Providing palliative and supportive care for homeless people in a Swedish support home

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Conclusion

This study displays an approach to care that has been developed gradually, through the combination of scientific knowledge and experiential learning. It is an approach that is person-centred, relation-based and grounded in the understanding of the homeless persons’ health/illness and health literacy and how these two aspects are related to, and determinant on a life as homeless, often in combination with drug abuse.

Introduction

Research about palliative care for homeless people is sparse and there is a lack of guidelines, recommendations and knowledge about feasible approaches/models for care.

According to the literature, homeless people request:
- Talking about death and dying (previous bad experiences')
- Advanced care planning ('somebody need to look after their death and dying')
- Tailored organization of palliative care to meet their needs

Aim of the study

To explore staffs’ reasoning about providing palliative and supportive care for homeless people in a Swedish support home

Study context

- A support home in Stockholm, established in 2006, with the assignment of providing qualified social and medical care (including hospice beds) in a homelike environment, for homeless people with multiple chronic (somatic and psychiatric) life limiting conditions and complex care needs.
- The support home does NOT have a zero tolerance against drugs
- Staff members have previous experience in somatic, social or psychiatric care (including addictive disorders) but no one has previous experience or formal competence about palliative care.

Methods

- A qualitative single case study based on the interpretive description method by S.Thorne
- Data collection through repeated group, coupled and single interview conversations with staff in the support home
- Interpretive descriptive analysis of data

Facts about homeless people

- In Sweden, 4000 (0.4 % of the total population) of 34 000 homeless people live in streets or shelters
- They often have multiple physical and/or mental chronic conditions and frequently use drugs, and the mortality rate outnumbers the average population
- They often die in care places where palliative competence is not available

Results

Providing a homelike atmosphere

- Building trustful relationships
- Creating a homelike environment
- Being a professional family
- Allowing space for life stories

Providing comfort, dignity and human kindness

- Re-dignifying the homeless persons
- Being respectful and non-judging
- Fulfilling the homeless persons needs and wishes
- Communicating palliative care and dying with consideration taken to present physical/mental condition, drug use and health literacy
- Setting short –term goals for care

Contextual prerequisites for providing palliative and supportive care in the support home

- No one have a home
- Most of the patients have no support from family members or relatives
- The notion of palliative care and of the point when a person needs palliation varies among staff
- Assessment of illness progression and communication about death are often obstructed
- Palliation is often provided under the circumstances of on-going drug abuse