



Promoting Evidence-Based Nursing Practice: *Working with Clients who Frequent RDNS Homeless Clinics*

**This newsletter has been adapted from a student assignment for the RDNS Primary Health Care Course. Jim has been given a pseudonym to protect his identity.*

Introduction

RDNS has been involved in managing nursing clinics in two central Adelaide homeless day centres since 1988. Despite stereotypical belief that the typical homeless person is a middle aged man with an alcohol problem, anyone can find himself or herself homeless regardless of age, gender, nationality or socio-economic status. The nurse working in the community cares for clients from diverse cultures, backgrounds and health conditions; however homeless clinic clients are a particularly vulnerable, high risk group. Many of these people have experienced discrimination and have not been provided the same opportunities as the mainstream community. I contend that it is vital to use primary health care principles to guide practice when caring for this group of people. These principles have been derived from the Ottawa Charter for Health Promotion (1986) and include a concern for equity, social justice, working *with* people and health promotion. The following excerpt from my practice journal demonstrates the importance of incorporating primary health care principles into daily practice.

Journal excerpt

'Ellie, Ellie' he calls out in his broad Scottish accent. I am sitting upstairs in the staff room eating my lunch when I hear his recognisable voice. As I walk down the stairs I see him standing at the counter. *"There she is, Ellie's my nurse you know". "Yes, I'm here Jim, where have you been? I haven't seen you for a week or so".* I can smell the usual waft of alcohol as he follows me into my room and sits on the chair. I say to Jim, *'do you want me to do your dressing?'* He starts to pull off his shoe and says *'I stink you know. I haven't washed for a week'*. He still has the tubi grip dressing I applied the week before. *'Oh well I think to myself, at least the maggots won't be in his wound this time'*. I go into the laundry and fill up his bucket of warm water as he yells out the usual comments *like 'you should have married me you know', and 'where have you been all my life?'* Occasionally he breaks into a Scottish song and I try to sing along with him.

Jim does fit the stereotype: he is homeless, has an alcohol problem and hepatitis C. He has been presenting to the homeless day centres on and off for ten years now. He initially was seen for minor injuries related to his intoxication, but since September 2000 he has required wound management to an injury that was sustained to his left ankle when he was hit by a car whilst crossing the road. Jim has had a number of admissions to the Royal Adelaide Hospital due to frequent infections and 'non-compliance' with wound care. On one occasion the surgeon had grave concerns about the wound and documented that the only solution would be to amputate his leg. This had a devastating effect on Jim as he had previously been a long distance

runner and felt very strongly about not having his leg amputated. Jim and I discussed the possibility of losing his leg and we decided we should aim to promote wound healing. His general practitioner had suggested that Jim start taking vitamin supplements. When Jim called into the clinic, I supplied a multi vitamin and thiamine tablet. Occasionally Jim presented to clinic in an intoxicated and loud state, nevertheless I was pleased to see him and discuss goals that may promote wound healing. During this time there had been a considerable amount of collaboration with other agencies to assist in helping Jim find accommodation. There was also an effort made to have Jim's finances managed by the public trustee but he was completely against it, therefore it did not eventuate. Much to the delight of both Jim and I, his wound eventually healed. Jim is back on the streets again and I occasionally see him for wound management of his left ankle when the wound breaks down. But after a couple of treatments and the application of a tubi grip, the wound heals again and I don't see him until the next time.

Reflection

Upon reflection of this episode of client care, I was generally pleased with the outcome. In collaboration with the health care team, the client and I worked together and set a number of goals towards saving his leg and healing the wound. At times I felt like I was the only one who had these goals when Jim did not turn up to have his dressing done, or when on many occasions he arrived at the clinic still intoxicated. But considering that he was dealing with all the issues around alcohol abuse, poverty and homelessness, I believe Jim tried very hard to work towards his goals. Collaboration with other agencies meant we could all work together to assist Jim with finding accommodation and sorting his finances, two activities that have the potential to improve his health status.

The nursing process and participatory action: are they the same?

