Introduction

PURPOSE: To improve attitudes of nursing staff in a hospital toward homeless persons with mental illness through education about the needs of this population

BACKGROUND: Many people with mental illness currently experiencing homelessness in the United States were impacted by the deinstitutionalization movement.

SIGNIFICANCE:
- Stigmatization of homeless persons by healthcare workers can lead to low-quality care and negative health outcomes.
- Homeless persons have increased mortality rates, and persons with mental illness have about a 25 year shorter lifespan.
- Up to one-half of homeless persons have psychiatric illnesses and over a half have substance use disorders.

Synthesis of Evidence

Eleven articles were found that included a scale to assess attitudes toward homeless individuals in persons with healthcare or psychiatric backgrounds. The overall findings showed that having a clinical experience improved peoples attitudes.2,7,8,10,11,14,15,18

Methods

**Framework**
- KNOWLES’ ADULT LEARNING THEORY: The elements needed for ideal learning are a need to know, a responsibility for one’s learning, the role of experience as a resource in one’s learning, a readiness or applicability of the information to one’s situation, motivation to learn, and problem-centered learning with real-life problems.6
- PLAN-DO-STUDY-ACT MODEL: The steps are the formulation of an improvement hypothesis, collecting data based on a protocol, analyzing results, and determining what to do next.4

**Participant Demographics**

<table>
<thead>
<tr>
<th></th>
<th>n=23</th>
<th>Years in Role</th>
<th>Age</th>
<th>Years in Institution</th>
</tr>
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<tbody>
<tr>
<td>Mean</td>
<td>3.6</td>
<td>27.1</td>
<td>4.1</td>
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<tr>
<td>Standard Deviation</td>
<td>4.1</td>
<td>7.2</td>
<td>4.9</td>
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<tr>
<td>Range</td>
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<td>22-62</td>
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**Quantitative Results on the HPATHI**

- **Pre-Mean**
  - Cynicism: 2.948
  - Social Advocacy: 6.104
  - Personal Advocacy: 3.043
- **Post-Mean**
  - Cynicism: 1.637
  - Social Advocacy: 1.474
  - Personal Advocacy: 1.601
- **Change**
  - Cynicism: 1.311
  - Social Advocacy: 1.430
  - Personal Advocacy: 1.558

**Discussion**

- The decrease on the Cynicism subscale average score might actually portray less cynicism on behalf of the participants.
- The increase in average scores post-intervention is consistent with the literature.
- Participant responses varied and seemed honest.4

- Participants did not have negative comments about the intervention.

**Limitations**
- Small sample size, short intervention duration in multiple sessions, similar demographics, and known project implementer

**References available upon request**

**Revised HPATHI Form**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pre-Mean</th>
<th>Post-Mean</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cynicism</td>
<td>2.948</td>
<td>1.637</td>
<td>1.311</td>
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<tr>
<td>Social Advocacy</td>
<td>6.104</td>
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<td>1.430</td>
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<tr>
<td>Personal Advocacy</td>
<td>3.043</td>
<td>1.601</td>
<td>1.452</td>
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</table>

**Qualitative Results**

- Sympathetic, compassionate, empathic, open, sincere, built on trust, tasking, challenging, trying, frustrating, and the same as with any other patient or family member.
- Time constraints; stigma; inability to form therapeutic relationships; historical challenges; inconsistent care; a lack of: resources, disposition options, de-escalation and behavioral training, willingness from the patient, knowledge, and technique.
- “I think the difficulty of care is often thing but incredibly important to address for prevention of readmissions.”

**Qualitative Form**

- How would you describe your attitude toward homeless patients who are homeless and have mental illness?
  - I entered healthcare because I want to help people.
  - I enjoy addressing psychosocial issues with patients.
  - I feel overwhelmed by the complexity of the problems that homeless people have.
  - I understand that patients’ priorities may be more important than following the medical recommendations.
  - Healthcare providers should address the physical and social problems of the homeless.
  - I entered healthcare because I want to help those in need.
  - I feel comfortable providing care to different minority and cultural groups.
  - I feel comfortable being a healthcare provider for a homeless person with a major mental illness.
  - I feel comfortable being a part of a team when providing care to the homeless.
  - I feel comfortable providing care to different minority and cultural groups.

**Participant Demographics**

- **n=23**
  - Female: 22
  - Male: 1
  - Black or African American: 3
  - Hispanic or Latino: 3
  - White: 17

- **Range 0-30**
  - Years in Role: 22-52
  - Age: 27-11

**Attitudes of Nursing Staff Toward Patients Who Are Homeless and Have Mental Illness in a Hospital**

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