to do this research and that we had an approval from UNRWA. We have thought about if our nationality made a difference since Sweden is one of the largest donors to the UNRWA. The nurses might have felt that they needed to talk about good experiences at their work and providing good care at the Health care centre because the donors will otherwise wonder where the donation has gone. Since UNRWA both has to give approval for doing research in the camp and also read it through, we wonder if this could be another issue to the validity of the responses. We wonder if the nurses felt that they could say what ever they wanted to or not, without being afraid of the consequences, knowing that their employers should read the results of the interviews and give their approval.
DISCUSSION

Discussion of method

In the second part of the result, we have discussed all kinds of challenges and limitations that we faced while conducting this field study. Language barrier, cultural differences, organisational limitation and the fact that the original wording of the nurses in the Health care centre went through a lot of filters might have affected the quality of the data collection and the final results of this study.

Our results from the interviews do not contain as much deep qualitative data as we had hoped for. We were considering going back to the Health care centre in the refugee camp to do more observations regarding the relationship between the nurses and the patients. Since we visited the camp twice and did some observations and the fact that we do not understand any Arabic or the way of expressions we asked ourselves what kind of more data we could get out of it. Our permission for doing this study included doing interviews and not doing an observation study. Taking into consideration this ethical aspect, we decided not to go back to the Health care centre to do more observations to get more data.

One limitation we faced during our analysis was the fact that we did not have a lot of original data, as most of the interviews were already compiled in one way or another. Hence, it was hard to find a deeper understanding of the text. Since English is not our first language, this could also have affected the analysis in the way we had interpreted the original text, even though we did not experience this as a problem. When we searched for meaning units, the amount of text naturally decreased further. During our analysis phase when we tried to make themes out of the meaning units, there were only two units that we had a problem to get to fit in at first to one of the themes. It was difficult to find appropriate titles of the themes, but the themes themselves were more obvious to us. Finally, the themes covered the data we got, and no meaning units were excluded. We believe that being two people analysing the data was an advantage because we reflected and discussed a lot together.

Discussion of result

The fact that we had to show our results to authorised persons at UNRWA Field office in Amman to get their opinion of the analysed result before we could complete this paper maybe had an impact on our thoughts about the results as well. After agreement with the authorised persons at UNRWA we decided to clarify their thoughts about the nurses’ answers from the interviews in the discussion of the result. The persons we talked to at UNRWA have been referred to as personal communication in this text. The people mentioned have many years of experience from working and caring in Health care centres in a Palestine refugee camp throughout Jordan and are now working at the UNRWA Field office Amman. The three themes from the results of the interviews have been reflected on and are represented in this discussion.

Caring is about making patients feel pleased

In the first theme, the nurses discuss different ways of taking care of the patients such as communication and making patients feel comfortable. The result shows that the nurses use
communication when caring for the patients and use it as a tool to solve problems. According to Jordanian Nursing Council (2005), the nurse should consult and communicate with the patient. Communicating is one of the nurses’ most important roles, since it is through communication that the nurse can find an understanding of the patients’ life-world. Arnold and Underman Boggs (2003) believe the communication is used to establish a relationship between the nurse and the patient. To help the patient find a meaning in the experience of suffering, the nurse can use effective communication.

The participants also mention caring through friendship. According to R. N. Sahtout, M. A. (Primary health care speciality. Field Nursing Officer, UNRWA, Jordan, personal communication 2007-05-03), this is more like a good relationship that has been created through a regular contact between the nurse and the patient. For example, the nurses follow up a pregnant woman many times and give education in family planning and also doing home visits. McCann and Baker (2001) also found friendship connected to nurse patient relationship in their study about how mental health nurses develop interpersonal relationship with their patients. The study shows that the nurses treat the patients the same way they treat their friends and look for the same meaning that is in a friendship but try to make it a professional friendship. According to Sellman (2006), the patient - nurse relationship is different than friendship. The relationship between the nurse and patients is not freely chosen by the patient. Even though the patient - nurse relationship is different, it is as the friendship built on trust. The time limit the nurse has with each patient is something that we thought would affect the relation between the nurse and patient in a negative way. Maybe this is a fact, but what is understood from the nurses’ experience is that they still have time to create a friendly relationship with the patient and also provide good care. Sahtout’s thoughts (R.N. Sahtout, M.A., Primary health care speciality. Field Nursing Officer, UNRWA, Jordan, personal communication 2007-05-03) about the fact that the relationship between the nurse and patient is built upon regular nursing patient meetings is confirmed in a study by Drennan and Joseph (2005). The study is aimed to describe the nurses’ experiences working with refugee women in England and addressing the refugees’ health needs. It was found that long term and continuous relationships with the patient were of great value. After years of interaction with the nurse, the patient shared emotional distress (Drennan & Joseph, 2005).

