

Nurse-Led Services For Individuals Facing Homelessness: Impact On Healthcare Accessibility

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Abstract

To examine the extent of nurse-led services for individuals facing homelessness and their impact on healthcare accessibility. The databases searched on 20 November 2020 were CINAHL, Embase, MEDLINE, PubMed, and Scopus. The included studies examined individuals aged 18 years and older who were experiencing homelessness. These studies specifically looked at nurse-led services in any kind of environment and included a detailed description of the nurse's area of competence. The investigations were primary research articles that underwent peer review and were published in English between the years 2000 and the present. Three writers conducted quality assessments using a combination of methods evaluation instrument. The nursing profession's area of practice was extensive and included a variety of skills, knowledge, and traits. The key skills mentioned include evaluation and operational skills, client assistance, and health education. The main characteristics were a method that takes into account the impact of trauma and establishing trust by means of effective communication. Essential knowledge includes comprehending the consequences of homelessness, familiarity with the resources that are accessible, and the ability to conduct comprehensive evaluations. The findings indicate that care guided by nurses improved access to healthcare by establishing trust and assisting clients in accessing resources. Streamlining the nursing area of practice may enhance healthcare accessibility for those who are homeless. Independence in nursing practice,

institutional backing, and education are crucial aspects in facilitating this.

Keywords: Homelessness, nurse practice, skills, mental health, training program.

1. Introduction

Homelessness is a prominent public health concern on a worldwide scale. Individuals who are homeless have worse health outcomes and have elevated rates of illness and death compared to the overall population (Davies & Wood, 2018; Nusselder et al., 2013; Seastres et al., 2020). Ensuring equitable access to healthcare might pose challenges. Nurses, being the most extensive healthcare discipline, often serve as the first and sometimes only interface for individuals suffering homelessness to access health services (Grech et al., 2021). Therefore, nurses are in a favorable position to enhance the availability of healthcare services for this underserved group. This scoping assessment examines the extent of nurse-led services for those who are homeless and how it affects their ability to receive healthcare.

The scope of practice refers to the specific abilities, knowledge, and qualities that a nurse has been trained in, is capable of doing, and is legally allowed to carry out as part of their regular responsibilities. The scope of practice of a nurse is determined by the specific circumstances in which they are working and is a reflection of their degree of education and proficiency. The Nursing and Midwifery Board of Australia has established the standards of practice for registered nurses, nurse practitioners, and enrolled nurses. These standards define the principles that underlie nursing practice in Australia. In both the United Kingdom and the United States, the scope of practice is determined by the combination of a clinician's knowledge, skills, and experience, as well as the specific activities they are qualified to perform in their practice. This definition is provided by the American Nurses Association, Health & Care Professions Council, and Nursing and Midwifery Council.

A "nurse-led service" refers to a clinical practice in which nurses take responsibility for managing their own group of patients, exercise a significant level of independence in their practice, make decisions about patient care without relying on others, and have the power to admit, discharge, and refer patients to other healthcare professionals (Hatchett, 2008).

Regarding individuals who are homeless, healthcare services can be provided through various means. These include nurse-led care in separate primary health clinics (Dahrouge et al., 2014), clinics situated within homeless shelters (Warren et al., 2021), street outreach services (Ungpakorn, 2017), or specialized clinics that focus on substance use or mental health (Baker et al., 2018).

Access to care refers to the client's ability to easily get the necessary services at the appropriate time. In this review, the definition adopted will be the one provided by Levesque et al. (2013), which includes the characteristics of approachability, acceptability, availability and accommodation, affordability, and appropriateness.

2. Homelessness

The issue of homelessness is escalating on a global scale. According to the United Nations Department of Economic and Social Affairs (2020), there were 1.6 billion individuals globally who lacked sufficient housing in 2020, and the rates of homelessness had been raising in the previous decade. In 2020, there were around 580,000 individuals who were homeless in the United States, and this number has increased from 2016, according to the U.S. Department of Housing and Urban Development (2021). In England, the number of people experiencing homelessness has consistently risen each year, reaching a high of 219,000 at the end of 2019, just before the onset of the COVID-19 pandemic (Crisis UK). The 2016 Census in Australia found that an estimated 116,427 individuals were experiencing homelessness, with almost 7% of them sleeping on the streets (Australian Bureau of Statistics, 2018). The homelessness rate in Australia is 49.8 per 10,000 people, according to the Australian Bureau of Statistics (2018). This represents a 10% increase in the decade leading up to 2016, as reported by the Australian Institute of Health and Welfare (2020). Aboriginal or Torres Strait Islander individuals are disproportionately represented in the homeless community, accounting for 20% of those recognized as experiencing homelessness, but making up just 3% of the overall Australian population (Australian Bureau of Statistics, 2018).

