The Efficacy of Health Services as Perceived by Syrian Refugees: A Field Study in the North of Jordan

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Abstract

The study aims to report the efficacy of health services (Psychiatric, Physical therapy, Surgery, Artificial limbs, and Drugs) as perceived by Syrian refugees in Jordan and examine the influence of some socio-demographic factors on health efficacy services among Syrian Refugees in Jordan. The available sample consists of (400) respondents over the age of eighteen from different locations in the north of Jordan (in and out of refugees' camps' residents). Compared means was used to conclude, which is a better service for the refugees. Multiple regression analyses were used in order to examine the socio-demographic factors' role in explaining their perception of efficacy about the presented health services. Included predictor variables were educational attainment, place of living, kind of limps and gender. The results of this study revealed that providing drugs, surgery, physical therapy, and psychiatric services showed efficacy among refugees. Also, the efficacy of health services among refugees was significantly influenced by education, place of living, kind of limps and gender respectively.

Keywords: Refugees, Syrian, Medical Sociology, Perception, Jordan.

فاعلية الخدمات الصحيّة كما يراها اللاجئون السوريون: دراسة ميدانية في شمالي الأردن

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ملخص

تهدفُ الدراسةُ إلى الإبلاغ عن فاعلية الخدمات الصحيّة (الطب النفسي، والعلاج الطبيعي، والجراحة، والأطراف الاصطناعية، والأدوية) كما يراها اللاجئون السوريون في الأردن ودراسة تأثير بعض العوامل الاجتماعية والديموغرافية على خدمات الفعالية الصحيّة بين اللاجئين السوريين في الأردن، وتتكون العينة المتوفرة من (٤٠٠) عينة تزيد أعمارهم عن ثمانية عشر عاماً من مواقع مختلفة في شمالي الأردن (داخل سكان مخيمات اللاجئين وخارجها). وقد تمَّ استخدام الوسائل المقارنة للاستنتاج، وهي خدمة أفضل للاجئين، وتمَّ أيضاً استخدام تحليلات الانحدار المتعددة من أجل فحص دور العوامل الاجتماعية والديموغرافية في شرح تصورهم للفعالية حول الخدمات الصحيّة المقدمة، تضمنت المتغيرات التوقعية التحصيل التعليمي، ومكان المعيشة، ونوع الجنس .

كشفت نتائج هذه الدراسة أنَّ تقديمَ الأدويةِ والجراحةِ والعلاج الطبيعي والخدمات النفسيّة أظهرت فاعلية بين اللاجئين، كما أنَّ فاعلية الخدمات الصحيّة بين اللاجئين تأثّرت بشكلٍ كبيرٍ بالتعليمِ ومكان المعيشة ونوع والجنس.

الكلمات المفتاحية: اللاجئون، السوريون، علم الاجتماع الطبي، التصور، الأردن.

Introduction:

Jordan was described as a unique country because of its liberal refugee admission policy and its refugee settlement plan developments within its borders. Jordan's refugee settlement plans are considered one of the three reliable solutions for the refugee problem. The other two solutions are either to go back to their homeland or to be resettled in a third country (Simadi and Atoum: 2000). Jordan, historically, has been considered the most similar country for Palestinians and Syrians in terms of geography, religion, race, and ethnicity. Therefore, it is usual for Jordan to host a vast number of Syrian and Palestinian refugees. More specifically, the northeastern border between Jordan and Syria, makes the country a prime location for Syrian refugees escaping the civil war. Also, Jordan always included Syrian nationals in the country's primary policies on both the national and international level as it tries to transform the refugee issue to the whole world and cover all aspects of life, socially and economically (The Jordan Times: 2016).

In general, the Syrian refugee camps population can be described as homogeneous with some differences in economic and social standings from individuals outside of the camps. Most studies indicate that the camps have a high level of poverty and a low demographic composition. This makes the camp's population a separate collective identification than the populations outside the camps in Jordan, particularly naming them as excluded people (Merve Ay, et al: 2016). This separate identification combined with the camps' overall population may explain their status instability as refugees. Moreover, this situation does not mean that camp residents could not improve their economic status; however, only a socioeconomic barrier that prevents camp residents from reaching their full potential and attaining greater careers(United Nations, 2000). The camps' homogeneity explains the similar living conditions and class structure across the camp's population. The sources of these similarities include the social origins of camp dwellers and the standard and widely shared lifestyle among camp residents, many of which came from rural areas and kept the same lifestyle of living in a large family, in a single house, and with a low income. At the same

time, they work in low-skilled jobs that have limited economic contribution.