The excerpt of my journal highlights the way primary health care principles may be incorporated into district nursing practice. The Participatory Action (PA) process is one approach that can be used when working with individuals and groups of people. It has generally been used to work with people in a 'non-competitive and non-exploitative way' (Wass 2000:61) to bring about a positive change in their life. The PA process allows people to participate in the planning and development of their own care and is closely aligned with the primary health care principles of collaboration and empowerment. There are many different approaches to PA, but there are also common principles of democracy, equity, liberation and life enhancement for all the people involved in the process. Stringers (1999) approach to PA has been recognised as being relevant when working with the community. In this approach, the Look, Think, Act principles are applied. These principles can be adapted to the cyclical nursing process of assessment,

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planning, implementation and evaluation.

Stringer's (1999) principle of 'looking' has been defined as 'gathering information, defining and describing the situation.' The client can identify and discuss any issues that can later be acted upon. It is important that the client develops an understanding of the issues using their own knowledge as this will lead to empowerment. In the thinking principle, clients explore, analyse and interpret issues from his/her own perspective. Street (1995) suggested that this process facilitates people towards understanding issues of concern and then planning action to make improvements. Ongoing feedback to clients and reflection by clients are important aspects in this phase. Lastly, the principle of acting is where clients are involved in the development, implementation, and evaluation of plans. It is hoped that the clients can learn or develop pre-existing self-management strategies that can carry on beyond the life of the activity. Evaluation is ongoing and 'involves identification of activities that have attained their purposes or objectives' (Koch, 2002:14).

Working with clients

One way to enter a client's world is to ask 'what matters?' or 'what is really important to you?' or 'how can we work together?'. An open interview style does appear to assist understanding of the client's world. Of course there are assessment tools to guide practice but it is not the intention that they are used as a checklist. Rather I believe it is important to listen to what a client and/or community is telling us. A relevant care plan may be based on what matters to the client, relying on the client's ability to communicate, or on the nurse's ability to grasp the situation on behalf of the patient. As discussed previously the cyclical nature of the nursing process is quite similar to the 'look, think and act' framework. During the assessment phase, the nurse utilises a holistic approach and works with the client to obtain information related to the presenting problem and any other factor related to their health. At times this can be a lengthy process in the homeless clinics as they may find the process overwhelming and it has been important to allow the client to work at their pace and build up trust. Also, the assessment may need to be adapted to ensure the client's needs are being met. Koch (2001:61) states that 'with some clients it will be both impractical and unethical to cover all questions on a comprehensive form'. In the planning phase of the nursing process, the clients are directly involved in prioritising issues they want to deal with. Once again, at the homeless clinics we need to be particularly sensitive to this as they may have other priorities that are more important than the presenting need. When planning care it is vital to set realistic goals 'with' the client. The implementation and evaluation phase is the same as the acting phase where the plan of care is acted upon with full permission from

the client. It is essential to work 'with' the client to ensure the objectives and the client's needs are being met. As with the assessment phase, evaluation is ongoing throughout the process and as Wass' (2000:119) discussed 'evaluation itself is a participatory, potentially empowering experience for both health workers and community members'.

Primary health care principles inform district nursing practice

It has been demonstrated that the principles of the 'look think and act' framework can be applied to the nursing process. It has also been revealed that both approaches cannot be successful without adopting the primary health principles at every stage. Both the PA process and nursing process may allow people to build on their knowledge, be reflective, be provided the opportunity to be heard and ultimately work toward positive and sustainable changes in their lives. Engagement of this process often leads to clients experiencing empowerment and enhancement of their lives.

Conclusion

This paper has shown the importance of incorporating the Primary Health Care principles into our daily practice as district nurses. Primary Health Care is an approach when working *with* people and should not be considered as an 'add on'. Although the homeless clinics can be challenging and at times a difficult environment in which to work, my commitment to the Primary Health Care principles and this group of people enables me to continue working in this area. It is worth it even if I can make a small difference to someone's quality of life.

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