Introduction

PURPOSE: To improve attitudes of nursing staff in a hospital toward homeless persons with mental illness through education about the needs of this population

BACKGROUND: Many people with mental illness currently experiencing homelessness in the United States were impacted by the deinstitutionalization movement.⁶

SIGNIFICANCE:

- Stigmatization of homeless persons by healthcare workers can lead to low-quality care and negative health outcomes.⁹
- Homeless persons have increased mortality rates, and persons with mental illness have about a 25 year shorter lifespan.¹
- Up to one-half of homeless persons have psychiatric illnesses and over a half have substance use disorders.¹²

Synthesis of Evidence

- Eleven articles were found that included a scale to assess attitudes toward homeless individuals in persons with healthcare or psychiatric backgrounds; the overall findings showed that having a clinical experience improved peoples' attitudes.^{2,7,8,10,11,14,15,18}
- Three of the articles included an educational intervention and resulted in more positive attitudes of healthcare providers after the intervention.^{3,4,17}

Framework

- > KNOWLES' ADULT LEARNING THEORY: The elements needed for ideal learning are a need to know, a responsibility for one's learning, the role of experience as a resource in one's learning, a readiness or applicability of the information to one's situation, motivation to learn, and problemcentered learning with real-life problems.¹³
- > PLAN-DO-STUDY-ACT MODEL: The steps are the formulation of an improvement hypothesis, collecting data based on a protocol, analyzing results, and determining what to do next.¹⁶

Methods

- > SETTING: An urban academic medical center
- PARTICIPANTS: 23 staff from 2 medical units
- > PROJECT DESIGN: A 45 minute educational session about persons who are homeless and have mental illness with visual pictures of places patients live in the area, handouts of facts, case scenarios of past patients, and discussion
- **DATA COLLECTION TOOL:** Packets with 4 forms (demographics, pre- and post-intervention surveys of the Health Professionals' Attitudes Toward the Homeless Inventory or HPATHI⁵, and qualitative)

Attitudes of Nursing Staff Toward Patients Who Are Homeless and Have Mental Illness in a Hospital

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Revised HPATHI Form

Scale: 1=Strongly disagree; 2=Disagree; 3=Neither agree nor disagree; 4=Agree; 5=Strongly agree

- Homeless people are victims of circumstance.
- Homeless people have the right to basic health care.
- Homelessness is a major problem in our society.
- Homeless people choose to be homeless.
- Homeless people are lazy.
- Health-care dollars should be directed toward serving the poor and homeless.
- I am comfortable being a healthcare provider for a homeless person with a major mental illness.
- I am comfortable being part of a team when providing care to the homeless.
- ➤ I feel comfortable providing care to different minority and cultural groups.
- I feel overwhelmed by the complexity of the problems that homeless people have.
- I understand that my patients' priorities may be more important than following the medical recommendations.
- Healthcare providers should address the physical and social problems of the homeless.
- I entered healthcare because I want to help those in need.
- I am interested in working with the underserved.
- ▶ I enjoy addressing psychosocial issues with patients.
- I resent the amount of time it takes to see homeless patients.
- I enjoy learning about the lives of my homeless patients.
- ▶ I believe social justice is an important part of health care.
- I believe caring for the homeless is not financially viable for my career.

Qualitative Form

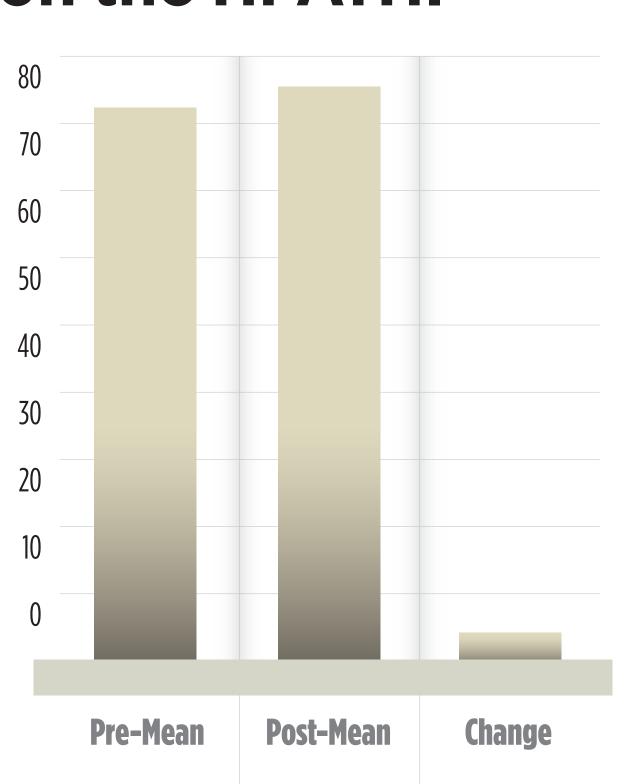
- How would you describe your attitude toward patients who are homeless and have mental illness?
- What are the barriers toward caring for patients who are homeless and have mental illness?