Good care is a notion that we have thoughts about. The fact that the nurses experienced that they provide good care can be discussed to what good care is. The meaning of good care must be referred to its context. Good care for someone can be average or bad care for someone else. Having the best technical and advanced resources in the world does not equal providing good care and having just a glass of water to give to someone who feels sick can be the best care. The thoughts about what good care is must be dependent on values, moral and ethics. To satisfy and meet the patients’ needs is an important issue when talking about good care and this is what the nurses in the Health care centre claim they do. The nurses feel they can meet the needs the patient have when visiting the Health care centre. Griffiths, Emrys, Finney Lamb, Eager and Smith, (2003) identified that nurses caring for refugees require information about the conflict the refugees relate to in order to be able to provide holistic care and meet the needs the patient has. Being Palestine refugees themselves, the nurses’ understanding of patients’ background is something that we think is added to the good care they feel they can provide. We do not know though if the nurses have asked the patients about what they think about the care or if the nurses are convinced of the patients’ satisfaction of care anyway.
Providing care makes me feel stronger in my profession

In the second theme, the nurses talked about the feeling that they have a family connection with the patients they care for. As most of the staff are refugees themselves and live in the camp, there is a special connection between them. They have the same history, culture and suffering. Suffering in the meaning of being a human and losing their country. The nurses feel that the patients in the camp really need their help and that they take part of a good thing when caring for them (R.N. Sahtout, M.A., Primary health care speciality. Field Nursing Officer, UNRWA, Jordan, personal communication 2007-05-03). Belonging to the same culture makes the community stronger. Family and cultural ties are fundamental to give support and comfort to people who suffer (Arnold & Underman Boggs, 2003). We also recognised this after speaking to a lot of Palestines living in Jordan. We found that the connection among the Palestines seems very strong and as we can understand the family is also a very important component in their lives.

The nurses felt self-confident and satisfied at work. According to R.N. Sahtout, M.A. (Primary health care speciality. Field Nursing Officer, UNRWA, Jordan, personal communication 2007-05-03) there are a lot of factors that contribute to the feeling of being happy and satisfied at work in the Health care centre such as good duty hours, continuous training and knowledge that everyone in the staff is competent in his/her work. These factors together also make the nurses feel self-confident, like they said they grow stronger from their experiences. Another thing that encourages the staff is that they are updated with the latest report of the work they have done. A lot of nurses want to work in the Health care centre and many of them stay until retirement and this is according to Sahtout, M.A. proof of satisfaction at work. Mrayyan (2005) who studied nurses’ job satisfaction in Jordan argues that one of the main factors that a nurse stays at a workplace for a longer time is because she is satisfied with her job. According to Dr Khnouf, B. (personal communication, 2007-05-01) the nurses in the camp feel satisfaction because the “structure” of the care is organised and everyone knows what to do and again because of the family feeling. When we observed the Health care centre, it first seemed very unorganised from our point of view. After spending some time there, we realised that in this busy environment there was some kind of structure, because the staff seemed to know what to do and the patients were calm.

