

Background

Despite the overall poor health status of the homeless, the population has limited access to health care [1,2]. This suboptimal health status is associated with an increased frequency of emergency care interventions and residential admissions, which are frequently preventable. Combined with difficult access to primary care, this leads to the inefficient use of health care resources [2]. Street nurses are in an ideal position to connect with the population, identify (health care) needs, and facilitate access to health care [3,4]. Until now, few studies have examined the contribution of street nursing among homeless individuals, and additional experienced care needs and care gaps [5,6].

Aim(s)

This thesis aimed to examine how street nursing could improve health care for homeless people within categories 1 and 2 of the ETHOS-typology in Belgium. In addition, the study explored which care needs and gaps were experienced by the population.

Methods

From August 2022 to February 2023, data were collected using 15 semi-structured interviews, including one duo interview (n=16) and three observational moments. The interviews were recorded and transcribed. Data collection and analysis were conducted based on the principles of Grounded Theory [7].

Results

Two typologies of perceptions towards homelessness were discovered; people who perceived homelessness as a way of life and people who resisted the predicate of homelessness. Both groups tended to have complex physical, psychological, and social care needs. They attached less importance to their psychological care needs. According to the participants, health care workers needed various core competencies to meet health care needs such as being connection-oriented, authentic, present, working discretionary, fulfilling patient advocacy, and a bridge function between primary and secondary care. The participants also experienced several care gaps, such as difficult access to general practitioners and secondary care and laborious cooperation between primary and secondary care.

Discussion

Street nursing can anticipate the care needs by applying the methodology of intensive case management [8]. Here, the therapeutic interpersonal relationship between the street nurse and the homeless population is crucial [6,9] as well as cooperation with other primary and secondary actors [10,11]. The results suggest that street nursing can be used to respond to the care needs of people experiencing homelessness if strong methodological efforts are made within an authentic relational framework to establish the principle of intensive case management. This study has some limitations. There was no data saturation for the in-depth perception of street nursing, and it was difficult to guarantee privacy during the interviews. Some participants had low literacy, which can imply suggestive questioning and misinterpretation. Only two women and people within categories 1 and 2 of the ETHOS-typology were included, which requires caution regarding the transferability of the results.

Implications and future perspectives

Changes in policy and legislation regarding the available time of health professionals working with the target population are crucial. Intensive follow-up is needed with the target population to establish an interpersonal trust relationship [12]. Street nurses have to take action to reduce stigma among other health care professionals so that an understanding of homelessness can be gained and empathy can be increased [13]. No research has yet been conducted regarding the in-depth perception of street nursing, which is needed to take a broader view of the function's added value.

References

1. Davis, E., Tamayo, A., & Fernandez, A. (2012). "Because somebody cared about me. That's how it changed things": homeless, chronically ill patients' perspectives on case management. *PLOS ONE*, 7(9), e45980. <https://doi.org/10.1371/journal.pone.0045980>
2. Schockaert, I., Morissens, A., Cincinnato, S., & Nicaise, I. (2012). *Armoede tussen de plooiën. Aanvullingen en correcties op EU-SILC voor verborgen groepen armen* [E-book]. HIVA. <https://lirias.kuleuven.be/retrieve/288574>

3. Pauly, B. (2014). *Close to the street: nursing practice with people marginalized by homelessness and substance use* [E-book]. University of Ottawa Press.
<https://library.oapen.org/bitstream/handle/20.500.12657/33266/515362.pdf?sequence=1#page=222>
4. Van Daalen, K., Kromwijk, E., Van Den Muijsenbergh, M., Van Laere, I., & Sassen, B. (2018). Sociaal-medische zorg daklozen niet overal vanzelfsprekend. *TVZ*, 128(4), 46-49. <https://doi.org/10.1007/s41184-018-0164-9>
5. Fleury, M. J., Grenier, G., Sabetti, J., Bertrand, K., Clément, M., & Brochu, S. (2021). Met and unmet needs of homeless individuals at different stages of housing reintegration: A mixed-method investigation. *PLOS ONE*, 16(1), e0245088. <https://doi.org/10.1371/journal.pone.0245088>
6. Hubley, A. M., Russell, L. B., Palepu, A., & Hwang, S. W. (2014). Subjective Quality of Life Among Individuals who are Homeless: A Review of Current Knowledge. *Social Indicators Research*, 115(1), 509-524.
<https://doi.org/10.1007/s11205-012-9998-7>
7. Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory : strategies for qualitative research*. Aldine Publishing.
8. Vanderplasschen, W., Wolf, J., & Colpaert, K. (2004). Effectiviteit van casemanagement voor druggebruikers. In *Handboek Verslaving: Hulpverlening, preventie en beleid*. (pp. 1–34). Bohn Stafleu van Loghum.
9. Forchuk, C., Beaton, S., Crawford, L., Ide, L., Voorberg, N., & Bethune, J. (1989). Incorporating Peplau's theory and case management. *Journal of Psychosocial Nursing and Mental Health Services*, 27(2), 35-38.
<https://doi.org/10.3928/0279-3695-19890201-11>
10. Currie, J., McWilliams, L., Venkataraman, V., Paisi, M., Shawe, J., Thornton, A., Larkin, M., Taylor, J., & Middleton, S. (2023). Nurses' perceptions on the skills, knowledge, and attributes required to provide healthcare to people experiencing homelessness in Australia: A qualitative study. *Collegian* (in press).
<https://doi.org/10.1016/j.colegn.2023.03.006>
11. Davies, A., & Wood, L. J. (2018). Homeless health care: meeting the challenges of providing primary care. *The Medical Journal of Australia*, 209(5), 230–234. <https://doi.org/10.5694/mja17.01264>
12. Klop, H. T., Evenblij, K., Gootjes, J. R. G., de Veer, A. J. E., & Onwuteaka-Philipsen, B. D. (2018). Care avoidance among homeless people and access to care: an interview study among spiritual caregivers, street pastors, homeless outreach workers and formerly homeless people. *BMC Public Health*, 18(1), 1095. <https://doi.org/10.1186/s12889-018-5989-1>
13. Thorndike, A. L., Yetman, H. E., Thorndike, A. N., Jeffrys, M., & Rowe, M. (2022). Unmet health needs and barriers to health care among people experiencing homelessness in San Francisco's Mission District: a qualitative study. *BMC Public Health*, 22(1), 1071. <https://doi.org/10.1186/s12889-022-13499-w>