

HEALING HANDS



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Nurses: On the Front Lines of Health Care for Homeless People

Nurses are on the front lines of providing health care to homeless people. Nurses and nurse practitioners account for 37 percent of the Health Care for the Homeless Clinicians' Network membership; the next largest clinical discipline is physicians at 17 percent. The roles nurses play in HCH and similar projects are many and varied: they provide primary care, health education, and disease prevention; they act as social workers, therapists, and advocates; they work in clinics, shelters, and on the streets. This special issue of Healing Hands highlights the unique contributions that nurses make in working with people who are homeless. In wide-ranging interviews with nurses from a variety of programs, we examined why they do this work, what makes them successful, and what they view as their greatest challenges and rewards. These are their stories, told in their own words.

An ad for a nurse to work with people who are homeless might read something like this:

Must have solid nursing skills, strong assessment skills, and the ability to empathize. Should be flexible, a great detective, and culturally sensitive (to race, ethnicity, religion, gender, and sexual orientation, as well as to the culture of poverty and of homelessness). Must be able to work autonomously and as part of a team in non-traditional settings, have a thorough knowledge of community resources, and be a strong patient advocate. Excellent communication skills and good organizational skills required. Most of all, must be a caring person.

These are big shoes to fill. Yet the nurses interviewed for this issue of *Healing Hands* not only meet these expectations, they exceed them. To the casual observer, their work is demanding, frustrating, and at times overwhelming. However, they love what they do. They defy national statistics which reveal that nurses are less satisfied with their jobs than other professionals.¹ Their thoughts on everything from why they became a nurse to what makes them successful follow.

ON BECOMING A NURSE Nursing was a conscious choice for some; for others, it followed from their natural inclinations or talents. For still others, nursing runs in the family.

"I'm the ninth nurse in my family. That's what we do. Perhaps because of that, a nurse was the last thing I wanted to be. But I came

NURSING: BY THE NUMBERS

- There are an estimated 2.7 million licensed RNs in the U.S.¹
- The average age of RNs working in nursing increased from 42.3 years in 1996 to 43.3 years in 2000.¹
- In 2000, 5.4 percent of RNs were men. This is a 226 percent increase in the number of male RNs in two decades.¹
- In 2000, an estimated 18.3 percent of RNs reported being employed in public or community health settings.¹
- The U.S. currently has a nurse shortage of nearly 150,000 RNs and will have a shortage of more than 800,000 RNs by the year 2020.²
- There are 106,000 NPs practicing in the U.S.³
- The average NP is female (95 percent) and 48 years old. She has been in practice for almost 9 years as a family NP (41 percent).³

to realize there are many different paths in nursing I could take. I thought that being a nurse practitioner would be an intellectual challenge and that as a man I had a lot to offer." – **Michael Menchaca, RN, MS, AHNP**, Northeast Valley Health Corporation Homeless Health Care Project, Los Angeles, CA

"I've been a nurse for 30 years. From the time I got my first nursing kit, with its toy stethoscope and candy pills, which I used with my dolls, I've had a propensity toward nursing. I would encourage anybody, male or female, to go into nursing. There is so much you can do." – **Denise Pinder, RN**, *Health Care Coordinator, ACCESS West Philly, Philadelphia, PA*

"Mine was the second class of nurse practitioners to graduate from the University of Oklahoma. Being a nurse practitioner is a wonderful marriage of a nurse's assessment and education skills with the ability to diagnose and treat illness. My friends think I'm a wannabe doctor, but I'm not. The medical model focuses on fixing discrete problems. Nurses look at the whole person. I'm a nurse practitioner because first and foremost, I'm a nurse." – **Laurie Paul, MS, ARNP-C**, *Clinical Director, Tulsa Day Center for the Homeless Tulsa, OK*

ON WORKING WITH HOMELESS PEOPLE Nurses who work with homeless people are interested in providing care to those who are underserved. For many, this is the culmination of a lifelong career path. Others found their jobs almost by accident but ended up being glad they did.