Different perspectives over resources for patients’ needs

The results in the last theme about the resources made us a little bit confused. The nurses’ opinion differed about the resources. Our reflection over this was that the answers could partly depend on what the nurses compare the resources to and what kind of experiences they have. For example, some of the nurses compare the care provided with governmental centres and some of them might look at other things. It might also depend on what kind of section they work in. The nurses talked about pressure at work, but we reflected over that none mentioned that they felt stress. When we talked to the field nursing officer at UNRWA field office, she said that it was obvious that the nurses feel stress in their work because of the heavy workload with a lot of patients per day. They would like to have more time with each patient. For example, she told us that one nurse could take care of 35 children per day (Sahtout, M.A. R.N., Primary health care speciality. Field Nursing Officer, UNRWA, Jordan, personal communication 2007-05-03). When we visited the camp and saw the large amount of patients with our own eyes, we reflected the pressure the nurses must feel every day. To have a room for the nurses where they could take a short break would have been appropriate.
The result of the reflection related to the challenges and limitations have already been discussed (see page 15).

**Implications for caring**

When we went to Jordan to carry out Minor Field Studies, we tried to be as open minded as possible but still, we realised that we had a picture in our minds what things would be like. Putting these prejudgements into the caring perspective, we find it important to always ask the patient and be prepared for the unexpected answers instead of making your own judgement of patients’ experience, feelings and wishes. The nurses in this study have the same background and living situation as the patients and this connection is added to the good care the nurses feel they provide. We believe that this is something that can be thought about in caring all over the world. We do not say that the nurse and patient need to origin from the same culture, but if the nurse knows a bit about the patients’ background and culture, they might feel a better connection and satisfaction of the relationship between the nurse and patient and create a better caring environment. Therefore, we believe it is important to gain international experiences as a nurse to increase the understanding of patients from other cultures than your own.

**Implications for qualitative studies in a different culture**

We believe that it is very important to be prepared as much as possible before conducting a field study in a developing country. To read about the country, culture and religion makes you more prepared mentally before travelling and this is something we strongly recommend. We believe that to have knowledge about the subject and have a plan for your study is important. If the study is not going according to the plan, other methodological options can be valuable to have in account. We hope that this study can be useful for other people who want to carry out a field study and that our experiences can be helpful while preparing for potential limitations and challenges when conducting a field study in a different culture than your own.

**ACKNOWLEDGEMENTS**

We would like to thank the participating nurses who shared their experiences of working in the Palestine refugee camp. We also like to thank students, teachers and our supervisors at the University of Jordan and University College of Borås for helping us accomplish this study as well as all other organisations that helped us with finding information and sharing there experiences and point of views. A special thank to SIDA and MFS who made this whole project possible.
REFERENCES


Dear Sheldon Pitterman

We are two students from the University College of Borås Sweden, faculty of health science. Our graduation to become registered nurses will be in January 2008. We have received the scholarship called “Minor Field Study” where we have the opportunity to go to a developing country to do our Bachelor’s paper. Our University have a good cooperation with University of Jordan, faculty of Nursing, Amman and that is why we decided to go to Jordan to do our Minor Field Study. We have a supervisor in Sweden, Dr Anders Jonsson, Assistant Professor, Ph and a supervisor in Jordan Dr Jehad O. Halabi, Assistant professor at University of Jordan who will help us carry through this study.

Aim/Title
The aim of our study is to investigate how nurses experience working in a refugee camp in Jordan. We believe that a study about the general nurses’ experiences will increase the awareness and understanding of nurses working in another part of the world with other conditions than we are used to. The title of our study will be “Nurses experiences of working in a refugee camp in Jordan”.

Method
To do this study a good way would be to do interviews with nurses that are working in the camp. We estimate 6-10 interviews for our minor field study would be enough. This means that we need 6-10 different nurses and each interview will take approximately 1 hour. This is the involvement we need from the UNRWA staff. We wish for the interviews to take place between 29th of March to 15th of April. We are willing to carry out the interviews wherever it is suitable for participants and UNRWA. Our interviews will be tape recorded if the participants agree. The results will be confidentially treated. This is a minor field study on a bachelor level where we as future nurses have the opportunity to see how it is to work under different circumstances than we are used to. To fulfil the aim of this minor study we are dependent on these interviews, and would be grateful if it possible to do them.