Another factor of similarity in camps is the employment market; some of the residents could get some opportunities in finding employment and establish businesses (relatively wealthy) such as taxi driving and self-employment (Al-Fahoum, et al: 2015). A report by the (UNHCR, 2020) emphasized that camp residents generally reach more employment through direct contact with employers than through friends and relatives, compared to refugees outside the camps. Yet, the UNHCR report also highlighted the presence of the "*wasta*" culture among an informal job market that spreads across refugee communities inside and outside the camps. Such culture allows for refugees to obtain employment through some relative and friend working the same job. Moreover, the presence of this culture is more prominent inside the camps due to the camps' strong social structure. Though the culture provides employment, it also implies disadvantages, including the continued recruitment of co-residents into low-skilled and low-paid occupations. This vital social structure creates a situation where the chances for social and economic advancements are limited by the lack of stable contact and access to jobs from resourceful persons outside the camps. These two processes are operating life within the camps.Additionally, the processes by which refugees seek employment (through relatives or friends) references the presence of an informal job market that continues to grow with more refugees landing jobs through "*wasta*" (Khawaja and Tiltnes: 2002). The growth of an informal job market for Syrian refugees also implies a deviation from the formal Jordanian job market, and unfortunately, one disadvantage of such deviation is that it decreases the number of social networks or even working ties with Jordanian nationals. On the other hand, the presence of this informal job market among Syrian refugees also implies stronger social networks between refugees themselves.

In 2014, few Syrian refugees were able to start their own businesses; now and in recent years, reports by the (UNHCR, 2020) indicated that more than (5%) of Syrian refugees in Jordan started their own business through the presence of stronger social networks between refugees that encouraged the population to reach beyond their full potential. Above all, the lack of employment or employment

in low-paying jobs continues to be a problem facing refugees inside the camps more than those outside the camps for reasons such as the presence of strong social networks among camp residents that prevent them from reaching out of their social ties for job opportunities. Though it presents some advantages for the overall employment demographics of refugees living in Jordan such that many starts to develop their own businesses, camp residents still face employment hardships more frequently.

Jordan did not sign the (1951) Convention relating to the Status of Refugees; however, the country has welcomed large numbers of forced migrants throughout its history. Today, the refugee population accounts for more than 30 percent of the total population with Palestinians and Syrians constituting the major groups of forced migrants (Atoum and Athamneh: 2011).

Since March 2011, unexpected numbers of displaced people from Syria moved to Jordan due to the onset of the civil war. The migrant population reached around (1,265,514) Syrians, including about (629,000) Syrian refugees registered with the United Nations High Commissioner for Refugees (UNHCR: 2015). Allowing refugees to live outside the camps was supposed to facilitate their entrance into the labor market and family reunion (Jordanian Ministry of Interior: 2016). A report done by the World Bank revealed that the Syrian refugee influx to Jordan had cost the kingdom more than ($2.5) billion a year(Jordan Times, 2016) which amounts to about 6% of Jordan's GDP and about a quarter of the government's annual revenues. The majority of the refugees in Jordan live in local communities rather than refugee camps, which had added an immense strain on the country's infrastructure, particularly towns in northern Jordan adjacent to the Syrian border (Basheti, et al: 2015).More specifically, regions highly dense with Syrian refugees continue to experience pressure on the regional Municipal services such as waste and water services, in addition to the increase in rental prices that in some cases benefited Jordanian landlords, but in most cases, it put Jordanians and Syrian refugees trying to rent in those regions at a big disadvantage (Lama: 2016).