Homelessness is a multifaceted term (Mabhala et al., 2017). Presently, there is a lack of agreement on the global characterization of homelessness, resulting in the existence of several definitions around the globe. In the Australian context,

homelessness is categorized into three main groups according to Chamberlain and MacKenzie (2008): Primary—individuals who are unable to find appropriate housing, including those who sleep on the streets and those who seek shelter in makeshift dwellings like sheds or abandoned buildings. Secondary refers to those who are living in temporary lodgings and often change their place of residence. This include temporary housing options such as emergency or transitional lodging, couch surfing, and boarding house accommodation for a duration of 12 weeks or less. Tertiary refers to those who have a tenancy at a boarding house for a duration of 13 weeks or more. Flatau et al. (2018) categorize a fourth category as those residing in institutional settings, such as hospitals, drug recovery centers, or prisons.

The factors that contribute to homelessness are often complex, including both systemic and personal reasons. Structural issues include elements such as poverty, imprisonment (Fazel et al., 2014), limited availability of stable work, affordable housing, and income assistance (Davies & Wood, 2018). Individually, the reasons of this issue include chronic physical and mental health issues, drug abuse, domestic and family violence, childhood trauma (Fazel et al., 2014), and relationship disintegration (Mabhala et al., 2017).

The impact of the COVID-19 epidemic on homelessness, especially related to domestic and familial violence, is a significant issue. Amidst the epidemic, there has been a surge in violence rates (Boxall et al., 2020), along with a rise in need for domestic and family violence services (Carrington et al., 2020). Domestic and familial violence is a recognized determinant for homelessness in women (Australian Institute of Health and Welfare, 2018; Murray, 2011; Pavao et al., 2007), since it may be very difficult to get alternative housing, leaving women with few alternatives.

Individuals who are homeless tend to have more negative health outcomes compared to the general population, resulting in a life expectancy that is between 11 (Nusselder et al., 2013; Seastres et al., 2020) to 30 years shorter (Davies & Wood, 2018). Homelessness is correlated with elevated incidence of mental illness, drug use disorders, acute and chronic physical disease, traumatic injury, and disability (Seastres et al., 2020). Impaired health, namely compromised mental health or drug abuse, may greatly contribute to the occurrence and continuation of

homelessness (Fazel et al., 2014). During homelessness, various health issues can arise or worsen due to risk factors linked to homelessness, including inadequate nutrition, exposure to infectious diseases (Fazel et al., 2014), violence, accidental injuries (Seastres et al., 2020), and higher rates of smoking and substance abuse (Schanzer et al., 2007).

Although individuals experiencing homelessness generally have more significant health requirements compared to the general population, they often face limited healthcare accessibility. These factors, such as frequent travel, limited transportation options, and other pressing needs like obtaining food, have a significant impact on this situation (Davies & Wood, 2018). Perceived stigma and condemnation from health professionals may create obstacles in seeking medical care at hospitals or clinics, leading to challenges in maintaining relationships (Davies & Wood, 2018; Marmot, 2015). In addition, individuals who are homeless are less inclined to seek primary healthcare and instead rely on sporadic treatment in emergency rooms, frequently after their health has already deteriorated significantly (Gaye Moore et al., 2007). Although individuals with complex health needs are more likely to be assessed as a lower clinical priority in emergency departments (Gaye Moore et al., 2007), they experience longer wait times to receive care (Ayala et al., 2021). Additionally, they may leave before being seen by a clinician and return at a later time (Formosa et al., 2021; Moore et al., 2011). The provision of treatment that is impromptu and lacking in cohesion may lead to expensive hospital admissions and the emergence of long-term health conditions (Baggett et al., 2010; Davies & Wood, 2018; Flatau et al., 2018).

