



Changing students' perceptions of the homeless: A community service learning experience

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ARTICLE INFO

Keywords:

Nursing education
Homeless
Service learning
Vulnerable populations

ABSTRACT

The homeless are an underserved, local vulnerable population that can benefit from a service learning clinical practicum experience for baccalaureate prepared nursing students. Negative attitudes and disrespect among healthcare workers has been identified by the homeless as a barrier to healthcare. A service learning experience with a vulnerable population has been shown to change nursing students' attitudes and beliefs. A large university in a southern city partnered with a community based organization that provided services to the homeless to educate senior nursing students in a service learning experience. The goal of this project was to examine attitudes and perceptions of nursing students toward the homeless population before and after participation in a service learning clinical practicum experience. This case study utilized a pre and post experience questionnaire to collect qualitative data for the purposes of the project. The findings revealed students demonstrated a decrease in fear, an increase in empathy, and a deeper understanding of the advocacy role of nurses for people experiencing homelessness. Nurse educators are challenged to engage students with vulnerable populations to change the attitudes and perceptions for improvement in the overall health of communities served worldwide. Partnerships and service learning experiences can benefit all.

1. Introduction

Homelessness continues to be a problem in the United States and abroad. The [National Alliance to End Homelessness \(2017\)](#) reported in January 2016 approximately 550,000 people sleeping either on the streets, in their cars, in an emergency shelter, or a transitional housing program in the US. In the United Kingdom the average life expectancy for a homeless person is 42 years with one third experiencing untreated health conditions ([Goodier et al., 2015](#)). Access to healthcare continues to be a problem in the US, UK and across the world.

At a local level the Point in Time Homeless Census ([University of Arkansas, Community and Family Institute, 2017](#)) reported that in an area with the total population of 425,000, the homeless population grew from an estimated 2462 in 2015 to 2951 in 2016. The lack of a consistent place-to-call home leads to many health concerns. [Jackson \(2011\)](#) identified skin and foot problems among the homeless population as a health risk related to living outdoors in wet conditions with little opportunity to maintain cleanliness. Mental health issues, substance abuse problems, and chronic illnesses are compounding factors for the health issues faced by homelessness ([Koh and O'Connell, 2016](#)). Health programs for the homeless should be tailored to the unique characteristics of this vulnerable population ([Evans and Conroy, 2012](#)).

Negative attitudes and disrespect found in healthcare or shelter settings has been identified by the homeless as a barrier to healthcare ([Pennington et al., 2010](#)). [Boylston and O'Rourke \(2013\)](#) found evidence that healthcare professionals' attitudes toward the poor contributes to the health disparities and lack of access to care by these vulnerable populations. Nursing education should create learning experiences with the homeless and other vulnerable populations to change the attitudes and disrespect found in healthcare settings that further promote healthcare disparities.

Clinical practicum experiences which allow for student interaction with patients are an important part of the nursing education curriculum ([Zrinyi and Balogh, 2004](#)). Nursing schools expose students to a variety of settings to learn to apply the skills and knowledge necessary to provide care to patients. While gaining these abilities in acute care hospital settings is an integral part of a nursing education, community settings are serving an equally important role in preparing the nurses of the future ([Schoon et al., 2012](#)). Interacting with vulnerable populations through community clinical practicum experiences enable students to gain insights and knowledge to guide future practice for maintaining the health of the communities they will serve.

Nursing education should consider these experiences for students to interact and work with vulnerable populations in order to gain an

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understanding and sensitivity to the unique challenges these populations face related to health and healthcare (Loewenson and Hunt, 2011). Examining the effectiveness of these experiences for impacting students' attitudes and beliefs of the homeless population can provide support for implementing this experience in a nursing curriculum. The experience can meet program outcomes and the learning needs for students to transition from care of individuals to the care of communities and vulnerable populations within those communities (Randolph et al., 2016).

One specific group considered to be a vulnerable population is the homeless. Students often enter a clinical experience with a vulnerable population with preconceived ideas about that population (Hunt, 2007) and the homeless population is no exception. Many students may not have any experiences with the homeless population and may have preconceived beliefs and possibly fears that could interfere with quality nursing care. Students may view the homeless population as a group with stereotypical views instead of many unique individuals facing various, and many times multiple, challenges (Kookan et al., 2014). Providing community clinical practicum experiences is a valuable part of changing future nurses' perceptions of the homeless population and improving access to healthcare for people who are experiencing homelessness.