Jordan shares history, culture, and a long open border with Syria. Jordan gives

access to protective and therapeutic services to Syrian refugees. Over 70% of Syrian refugees have integrated with host Jordanian communities, with 30% living in official camps that began in early (2012); the largest of which is Aza'tary, with an estimated population of (120,000). In the camps, UNHCR and other partners, with the support of Jordanian Ministry of Health (MOH,2016), provide health and humanitarian services. Yet, for the larger proportion outside the camps, not all the healthcare needs of refugees are met. The camps are a closed and controlled environment, and thus there is more control over the services and events that go on inside as opposed to outside. The Jordanian MOH provides full access to health services for the Syrians outside camps and the local Jordanian population, yet outside the camps is not as much of a closed controlled environment as it is inside the camps. Additionally, some non-governmental organizations and private sector practitioners also conveyed benefits to Syrian refugees outside the camps (Guterres and Spiegel: 2012).

Most of the refugees' demands are located in the four northern districts and Amman, where specialty care can be found. A joint rapid health assessment led by the Jordanian MOH and WHO is currently underway to determine better facility capacity and service profiteering patterns in the most affected areas (Mujalli, et al: 2013). The (UNHCR, 2016) indicated that although (97%) of Syrian refugees had a security card, only 70%recognized the support access to government health services. In addition, only (47%) of refugees can identify the nearest clinic in their location. Amman scored the highest by 24% followed by (22%) and 19% for Irbid and Al-Mafraq, respectively. For security card witnesses, about 58% of households did not have it.

With regards to healthcare demands, there has been a considerable increase in surgical care demand. Surgical operations for Syrian refugees in MOH facilities have increased significantly (from 105 procedures in January to 622 in March). Similar trends for Syrians' admission to MOH facilities have been observed, reflecting the fast influx of refugees into the country. Surgical and trauma care needs include amputations, burn care, acute surgical conditions (e.g,accidents, falls) that affect those uncover to conflict, as well as treatment for weapons-related wounds (MOH: 2016).

Other demands include cancer treatment, which requires work-intensive efforts by presenters and more expensive medication and therapies. The cancer cost among Jordanians is already very high on MOH's budgets and workforce. The public hospital system could only care for (134) Syrians with cancer in 2011. This increased to (188) cases in 2012 and is expected to grow to more than (600) cases this year (2013). This represents a 14% rise in the number of patients treated. This additional Syrian burden significantly affects Jordan's efforts to improve cancer control (Mujalli, et al: 2013).

Additionally, non-communicable diseases are among the number of healthcare issues facing Syrian refugees. More than half of Syrian refugee households in Jordan reported a member with non-communicable diseases (NCD) (Shannon, et al: 2015). A significant minority did not get care, and the cost was the primary barrier. Furthermore, Shannon et al. (2015) explore funding limitations as one of the primary problems. With funding limitations, determining the means to keep and improve NCD care access for Syrian refugees in Jordan is basic. Moreover, their results have reported that among adults, hypertension extension was the highest (9.7%), followed by arthritis (6.8%), diabetes (5.3%), chronic respiratory diseases (3.1%), and cardiovascular disease (3.7%). (84.7%) of the (1363) NCD cases received care in Jordan; of the five NCDs measured, arthritis cases had the lowest care-seeking rates at (65%). Individuals from households in which the head completed post-secondary and primary education, respectively, had (89%) and (88%) lower odds of seeking care than those with no education. Refugees in North Jordan were most likely to seek care for their condition; refugees in Central Jordan had (68%) lower odds of care-seeking than those in the North.

With the increasing number of healthcare problems among Syrian refugees, the Center for Humanitarian Health at Johns Hopkins University (2016) reported that the influx of Syrian refugees into Jordan presents an immense burden to the Jordanian health system. Changing lifestyles and aging populations are shifting the global disease burden towards increased non-infectious diseases, including chronic conditions and injuries, which are more complicated and costly to manage. The strain placed on health systems threatens the ability to ensure refugees' health

needs are adequately addressed. Considering the increasing challenges facing host governments and humanitarian actors to meet the health needs of Syrian refugees and affected host communities, this study was undertaken to measure the utilization of health services among Syrian refugees in non-camps settings.