3. The impact of homelessness on health

Homelessness not only has a substantial effect on health, but it also leads to a higher use of government services, resulting in an additional expenditure of \$13,100 per person per year in Australia (Parsell et al., 2015). An effective approach to tackle this inequality is to enhance the availability of mainstream basic and preventive healthcare services. Nurses, being highly trustworthy and productive in the field of healthcare, are in a favorable position to help persons who are homeless to get suitable and advantageous medical treatment. The objective of this evaluation is to determine the range of activities, particular abilities, knowledge, and qualities used in delivering nurse-led

services to those who are homeless, as well as the impact on their ability to get healthcare.

The skills, knowledge, and traits described in the research above provide insight into what should be included in a training framework to assist nurses in delivering healthcare to those who are homeless. When creating a structure to enhance the efficiency of nursing responsibilities, it is crucial to ensure that the financing for nursing duties allows for adaptability in the chosen care model and minimizes the constraints imposed by protocols. Enhancing the understanding of healthcare providers on the needs of those facing homelessness was also seen as crucial.

A single previous systematic review by Weber (2019) has been conducted on interventional studies on nurse-led care for those who are homeless. The review results indicated that nurse-led interventions were successful in including those who are homeless in adopting health-seeking behaviors. The research emphasized that while nurse-led services have the potential to enhance the quality of life for those suffering homelessness, there is a scarcity of literature specifically addressing nurse-led practice with homeless populations. This review contributes to the existing research by examining the distinct attributes of the nursing scope of practice that enhance access to care. The aim is to utilize these findings to assist nurses in maximizing their scope of practice while providing care to individuals who are homeless.

4. Implications for education, policy, and clinical practice

The creation of an education program to enhance the range of responsibilities of nurses who provide healthcare to those facing homelessness is now opportune for three reasons. In 2019, the Australian Government provided funding for the 'Independent Review of Nursing Education - Educating the Nurse of the Future' conducted by Schwartz (2019). The Independent Review approach included four foundational literature evaluations and a nationwide survey of nurses and midwives in Australia. The review's findings indicate that pre-registration nursing courses place excessive emphasis on acute care rather than chronic illness prevention. Additionally, Master of Nurse Practitioner degrees lack primary healthcare components (Schwartz, 2019). One important suggestion from the assessment was that nursing education at all levels should align with national health goals, with a particular focus on

being well-prepared to provide mental health and primary health care services.

Healthcare professionals in the United Kingdom have expanded their scope of practice to include non-medical prescriptions. Empirical data indicates that this approach has effectively enhanced prompt availability of necessary medications and therapies, while also facilitating streamlined oversight of minor and chronic ailments. Consequently, it has resulted in a decrease in the likelihood of deterioration and the necessity for urgent medical attention. The implementation of nurse prescribing in the United Kingdom has provided nurses in low-resource or geographically isolated areas with greater autonomy and independence. This is particularly significant in the Australian context, where access to general practice surgeries or hospitals may be limited due to distance.

Furthermore, it is worth noting that the issue of homelessness has become increasingly prevalent on a global scale, as seen by data from the United Nations Department of Economic and Social Affairs in 2020. This problem existed even before the emergence of the COVID-19 epidemic. The current understanding of the effects of COVID-19 on homelessness and healthcare access is limited. However, initial research indicates that the pandemic is worsening the existing health and social challenges faced by disadvantaged people (Flook et al., 2020). Hence, it is probable that nurses working in any setting may come across individuals who are either experiencing homelessness or are at risk of it. Therefore, possessing the necessary skills, knowledge, and qualities to provide healthcare to this group is crucial. During the next phase of this project, the scoping review results will be used to create a nationwide survey. This survey aims to investigate the range of responsibilities that nurses believe can enhance healthcare accessibility for those who are homeless.

5. Summary

Nurses providing healthcare to those suffering homelessness are expected to have a wide range of skills and knowledge. In order to enhance the availability of healthcare, research indicates that a diverse set of abilities is necessary, with an emphasis on evaluating physical and mental well-being and identifying diseases. Personal qualities and the manner in which treatment is provided are crucial in establishing trust and a therapeutic partnership that is sensitive to trauma.

Nurses, being one of the main healthcare specialties, are in a favorable position to help persons who are homeless to receive healthcare. The results of this research will be crucial in developing an educational and organizational structure to enhance the range of responsibilities of nurses who provide healthcare to those who are homeless.

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