Service learning provides students an opportunity to engage with the community and develop an awareness of the health disparities that exist within that community (Thomas and Smith, 2017). Service learning engages students through participation in an organized activity that meets recognized community needs and through reflection on the activity for deeper understanding of theoretical content, a broader appreciation for the impact nursing can make and a sense of responsibility to the community. Benefits to service learning include opportunities to develop assessment, communication, critical thinking, and collaboration skills while gaining an awareness of the diversity of the community (Gaberson et al., 2015, p. 159–162). By exposing students to the homeless using a service learning model, they are more likely to understand the health related challenges of this vulnerable population and provide quality care in their practice after graduation (Lashley, 2008).

The reflection component of service learning allows the students a time of self-discovery of preconceived beliefs and values as they prepare to enter the nursing profession. Gaining an awareness of ones beliefs and values is a part of becoming culturally competent which can translate to professional practice (Loewenson and Hunt, 2011). The benefit of a service learning experience with the homeless allows students an opportunity to establish a sensitivity and awareness of the needs of the homeless population (Lashley, 2007).

The relationship between service learning or clinical practicum experiences with the homeless population and the attitudes of nursing students toward this population is well represented in the literature. Several studies measured nursing students' perceptions and attitudes about the poor and homeless, and found that the students participating in a clinical experience with this population reported an increase in empathy and a change in attitude (Boylston and O'Rourke, 2013; Stanley, 2013; Schoon et al., 2012; Kookan et al., 2014; Bowker et al., 2013; Loewenson and Hunt, 2011; Hunt, 2007; Pennington et al., 2010; Lashley, 2007). Kookan et al. (2014) found students demonstrated a positive change in attitude toward mentally ill, homeless patients as a result of being involved in a clinical experience in a shelter for homeless men. A clinical experience in a homeless camp allowed the nursing students to develop empathy, become advocates for the homeless and seek change in their local community (Bowker et al., 2013). Hunt (2007) describes nursing students as developing a sense of empathy, understanding advocacy and therapeutic communication at a level they did not prior to their experience with the homeless population. Loewenson and Hunt (2011) found a significant positive change in senior nursing students' attitudes concerning the homeless population after participation in a 3 month clinical experience. Pennington et al.

(2010) found that students changed their perspective concerning homeless patients following a clinical practicum experience with the vulnerable population.

The ability to change students' attitudes and behaviors about vulnerable populations by creating effective service learning or clinical practicum experiences is well supported. While most of the published information on this topic discusses experiences in urban settings, the authors of this study decided to implement a clinical practicum experience in a southern university town with a population of approximately 75,000 people. The purpose of this project was to decrease the negative attitudes and disrespect exhibited by those in healthcare (nurses) that was found in the literature as barriers to healthcare. The goal of this project was to examine attitudes and perceptions of nursing students toward the homeless population before and after participation in a service learning clinical practicum experience. The findings provide confirmatory evidence to add to the existing body of knowledge on the subject, strategies for implementation, and insights for nurse educators when developing a community service learning clinical practicum experience.

2. Methods

2.1. Sample and design

This project was a case study that measured attitudes using a qualitative open-ended questionnaire distributed to one clinical practicum group in a pre-test/post-test design. The group was comprised of eight students (7 females; 1 male) from one program of nursing offering a baccalaureate degree from a major University in the south. These eight students were enrolled in a Community Nursing clinical practicum course offered in the final semester of the program of study. The project received exempt status and was approved by the institutional review board of the university.

2.2. Partnership setting

The community clinical practicum learning environment was arranged through a search of local services meeting the needs of the homeless community in one city. A local non-profit organization was found that provided one shelter with overnight accommodations and one shelter that provided day services. The day shelter has many community partners who come to provide a variety of services to the clients throughout the week. A physician has been offering healthcare services for a few hours once a month at the day shelter for approximately 5 years. During the students' clinical experience the physician was not present which provided an opportunity for the students to fill the gap in healthcare services within the nursing scope of practice.

After meeting with the director of the non-profit day shelter, it was determined that the students could meet the course outcomes for the community clinical experience. In addition, the experience at the homeless day shelter provided the students with opportunities to engage in conversation with the clients, understand the basic challenges of their day-to-day lives, and assist in bridging the gap between the homeless population and healthcare. The day shelter provided the school with a room to meet the patients and collaboration with the day shelter staff to assess the needs of this population.

As a non-profit organization, the day shelter seeks involvement and support from the community. A relationship with the large university in close proximity is seen as an asset to this organization. The university also looks for ways to be involved in the local community. A partnership between the day shelter and the university is positive for both organizations. The arrangement was formalized with the completion of the appropriate agreements documented and signed. A partnership was formed for implementing a service learning opportunity that provided benefits for nursing education and the community.

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