According to the study of Johns Hopkins University (2016) the Care-seeking was high, with (86.1%) of households reporting an adult sought medical care the last time it was needed. Approximately half (51.5%) of services were sought from public sector facilities, (38.7%) in private facilities, and (9.8%) in charity (NGOs) facilities. Among adult care seekers, (87.4%) were prescribed medication during the most recent visit, (89.8%) of which obtained the medication. Overall, (51.8%) of households reported out-of-pocket expenses for the consultation or medications at the most recent visit. The report's conclusions were despite high levels of care-seeking, the cost was an essential handicap to health service access for Syrian refugees in Jordan. The stopping of free access to health care since the survey is likely to have worsened health equity for refugees. The dependence of refugees on public facilities for primary and specialist care has placed a significant burden on the Jordanian health system. To improve accessibility and affordability of health services equitably for both refugees and Jordanian host communities, strategies that should be considered going forward include shifting resources for non-communicable diseases and other traditional hospital services to the primary level and creating strong health promotion programs emphasizing protection and self-care strategies (Johns Hopkins University, 2016).

The UNHCR team, in their study (2014) on the perceived health needs of Syrian refugees outside the camps, tried to identify the most needed health care services, accessibility of various health care services, and barriers to access. The (UNHCR) study, which was conducted in the Amman, Irbid, Karak, and Maan governorates of Jordan used a structured questionnaire to measure ongoing needs measurement of a Jordanian nongovernment organization in April 2014, with 196 surveys. In addition to the prevalent acute and infectious diseases, chronic diseases and dental problems were common. Preventive and primary health care were more accessible than advanced services. Structural and financial barriers hindered access.

The specific survey location and governorate were associated with a difference in reported access. Registration status, health provider, duration, and out-of-pocket payment did not affect accessibility. The capacities of health facilities at different levels should be increased as well as enhanced information sharing among health providers can improve the identification of needs and gaps.

In a recent study by Al-Khatib (2021), the reality of health services provided to Syrian refugees in Jordan is identified. This study shows two aspect:a financial aspect and a psychological and social support aspect. The study depends on the analytical descriptive method. To achieve the aim of this study, a questionnaire was designed to collect data. This questionnaire consists of two parts: the first one is demographic data, and the second part contains two directions with (40) paragraphs. The study group consists of Syrian refugees, whose age is (18) and over, and the residents of Irbid and Al-Mafraq. The study sample contains (329) Syrian refugees. The study came up the following results: Two aspects (the financial aspect, the psychological and social support side) came with a moderate degree of agreement, and the results of the study showed that there are statistically significant differences about the level of significance(0.05) for the following variables: age, the financial side, and the psychological and social support side, the marital status, and the psychological and social support side, the destination for receiving health care, and the psychological and social support side in health status. However, there were no statistically significant differences at the level of significance (0.05) for the following variables: gender, a place of residence and an educational level).

Statement of the Problem:

The importance of the present study arises from the present literature on the Syrian refugee crisis in Jordan more specifically the status and efficacy of health services that are provided for Syrian refugees in Jordan. While there has been mention of the economic support, international programs, and NGOs services, there has been very limited research on the perception or recognition of the efficacy

of health programs by Syrian refugee. Also, there has been no research that studied the feelings that refugees had towards support programs including their satisfaction with such programs and if it met their healthcare needs or not. For this reason, this study aims at addressing gaps in refugees' perception of healthcare services in Jordan, particularly their satisfaction and meeting their healthcare needs.Although there have been many actors who provide help to refugees, still some reports indicate that almost (80%) of refugees in Jordan are under the poverty line.According to the (2019) report, (82%) of Syrian refugees need to borrow money to access urgent health care. Syrian refugees also suffer from both chronic and acute health conditions at higher rates than Jordanians. Non-Syrian refugeesalso do not receive the same level of healthcare support as Syrian refugees (IRC Monitoring Report: 2019).

Additionally, the literature has no comparative studies in this area of research. The guiding assumption of this study is that services may have some effect on the satisfaction of Syrian refugees in Jordan.

Objectives of the study:

This study aims to:

1- Identify how Syrian refugees prioritize the following health services efficiency dimensions: Psychiatric, physical therapy, surgery, and drugs.

2- Identify the cause-and-effect model in predicting health services efficiency among Syrian refugees depending on various socio-demographic factors (gender, age, education, place of living, kind of disease, or recipes).

Questions of the study:

1- The study aims to answer the following questions:How do the Syrian refugees prioritize the following health services efficacy dimensions: Psychiatric, physical therapy, surgery, and drugs?

