

Homeless Peoples' Descriptions of Civil and Uncivil Healthcare Interactions

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Background

- Civility is crucial to therapeutic communication and healthy patient relationships
- Incivility negatively influences patient care (AACN, 2008; The Joint Commission, 2008)
- Civility involves mutual respect, fairness, caring, and is foundational to nursing practice (AACN, 2008; Jenkins et al., 2013)
- Vulnerable populations, especially the homeless, may be particularly at risk for experiencing incivility (Irestig et al., 2010)
- Homeless people do not have a consistent residence; they reside in shelters or spend the night in places not intended for human habitation (Nickasch & Marnocha, 2009)
- Homeless people experience much lower quality of health than people in general (Lebrun-Harris et al., 2013; Seiler & Moss, 2012)
- Negative, indifferent attitudes toward the homeless may affect the ability to improve their plight (Bolyston & O'Rourke, 2013; Hocking & Lawrence, 2000)
- The homeless often spend a majority of their time and energy on obtaining the basic necessities of life, such as food and shelter (Nickasch & Marnocha, 2009)
- They seek healthcare only after basic survival needs have been met (Seiler & Moss, 2012)

Purpose

- To explore homeless people's perceptions of their interactions with nurses and gain an understanding of the impact of civility on their health outcomes.

Picture to be added

Method

- Qualitative open-ended, semi-structured, audiotaped interviews to elicit descriptions of homeless peoples' experiences with healthcare
- Purposive sample of 15 homeless adults, drawn from a drop-in ministry for the poor and homeless
- Data analysis: concept analysis identification of themes

Sample

- Gender: 10 males; 5 females
- Age: 18 - 53 years; mean 34.3 years
- Race: 10 Caucasians; 5 African Americans
- Time homeless: < 1 - 30 years; mean 15.2 years
- Education: < HS - 5; HS or GED - 8; > HS - 2

Preliminary Findings

Emerging themes

- Don't prejudice: "...but when they find out I'm homeless, they don't get to know me. They don't know my situation."
- Individualize: "...she seemed like a really sweet lady. She was just like asking me questions about myself and trying to get to know me a little bit."
- Be compassionate: "She was nurturing; let me know that it's going to be okay. Because when you're homeless, there is hope. Compassion. I didn't always get that, but that's what I needed."
- Enjoy your job: "I'm not asking for angels, but I mean, if it is your job to take care of him, I mean somewhat act like it. And, um, be patient."
- Listen: "That nurse actually listened to me. And you know some of them, they just like ask you the questions, but this one, you know, kind of sit there and talk to me like I was a person instead of like a job... very attentive, like actually you tell that she was paying attention and still doing her job."
- Be attentive: "...one of the nicest nurses in that hospital...she would actually check on you, see if you are okay, see if you needed anything."
- Seek healthcare: "I think about what if I do get sick? What am I supposed to do? Can't just go into a hospital and say "hey, help me out" you know. Another thing, why are they charging homeless people? I'm on the streets 17 years."

Discussion/Implications

- **Discussion:** Consistent with the literature, our participants valued positive relationships with nurses, yet they reported frequent episodes of indifference and incivility
- **Implications:** Develop an education intervention to improve nursing students' knowledge of homelessness and enhance their understanding of the importance of civility in their interactions with homeless people



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