"I moved back to Philadelphia from Connecticut in 1996 and answered an ad in the paper that said 'no weekends required.' That was appealing. I had no idea what the job entailed. They didn't have a nurse when I came so I started from scratch. I set up many of our protocols. Now I'm hooked on mental health and homelessness." – **Denise Pinder**

"As a student I visited HCH and was impressed by the care provided and by the level of commitment and concern. I was a hospice nurse before I came to HCH; in both settings I got to meet people who were dealing with the basics of life. Seeing people strive for what I take for granted reminds me that we are all human beings with the same longings and desires for a comfortable and happy life." – **Pamela Lieurance, BSN, RN**, *Children's Outreach Nurse, Albuquerque HCH, Albuquerque, NM*

"I joined the National Health Service Corps because I really wanted to work with the poorest of the poor. I enjoy working with homeless people. I have an opportunity to be useful, helpful, and loving and to have the most impact." – **Luis Rojas, NP**, *family nurse practitioner, Southwest Community Health Center, Bridgeport, CT*

"MANY ROLES, ONE PROFESSION" The theme for National Nurses Week, May 6–12, 2005, is "many roles, one profession." Nurses who work with homeless people exemplify this approach. They conduct outreach, often carrying their supplies in a backpack or rolling suitcase. They act as case managers, connecting their patients to a full range of health care, housing, and social services. As clinic managers, they hire staff, procure resources, and advocate for their patients and their programs in the larger community. They are, in the words of **Carla Jenewein, LPN, RHIT**, of the Cooperative Health Clinic in Helena, MT, a "one-man band."



Pam Scott, FP, APNP, Angel of Hope Clinic, Milwaukee, WI

"I run a nursing clinic at the men's shelter on Fridays, where I do triage, check ears and lungs, do dressings, and make referrals. I do family practice clinics with a physician's assistant (PA) at the Rescue Mission and the Salvation Army Adult Rehab, where I draw labs, give test results, and counsel patients with hepatitis C and HIV. When I work with the PA, I'm the triage nurse, the front desk person, the lab person, the financial person, and I do the charts. I do all the jobs several different people would do in the clinic." – **Susan Richmond, RN**, *Anchorage Neighborhood Health Center, Anchorage, AK*

"I do so many things I never thought I would. At any given moment, I may be finding clothing, doing a medical assessment, reviewing medications, sending someone to the hospital, doing a developmental assessment on a baby, making a home visit, or connecting a client to mental health treatment. Being a public health nurse is part working in the community with the public and part working with community providers like hospitals, clinics, shelters, and housing providers. I spend time going between the two, advocating for my patients." – **Carol Thunstrom, RN.BC**, *Public Health Nurse, Hennepin County HCH Project, Minneapolis, MN*

"I coordinate health services for the 200 clients on our caseload. I connect them to primary care, coordinate care with their physicians, do training at shelters, and do medication management. I help the doctors complete medical evaluations used for housing applications and I go to medical appointments with our clients. I also educate the doctors in the hospital. They don't realize the barriers to care that homeless people face. I try to reduce these barriers. That's nursing too." – **Denise Pinder**

THE GREATEST CHALLENGE Most nurses who work with homeless people cite lack of resources, including housing and specialty care, as the most significant challenge they face in meeting their patients' needs. Resources are particularly limited in rural areas. Further, some nurses note the lack of widely available health care as a barrier for their patients.

“Not everybody in the U.S. has access to health care or can get medications. It should be easier; they shouldn’t have to struggle. This bothers me quite a bit.” – **Jennifer DeWitt, BSN, RN**, outreach nurse, *Tippicanoe Community Health Clinic, Lafayette, IN*

“Often there are few resources available to meet our patients’ needs, especially income and affordable housing. However, we have to connect people to mainstream resources so we can see new people. It’s hard to let go because we are good at what we do.” – **Jeanne M. Lowry, MS, RN**, Director, *Homeless Outreach Nursing Center, Milwaukee, WI*

“Homeless people are constantly on the move. You have to maximize your time with them and do as much as you can. They have no preventive care; it’s not on their radar screen. If they come in with a minor problem, you could treat it and let them walk out. But you should ask about immunizations, pap smears, HIV testing, etc.” – **Christine M. Reller, MSN, RN**, Clinic Manager, *Hennepin County HCH Project, Minneapolis, MN*

“Resources are limited in smaller communities; it can be difficult to find specialists who will work with our patients who don’t have insurance. Getting medications and mental health care are also difficult. Many of the medications our patients need, especially mental health meds, are very expensive. There are two psychiatrists at our Community Mental Health Center and one other psychiatrist in town. It takes 6 to 8 weeks to get in to see a counselor and longer to see the doctor.” – *Carla Jenewein*

THE MOST REWARDING PART OF THE JOB Nurses who work with homeless people are unanimous in the belief that, more so than with any other group of patients with whom they could work, they are truly making a difference in someone’s life.