2- What are the most efficient liner, cause, and effect models in predicting health services efficacy among Syrian refugees depending on various socio-demographic factors (gender, age, education, place of living, kind of disease, or recipes)?

Methodology:

The Population and Samples

This study's population consisted of all Syrian refugees from several north Jordan locations (Aza'tary camp for Syrian refugees, Al-Mafraq and Irbid), which counts for (303,529) according to (WHCR,2021). The general population characteristics include several levels of educational attainment, several types of recipes (visual, deaf, and physical), gender, place of living (in or out of camps), and age. Therefore, the subjects of this study consisted of all Syrian refugees in these locations. Also, there were (400) refugees over the age of eighteen-were recruited through the available sample - (230 males and 170 females) the number of refugees who came from Aza'tary camp (170 refugees), Al-Mafraq (90 refugees), and Irbid (140 refugees).

Variablesof the study

The independent variables include educational level (1 for low, 2 for middle and 3 for high), place of living (1 in camps and 2 for out of camps), kind of injury (1 for Amputation of limbs, 2 for psychological diseases and, 3 for internal illnesses), gender (1 for males and 2 for females) and age.

The dependent variables include the efficacy of health services as measured by the questionnaire and the types of these services which are: Psychiatric, physical therapy, surgery, and drugs and artificial limbs efficacy as perceived by the subjects, which are measured by groups of items for each type as concluded from the results of factor analysis.

Instruments of the study

To assess the efficacy of health services which are offered by the international organizations and the Jordan government, the researchers developed the survey instrument which was based upon previous instruments used in survey research by the authors in the literature review. The instrument was a Likert-type scale (1 = never, 2 = rarely, 3 = sometimes, 4 = often, and 5= always). This instrument consisted of (50) items representing 5 domains of efficacy on health services

(psychiatric services, physical therapy, surgery operations, drugs offering and artificial of limbs domain). The questionnaire score ranges from 50 to 250. The validity of the instrument was confirmed using a panel of five specialists in the fields of sociology, psychology, and special education who confirmed the content validity of the scale. Based on the results of factor analysis as an indicator of construct validity for the test, four dimensions were covered in the instrument. These dimensions include the following (table. 1):

(a) 10 items on the Psychiatric services dimension (e.g., relax feeling).
(b) 12 items on the Physical therapy dimension (e.g., helpful exercises).
(c) 8 items on the Surgery operations dimension (e.g., success of surgery).
(d) 10 items on the drugs offering dimension (e.g., getting the appropriate drug).
6 items on the artificial limbs dimension (e.g., getting the appropriate leg or hand).

Table (1)

Results of factor analysis

Factor	Eigen Value	PCT of Variance	Compact
Psychiatric Services	16.89	20.2	20.2
Physical Therapy	13.46	18.0	38.2
Surgery Operations	9.65	15.3	53.5
Drugs Offering	7.02	8.3	61.8
Artificial Limbs	4.89	5.2	67.0
N= 400			

Reliability was calculated using Cronbach's Alpha for the total score which was (.93) and the Cronbach's Alpha was calculated for each dimension in the scale as seen in (Table. 2).

Table (2)
The Coefficient of Cronbach's Alpha

Value Domain	Coefficient Alpha
Psychiatric Services	.94
Physical Therapy	.91
Surgery Operations	.87
Drugs Offering	.90
Artificial Limbs	.94
Total	.93

These results of validity and reliability considered are enough for this study based on the scientific norms and criteria (Robinson, et al: 1991).

Instructions of the Study

After the researchers had prepared the subjects' names and locations, they explained the purpose of the study and asked for their participation in filling out the study questionnaire. Instructions for answering the questionnaire items were delivered, and subjects were instructed not to write their names on the questionnaire to ensure that their responses were confidential. Questionnairewas completed in about sixty minutes period and collected by the researchers. Afterward, the subjects were appreciated for their effort.

Results:

In order to answer the first question in this study, about the priority of satisfaction dimensions based on the perception of students, means and S.D. means were calculated as the following: for the total score, score of the subject on all items of questionnaire ÷ Total score: 44 ×5= 220÷5, e.g. if the subject score was 90, his score = 90 ÷220 × 5, which equals 2.04 out of 5.

