Overcoming Barriers to Health Promotion in the Homeless Population Using Nursing Theories

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Learning Objectives

Upon completion of this presentation, nurses will:

1. be able to identify barriers to health promotion strategies in the homeless population.

2. be able to identify two unique health care needs of the homeless population.

3. be able to identify two nursing theories that can be useful to overcome barriers to health promotion strategies in the homeless population.
Barriers to Health Promotion in the Homeless Population

- Stigma surrounding homelessness (Kooken, Baylor & Schwend, 2014)
- Negative encounters with health care providers (Rae & Rees, 2015)
- Frustration of health care providers planning care for the homeless (Seiler & Moss, 2014)
- Conflicts regarding priority diagnosis (Seiler & Moss, 2014)
- Nurses’ perceptions of homelessness (Kooken, Baylor & Schwend, 2014)
- Lack of follow through on the part of the homeless person (Seiler & Moss, 2014)
Introduction

- Nursing is a profession in which its members provide care to people from all backgrounds and walks of life.
- Our population is becoming more diverse to include persons who are homeless.
- Homelessness is a culture (Law & John, 2012).
- The homeless population has steadily increased in the United States (Brown et al., 2016).
- The homeless population has both unique and multilayered health concerns.
- Nurses must broaden their knowledge base to include an understanding and appreciation of the diverse healthcare needs of our homeless population.
Understanding Homelessness

- Persons over fifty years of age account for over half of the homeless population in the United States (Brown et al., 2016)

- Many report feeling:
  - like a burden
  - shamed
  - misunderstood
  - stigmatized (Kookan, Baylor & Schwend, 2014)

- Health concerns include:
  - impaired cognition
  - premature health problems for the age group
  - functional impairments
  - poor nutrition
  - mental illness
  - lack of proper housing or shelter
  - exposure to the stressors of homelessness and vulnerability (Brown et al., 2016)
Understanding Homelessness (cont’d)

- There are many pathways to homelessness:
  - family conflicts
  - death of a spouse
  - loss of employment
  - eviction, substance abuse
  - mental illness
  - or a sudden sustained financial or health crisis (Brown et al., 2016)

- The homeless population share
  - beliefs
  - values
  - norms
J. F. is a 61-year-old male who is homeless. He sleeps in a shelter at night and walks the streets during the day looking for food and work. J. F. has been homeless for the past two years after his company was downsized. He was initially laid off, then never called back to work. His unemployment ran out and he was not able to pay the mortgage on his home. He lived alone since his wife died six years ago, after a long battle with lung cancer. J. F. still struggles with the death of his wife. They had no children and their relatives live across the country.
The nurse helping J. F. seems reluctant to wait on him. She wears gloves when taking his vital signs and stands back when he answers questions. J. F. feels uncomfortable, but wants to be helped. The nurse sends J. F. to wait in another room for the nurse practitioner. His blood pressure is elevated, but the nurse does not inform J. F. who wonders why he is sent to another room with security. The nurse practitioner does not listen to J. F. when he asks politely for his blood pressure reading. Instead she talks over him, then quietly tells security J. F. will need to take a shower before she can complete her assessment. J. F. overhears this and walks out of the emergency room and collapses on the sidewalk.
Case Study: J. F. (cont’d)

Prior to becoming homeless, J. F. was diagnosed with diabetes and hypertension. He was taking Metformin and Hydrochlorothiazide daily until he was laid off and his health insurance stopped. He is very thin looking and complains of a constant headache with dizziness. He comes to the emergency room reporting feeling faint and difficulty walking. His clothing is soiled and he is malodorous. His breath smells like alcohol.
Application of Nursing Theories to the Homeless Population

- Nursing theories provide a framework that guides nurses in the delivery of care by defining (Nursing-theory.org):
  - the persons receiving care
  - the purpose of the care
  - the most appropriate interventions
  - the role of the nurse in the therapeutic relationship (Im & Chang, 2012)
Madeleine Leininger's Transcultural Theory assists the nurse with

- exploration and understanding of the beliefs, values, and norms associated with the homeless population as care is provided
- not viewing the homeless person as “the other”
- considering the person's cultural background in the assessment and planning of individualized and personalized nursing care (Law & John, 2012)
Jean Watson’s Human Caring Theory reminds nurses to

- consider the multidimensionality of the homeless individual
- view each individual holistically
- understand the connectedness of their health care needs
- being present in the moment
- appreciate the individual needs and strengths
- use caring and attentiveness in every communication to promote healing and wellness on every level (Orzan, Okumus, & Lash, 2015)
Conclusion

- Homelessness is a complex phenomenon with a unique set of health care needs.
- Each homeless individual should be treated with respect, caring, and a genuine willingness to help.
- Health care providers must deliver the highest quality care to all persons seeking health care.
- Nurses’ attitudes and perceptions about the homeless must change to align with the nursing theories of Madeleine Leininger and Jean Watson related to cultural and holistic care.
References

References