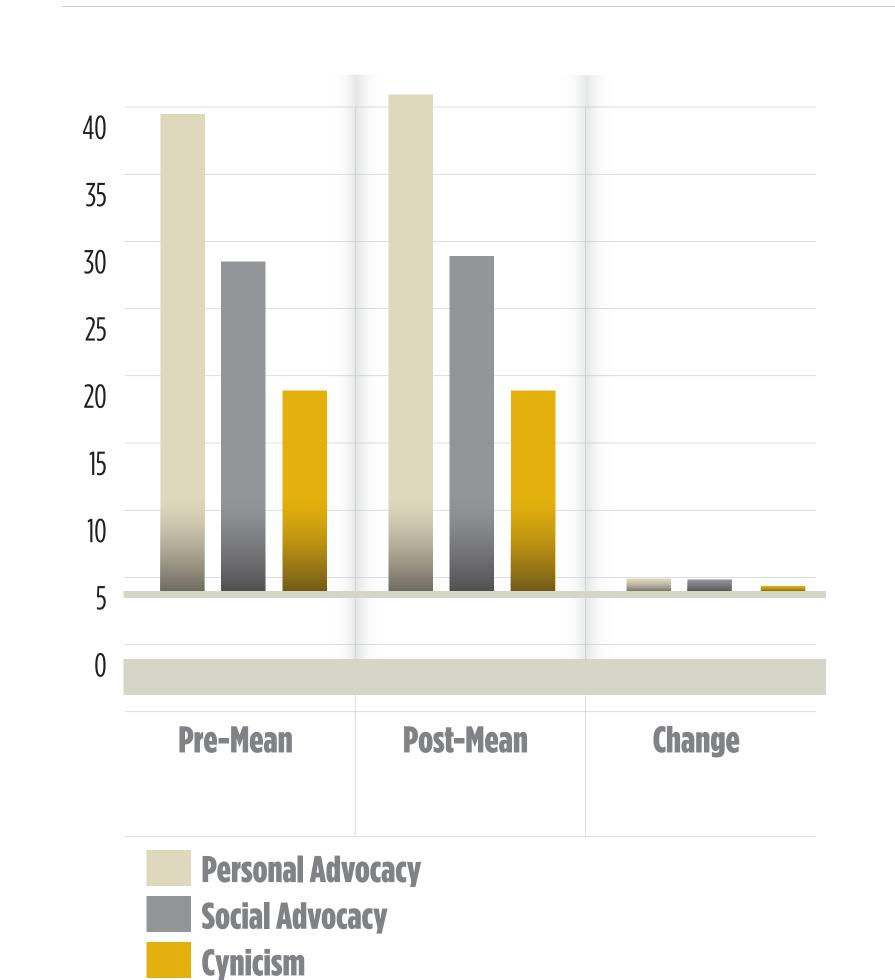
Qualitative Results

- Sympathetic, compassionate, empathic, open, sorrowful, burnt out at times, taxing, challenging, tiring, frustrating, and the same as with any other patient or family member
- Time constraints; stigmas; inability to form therapeutic relationships; historical challenges; inconsistent care; a lack of: resources, disposition options, de-escalation and behavioral training, willingness from the patient, knowledge, and technique

"I think the difficulty of care is often tiring but incredibly important to address for prevention of readmissions."

Quantitative Results on the HPATHI





| | Average | Standard Deviation |
|--|---------|---------------------------|
| Sum Change Post- to Pre-Intervention | 2.348 | 4.448 |
| Personal Advocacy Change Post- to Pre-Intervention | 1.304 | 2.653 |
| Social Advocacy Change Post- to Pre-Intervention | 1.087 | 1.474 |
| Cynicism Change Post- to Pre-Intervention | -0.043 | 1.637 |

Years in Role

Age

PARTICIPANT DEMOGRAPHICS

| Mean | 3.6 | 27.1 | 4.1 |
|---------------------------|------|--------|---------|
| Standard Deviation | 4.1 | 7.2 | 4.9 |
| Range | 0-30 | 22-52 | 0-30 |
| n=23 | | Number | Percent |
| Nurse | | 20 | 87% |
| Care Partner | | 3 | 13% |
| Associate's Degree | | 1 | 4% |
| Bachelor's Degree | | 19 | 83% |
| Technical/Certification | | 1 | 4% |
| Master's Degree | | 2 | 9% |
| Female | | 22 | 96% |
| Male | | 1 | 4% |
| Black or African American | | 3 | 13% |
| Hispanic or Latino | | 3 | 13% |
| White | | 17 | 74% |
| | | | - 1 |

Discussion

- The decrease on the Cynicism subscale average score might actually portray less cynicism on behalf of the participants.
- The increase in average scores post-intervention is consistent with the literature.
- Participant responses varied and seemed honest.
- Participants did not have negative comments about the intervention.

Years in Institution

Limitations: Small sample size, short intervention duration in multiple sessions, similar demographics, and known project implementer







References available upon request