Minor Field Studies/ Sida
MFS (Minor Field Studies) is a scholarship programme for field studies in developing countries. It is aimed at university and college students with an international interest who wish to spend 8 to 10 weeks in a developing country gathering material for their Bachelor or Master dissertation. It aims to provide Swedish students with the opportunity to build up their knowledge of developing countries and development issues. The Minor Field Study scholarship is funded by The Swedish Agency for International Development Cooperation, Sida. Sida is a government agency under the Ministry for Foreign Affairs. Sida's goal is to contribute to making it possible for poor people to improve their living conditions. As other
APPENDIX 1:2

Swedish government agencies, Sida works independently within the framework laid down by the Swedish Parliament and Government. They specify the budgets, the countries with which Sweden – and thereby Sida – is to work with, and the focus of Swedish international development cooperation. Sida is a global organisation. Its head office is in Sweden and it has field offices in some 50 countries.

If you have any further questions do not hesitate to contact us or our supervisors.

Yours sincerely

Emmeli Fröberg & Anna Rolandsson

E-mail:

Dr. Anders Jonsson
Assistant professor, Ph
Högskolan i Borås
Institutionen för vårdvetenskap
Borås
Sweden
Tel:
Fax:
Mobile:
Email:

Jehad O. Halabi, Ph.D.
Assistant Dean for Development Affairs
Department of Clinical Nursing
University of Jordan, Amman
Jordan
Tel:
Fax:
Mobile:
Email:
Sheldon Pitterman  
Director of UNRWA operations Jordan  
2007-03-29

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The aim of our study is to investigate how nurses experience working in a refugee camp in Jordan. We believe that a study about the general nurses´ experiences will increase the awareness and understanding of nurses working in another part of the world with other conditions than we are used to. The title of our study will be “Nurses experiences of caring for patients in refugee camp in Jordan”.

Method
Data will be collected by interviewing nurses that are working in the camp. The interview will take (15-20) minutes. Our study sample will be (10-15) nurses. This is the involvement we need from the UNRWA staff. We wish that the interviews will take place between 29th of March to 15th of April. We are willing to carry out the interviews at X Camp. The results will be confidentially treated. This is a minor field study on a bachelor level where we as future nurses have the opportunity to see how it is to work under different circumstances than we are used to. To fulfil the aim of this minor study we are dependent on these interviews, and would be grateful if it possible to do them.

Minor Field Studies/ Sida
MFS (Minor Field Studies) is a scholarship programme for field studies in developing countries. It is aimed at university and college students with an international interest who wish to spend 8 to 10 weeks in a developing country gathering material for their Bachelor or Master dissertation. It aims to provide Swedish students with the opportunity to build up their knowledge of developing countries and development issues. The Minor Field Study
APPENDIX 2:2

scholarship is funded by The Swedish Agency for International Development Cooperation, Sida. Sida is a government agency under the Ministry for Foreign Affairs. Sida's goal is to contribute to making it possible for poor people to improve their living conditions. As other Swedish government agencies, Sida works independently within the framework laid down by the Swedish Parliament and Government. They specify the budgets, the countries with which Sweden – and thereby Sida – is to work with, and the focus of Swedish international development cooperation. Sida is a global organisation. Its head office is in Sweden and it has field offices in some 50 countries.

We attached a letter from SIDA that explains the aim of the study and the Questions that will be asked in the interviews.

If you have any further questions do not hesitate to contact us or our supervisors

Yours sincerely

Emmeli Fröberg & Anna Rolandsson

E-mail:
mobile: (Emmeli)
mobile: (Anna)

Dr. Anders Jonsson
Assistance professor, Ph
Högskolan i Borås
Institutionen för vårdvetenskap
Borås
Sweden
Tel: Fax:
Mobile:
Email:

Jehad O. Halabi, Ph.D.
Assistant Dean fo Development Affairs
Department of Clinical Nursing
University of Jordan, Amman
Jordan
Tel: Fax:
Mobile:
Email:
Interview Questions

1. From your perspective as a nurse how do you assess the type of care provided at refugee’s camps?

2. How do you feel about your work?

3. Can you give examples on what you are talking about?
To: Director of UNRWA Operations, Jordan
   & Chief, Field Health Programme,

From: Director of Health, HQ, Amman

Subject: Study on “Nurses Experience of Working in a Refugee Camp in Jordan”


First of all we would like to thank those Nurses as well as their supervisors and University College of Borås for their interest to Palestine refugee community and to their living and health status. Thanks are extended to the Swedish people for their generous and continuous support to UNRWA.