For the dimension score: score of the subject on the items of that dimension ÷ Total score of the dimension ×5) e.g. The total score of the efficacy of surgery

dimension is 40 (8 items × 5 (the highest score), if the subject got (25) at this dimension, his score will be: 25 ÷40×5= 3.13 out of 5, so the mean will be sum scores ÷ their number. Based on these formulas all means will be out of (5). The means and SDs are reported in (Table. 3).

Table (3)
Descriptive Statistics for the Test Dimensions

Dimension	Mean	SD
Psychiatric	1.81	.67
Physical Therapy	2.78	.89
Artificial Limbs	3.51	1.83
Surgery Operations	3.62	1.99
Drugs Offering	4.01	1.89
N= 400		

Findings indicated that efficacy on the drugs offering services dimension (M=4.01) was the highest, followed by Surgery operations (M=3.62) followed by limbs artificial dimension (M=3.51), then the Physical therapyservices dimension (M=2.78) and the Psychiatric services had the lowest value (M=1.81).

In order to answer the second question in the study, regarding the socio-demographic factors predicting modern orientation, analysis of the multiple regression was performed using the modern orientation as the dependent variable and the educational attainment, place of living, occupation, income, and age as independent variables, as shown in (Table. 4).

Table (4)
Multiple Regression Analysis on Socio-Demographic Factors

Predicting Health Efficacy for Syrian Refugees Sample					
Efficacy Services	B	R square	Multiple R	F Value	P Value
Gender	-71.29	.311	.557	44.45	.0001
Constant	-16.81				
Gender	78.21	..444	..666	35.12	.0001
Place of Living	73.10				
Constant	-11.43				
Gender	-71.21	.536	.763	26.78	.0001
Place of Living	78.10				
Education	80.67				
Constant	-7.31				
Gender	-81.37	.610	.817	20.81	.0001
Place of living	81.54				
Education	97.41				
kind of injury	69.75				
Constant	-9.33				

The results in (Table. 4) showed that gender was the strongest predictor of health services efficacy and explained (31%) of the variance followed by the place of living which explained (13%) of the variance followed by education, that explained 9% of the variance, followed by kind of recipes which could explain (8%).

Discussion:

In addressing the study's first question, the findings (Table. 3) showed that the efficacy of drugs offering for Syrian refugees was the highest, followed by surgery operations, Artificial limbs, physical therapy, and psychiatric services. In addition, comparison tests showed significant differences between drug offerings and all other aspects of efficacy. There are also differences between Surgery operations and other elements. Finally, the Psychiatric services aspect was the least dimension of efficacy. The above results about the range of drugs offering on the efficacy of health services by the Syrian refugees reflect an important indicator about their' perception of health efficacy and their preferences about several services. The results were consistent with my expectations because it is the easiest service compared with other services (Gammouh, et al: 2015).

The Surgery operations aspect came as the second most outstanding level of efficacy, which was expected too. This kind of service is urgent, and the treatment of this kind of injury required fast service. However, we found this result consistent with the medicals' philosophy, which concentrates on the necessity of treatment to express frustrations and provide encouragement so that injured refugees can perform just like mainstream people.Artificial limb dimension came third in the efficacy of refugees. This result is very logical because of its importance for the injured, which is considered an appropriate alternative and efficient compensation to the amputee limb.

Physical therapy services were the fourth level of efficacy, which was relatively low. Those who were interviewed reported some negative aspects of physical therapy services, such as the incapability to have or to use appropriate machines that grant some privileges. This result was expected as these machines and specialized people are not readily offered; moreover, the physical treatment usually takes a long time compared with the injured patient.

The least efficacy reported was regarding Psychiatric services. The subjects indicated many psychological problems and believed that health services did not provide enough psychological services, such as health insurance and medication prescription. Considering these and more challenges refugees and immigrants face,

WHO published a report that stated that immigrants and refugees are among risky groups in many aspects such as health, mental health, and providing livelihood during the COVID-19 outbreak (WHO, 2020). Most refugees are suffering from several diseases, shocks, and problems, so they need special treatment that is expensive and not available. Notably, the provision of these services is vital for Syrian refugees, especially those fighting Post-traumatic Stress Disorders (PTSD) and depression. Since the social integration of refugees is essential for the growth of a host country's economy, the provision of psychiatric services is critical for the social integration of refugees, or otherwise, refugees will encounter a more difficult time adjusting and assimilating to their new lives in host countries (Mahmood, et al: 2019). This specific study result proves the need for psychiatric services, not only for their impact on the feeling of health efficacy but for the overall development of refugees living in host countries.