“Not a day goes by that I don’t go home feeling like I had a positive impact on someone’s life. There are days when I’m exhausted and frustrated, but when you can help someone pull their shattered life together, there is no better feeling.” – *Michael Menchaca*

“I sometimes feel helpless at the moment a patient asks for something I can’t provide. What keeps me from developing a larger feeling of hopelessness is the strength of the patients. Seeing their strength and resourcefulness day after day gives me hope.” – *Pamela Lieurance*

“At the end of the day I’m tired. I was making good money and had some seniority at the hospital where I worked but I left because my needs weren’t being met. I need to feel good about what I’m doing. I feel good knowing that I can make a difference in somebody’s life.” – *Carol Thunstrom*

WHY NURSES ARE GOOD AT WHAT THEY DO In *Notes on Nursing*, the founder of modern nursing, Florence Nightingale, laid down the principles of her profession: careful observation and sensitivity to the patients’ needs.⁴ She pointed to the need for a nurse to be a “careful observer and a clear reporter” and noted that nurses

A "Profound Experience" An Interview with ANA President Barbara Blakeney

Working with people who are homeless is a “profound experience” that is difficult to quantify, says **Barbara Blakeney, MS, RN**, President of the American Nurses Association (ANA). Ms. Blakeney is on leave from her job as principal public health nurse for homeless services with the Boston Public Health Commission. She worked in the field of homelessness for 18 years before heading up the ANA, a professional organization that represents the nation’s 2.7 million registered nurses through 54 constituent member associations. In an interview with *Healing Hands*, Ms. Blakeney offered her thoughts on a number of issues facing nurses who work with homeless people.

What it means to work with people who are homeless: “When I teach students, I tell them that working with people who are homeless requires the skills of an emergency room (ER) nurse and a geriatric rehabilitation nurse. Anything can come in the door at any time; that’s the ER part. And homeless people take small steps and rest for a long time in between. Those who do this work want to do it, value it, and are enriched by it.”

What working with homeless people taught me: “When I think back about the patients that had the most impact on me, many of them were homeless. I learned that life is more fragile than we want to acknowledge, and that the difference between succeeding and not succeeding may be a decision made in haste or anger. I developed a great deal of respect for my patient’s resilience in the face of significant odds.”

Why nurses are successful in this role: “Nurses are incredibly creative and at the same time pragmatic. Clinical solutions for people who are homeless don’t come out of a cookbook. In a fundamental sense, we have to roll up our sleeves and do what needs to be done. There is tremendous satisfaction in seeing the results.”

Why nurses who work with homeless people love their job: “Nurses who do this work get to manage their own practice. They make decisions about how often and when to engage their patients, what their patients’ needs are, and how to meet them. If they think of a better way to do something, they just do it. There is little room for a professional hierarchy in shelters and on the streets, so nurses’ roles and decisions are respected.”

must form their judgments based on “an enquiry into all the conditions in which the patient lives.” She might have been describing nurses who work with homeless people, who cite their ability to make careful assessments and their habit of approaching each patient holistically as the keys to their success.

“I love the nursing model because we take care of the whole person. If a person comes in with a sore throat, we’ll notice the rash on his ear. We don’t just look at the physical, but also the psychosocial and the spiritual. Assessment is a nurse’s strong suit. We are wonderful detectives.” – *Laurie Paul*

“Nurses spend more time with patients than other providers do. The patients see us as more approachable. Nurses’ communication and

teaching skills help forge relationships with patients. It doesn't matter how good your medical practice is if the patient doesn't understand how to take his medicine or the factors that contribute to his illness." – *Luis Rojas*

"Nurses work holistically and consider everything going on with their patients, not just the clinical issue. We want to know where they are staying, do they have a support system, can they care for their injury, do they have children, do they have mental health or substance abuse issues, do they want to finish school. We meet people where they are and hook them up with resources to help them accomplish what's important to them." – *Christine Reller*



Sara Zirbel, FP, APNP, St. Ben's Clinic, Milwaukee, WI

There's a fair amount of drug use and mental illness; these are not the perfect patients. My job as a nurse is to take care of them, not judge them. I couldn't have done this out of school. I built my confidence working in the emergency room and at a jail. The doctor was only at the jail once a week so I had to learn to make decisions on my own." – *Jennifer DeWitt*

"It's important to have a broad view and make your voice heard not only for the individual but in the larger system of care. I participate in our Continuum of Care committee and co-facilitate

a health committee for providers who work with homeless people. We look at issues that impact the health of homeless people as a whole. This keeps me going." – *Jeanne Lowry*

WHAT IT TAKES TO BE SUCCESSFUL Nurses who work with homeless people agree that it takes a certain type of person to do this work.

"You have to be compassionate and comfortable with yourself and your skills. You also have to know the population you're serving.

"To stay in nursing, you have to be adaptable and flexible and be able to change with the times. You have to be knowledgeable and keep yourself informed. Even when things are frustrating, I don't want to abandon ship. There will always be a need for nurses and there will always be something I can do." – *Denise Pinder*

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