The data collected from any UNRWA health centre should be revised, discussed and approved by authorized UNRWA staff such as the Chief Field Health Programme in Jordan before publication for the sensitivity of this issue i.e., in the second page third paragraph, it is stated that: (Dr. Halabi says the number of refugees are about 200,000) which is incorrect.

This research is an opportunity for our nursing staff at service provision level to interact with other experience to improve their skills and knowledge. However, the conduction of this research should not be at the cost of proper service delivery in health centre.

In view of the foregoing, I recommend the approval of this research.

Dr. Giuseppe Sabatini
APPENDIX 4

Information to the interviewer

Background

When we read about the Palestine refugee camp we got interested to find out more about how do the general nurses in a Palestine refugee camp experience taking care of patients. We could not find any literature or studies that illustrated the general nurses’ perspective working in the Palestine refugee camp. We believe that a study about the general nurses’ experiences will increase the awareness and understanding of nurses working in another part of the world with other kinds of conditions than we are used to.

Aim of study

The aim of this study is to put some light on nurses’ experiences from taking care of patients in a Palestine refugee camp in Jordan.

What to think about

Qualitative interviews are recognised of that an open question is being asked. The open question is used so the respondents have the possibility to describe their experiences in a way that is more independent than being controlled by alternative answers. Using this interview method the researcher can get answers that are not expected and the reality can be described as a lived experience (Streubert, 2006). It is important that the participant knows about the freedom of expressions and that there is no wrong or right answers (Halabi, 2005).

Before you do the interview, try to get a little bit familiar with the participant, introduce yourself, who you are and what you are doing, aim of the study.

When you do the interview it is important that you smile and nod even if you don’t agree and think the same as the participant. Nod as “I understand” not as “I agree”. Smile as “You have the right to think and say that” not as “I think so too”

Be interested in what the participant says, or “play/pretend” to be interested.
It is important that you do not ask leading questions, just following up questions depending on what the participants are saying. Try to write down as much as possible from the interview, both your question and the participant’s response.
APPENDIX 5

Oral information to the participant

Anna and Emmeli are nursing students from Sweden that are here in Jordan to do their bachelor’s paper. They got a scholarship to go to a different country and see how nurses working there. They can’t speak any Arabic, that is why I got chosen to do this interview instead.

The aim of this study is to investigate how the nurses’ experiences from taking care of patients in a Palestine refugee camp in Jordan. We believe that a study about the general nurses’ experiences will increase the awareness and understanding of nurses working in another part of the world with other conditions than we are used to. The title of our study will be “Nurses experiences of caring for patients in refugee camp in Jordan”.

The interview will take approximately half an hour.

Tell the participant about that taking part in this study is on a voluntary basis. Tell the participant that you are going to write down the interview so you can remember the participants own words. Tell the participant that the results will be confidentially treated, the identification and name of the participant will not be recognized in the Bachelor’s paper and the printed interviews will be securely treated, no unauthorized person will have access to the information.

Ask the participant of approval to do the interview.

Ask the participant if they have any further questions before the interview starts.

Thank you for helping us with this study!

Good Luck!

Emmeli Fröberg

Anna Rolandsson
APPENDIX 6

Minor Field Study

We are two students from the University College of Borås Sweden, faculty of health science. Our graduation to become registered nurses will be in January 2008. We have received the scholarship “Minor Field Study” financed by The Swedish Agency for International Development Cooperation (SIDA), where we have the opportunity to go abroad to do our Bachelor’s paper.

The aim of our study is to find out how nurses experience taking care of patients in a refugee camp in Jordan. We believe that a study about the general nurses’ experiences will increase the awareness and understanding of nurses working in another part of the world with other conditions than we are used to.

Taking part of this study is on a voluntary basis.

The results will be confidentially treated; this means that your identification will not be recognized in our Bachelor’s paper. The printed interviews will be securely treated; no unauthorized person will have access to the information.

Don’t hesitate to contact us at any time.
Thank You for taking your time.

Yours Sincerely

Anna Rolandsson & Emmeli Froberg