The second question of the study tried to find out predicting health efficacy perception. This result is consistent with some international organization studies in third-world countries (UNHCR: 2016, Shannon et al: 2015, Johns Hopkins University: 2016). It is well documented in the literature on health efficacy that gender is the critical factor in feelings of efficacy in health services among refugees; females feel efficacy more than males (Beta=-71.29). This result is logical because their needs are not as complicated as males, e.g., their injuries are less than men, so their need for surgery or physiotherapy is minimal. Moreover, most of the Syrian refugees' population is females, so they are expected to express their opinions and perceptions about different issues, especially their needs and requirements, more than males (Mujalli, et al: 2013).

The second significant factor is the place of living. Camp residents have more privileges than out camps people in terms of offering refugees' requirements (Beta=73.1), so they were more feel efficacy than out camp residents. However, this result does not mean that health services out camps are not offered, but they are spread in several locations, so reaching these service centers is more complicated than within the camps (Khawaja and Tiltnes: 2002). The study results are consistent

with this idea. In addition, out-of-camp jobs require a way of life and a new way of thinking, and out-of-camp life represents a style of thought and behavior adapted within host societies.

The third significant factor is Education (Beta=81). The education level in any society is a crucial factor in many ways, especially when it comes to the feeling of health efficacy. In third world countries, it is very well known that most of the educated people in these countries have better chances at resemblance and success, specifically, in dealing with life and can adapt better to a new way of life, beliefs and so on (Shannon, et al: 2015). Similarly, the concept applies to Syrian refugees escaping Syria, the most educated of them can deal with and adapt to a new way of life in Jordan as they are more aware of the health services provided and are able to navigate the resources available by the host country. On the other hand, those with limited education lack this sense of full awareness of or the potential to reach out for healthcare services available. For this reason, education is a significant factor in the study results because it is a common indicator of the feeling of health efficacy and the potential for healthy behavior (Hahn and Truman: 2015).

Finally, the study results found that kind of injury (Beta=69) was significant with the impact on the efficacy of health services. This result proves reasonable; the people who have internal illnesses have the highest efficacy level than other injuries because their needs and medicines are not seen as difficult of treatment compared with other injuries such as surgery or psychological diseases. The efficacy of psychological services came as moderate. This result can be interpreted that those people are not aware of reality sometimes, e.g., the psychological shocks take a long time to recover relatively. The people who have problems in their limbs, such as losing leg or hand, expressed less efficacy about their services, which is also very reasonable. Those people became disabled, so their perspective of what is normally changed significantly, making it more difficult for them to accept a new way of life. Moreover, those people's equipment is costly, not easy to be offered, so it is expected to feel low efficacy about their health services (Registered Syrian Refugees: 2016).

Research limitations:

The present findings can be considered limited and hard to generalize on all regions because the gap between them is very large. Some host countries have very good services, such as Turkey. In contrast, other countries such as Jordan and Lebanon for the lack of economic stability hinder such countries from providing quality healthcare services.

Recommendations:

This study may significantly contribute to other studies in this field on refugees present in host countries. These results can also clarify refugees' health services trends, such as psychiatric, surgery, and limps equipment changes to be better. The findings suggest that more attention has to be given to the psychiatric and limps services because of their direct effect on the injured person. Moreover, other studies like this one have to be done on other Middle East host countries to evaluate injured refugees' services. More research is needed on health awareness and services programs among refugees from Syria and research that highlights host countries' economic stability in connection with refugee-related health services. Such refugee-related studies cannot be done by any country alone, so this study suggests an extended study to all Middle East a comprehensive for refugees related the health services. Furthermore, this study calls out the need to establish a coordination office for refugee services under the supervision of (UNHCR), which follows the (UN). Through this office, a permanent central team can be formed to supervise and execute all required studies in the refugees' health topic, in addition to a budget so the office can perform its tasks.

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