Vulnerable Populations: The Homeless

Rebekah Moutria

Lakeview College of Nursing

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Brittany Lawson, MSN, RN, CMAC

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“I have neither given nor receive, nor will I tolerate others’ use of unauthorized aid”.

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One of the most important parts of being a good nurse is being culturally competent. What exactly does this mean? Being culturally competent is “a developmental process that builds continuous increases in knowledge and skill development in the areas of cultural awareness, knowledge, understanding, sensitivity, interaction, and skills” (Hood, 2018, p. 281). It is crucial in the nursing field to remain open-minded, unbiased, and judgment-free. As nurses come across a vast amount of diversity in everyday life, there will be power in the education of being culturally competent and culturally aware. It will allow nurses to build stronger relationships with patients, their families, co-workers, and so on. It will also boost a patient’s confidence, their comfort in the healthcare setting, and most importantly, their trust with the healthcare team. It will help patients feel seen, heard, and cared for regardless of their economic status, race, gender, or beliefs.

While looking through multiple vulnerable populations, it is evident that homelessness is a major issue in our world today. In comparison to the general US population, homeless individuals have a higher morbidity rate, higher hospitalization rate, and are more likely to decline medical treatment (McInnes et al., 2013, p. 1). This specific population needs better access to medical treatment, more education on disease self-management, more shelters or federally funded living facilities, and most importantly, compassion.

It can be easy to assume that when people are homeless, they put themselves in that position. Did they not pay their bills because they wasted their money on drugs? Did they get into trouble and get kicked out by their landlord? Do they not have a reliable job? A negative bias about homeless people is that they are lazy. In addition to that, they are not trying hard enough to give themselves a better life. A judgment I used to make would be that a homeless person who begged for money on the side of the road would use it to buy cigarettes, alcohol, or marijuana. As a nurse, it does not matter what that person has or has not done, their life is still in your hands while in your care.

When it comes to providing care for the homeless, it is imperative to remember that they are just as important as the next patient. Their monetary value does not change the value of their life. My feelings about delivering care to the homeless are not much different than delivering care to the rich. I feel more compassion and empathy towards their situation and hope to be a light in their lives somehow. Their physical health, mental health, and healing process are important to me no matter what their bank account or living situation looks like. Although nurses may not be able to change their financial situation, nurses do have the power to make a difference in their future. Some of the best nursing interventions would be to provide them with appropriate clothing depending on the weather, information on healthcare, resources available for the homeless community such as shelters or food drives, substance abuse prevention, and proper education on how to self-manage disease (McInnes et al., 2013, p. 1.).

To give the top care to their patients, nurses need to acknowledge all the various cultures, religious beliefs, values, and identities of the patients they take care of. Cultural competency is key to the progressive movement in the nursing-patient relationship. Through our differences, we can grow closer.

References

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