

Vulnerable Populations: The Homeless

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

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Cultural competence is the steps that continuously helps you build an understanding of different cultures. This includes sensitivity, knowledge, understanding, and skills. There are six steps to achieving cultural competence. First, you must review your own values and beliefs, and even your own prejudices. Second, is to build your cultural competence. Third, learn communication techniques that are culturally specific. Fourth, is to connect with people from different cultures. Fifth, you must identify mistakes made. Sixth and last, is to correct those mistakes. It is very important to be culturally competent in nursing care because you might have patients from every walk of life. It is equally important that you treat every patient you care for with the same respect as you treated the last, regardless of their race, culture, socioeconomic status, etc. (Hood, 2018).

Health care access remains a huge issue among the homeless population. One thing that makes it harder is that you need a permanent address to receive certain government benefits (Hood, 2018). Often with a homeless person, the emergency room is their only/first option. They are usually treated with emergency and acute care for injuries, but it is often hard for them to follow up with treatment because of a lack of home, or financial reasons. Homeless people also use the emergency room as their primary health care because it is hard to have a primary care physician with no resources. However, resources like free community and shelter clinics. It is hard to continue seeing a homeless patient multiple times because often times they are drifters (Hood, 2018).

It is very important to understand homelessness as a nurse. This can include giving people advice on where they can receive free resources like health care (Hood, 2018). Homeless patients often suffer from chronic conditions or pressure ulcers, so it is helpful to provide

recommendations and referrals. This population also suffers from drug and alcohol abuse, so knowledge of different programs and rehabilitation facilities in the area are needed (Stevenson & Purpuro, 2018).

As a future nurse, I am honestly trying to find my biases and eliminate them, so there will be no issue with my care giving. With the homeless population, I may run across a person and immediately have the thought that the person is faking, and has a home and a job and a family, but they are just scamming people, or will just go spend the money for alcohol and drugs. I do realize that there are some people that are scammers, but a lot of people on the street honestly have nowhere to go. I have served the homeless population many times and have heard many stories that have led to their homelessness, it is just a bias that I need to overcome, but I will not let it affect my level of care.

Would I want to know the crime of the prisoner to whom I have been assigned to deliver care? Honestly, no. Many homeless people may commit a crime in order to be incarcerated and receive free health care. A lot of these crimes may be low level and does not change the character of the prisoner, in my opinion. In more serious cases, I still would not to know. I do know myself and I can sometimes be quick to judge. It is something I work on everyday and I know it is an issue with me. I would not want to let that knowledge affect how I treat or communicate with a patient. I am there to be healer, advocate, and educator for the patient, not to judge a person on their actions.

References

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Stevenson, E., & Purpuro, T. (2018). Homeless people. *Nursing*, 48(6), 58-62.

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