

Attitudes of medical students towards homeless people

Postawy studentów medycyny wobec osób bezdomnych

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Wprowadzenie. W Polsce problem bezdomności był ignorowany i wyciszany aż do 1989 r. ze względu na socjalizm. Zjawisko bezdomności szybko urosło do problemu społecznego i stało się przedmiotem aktywnej polityki społecznej państwa.

Cel. Ocena postaw studentów medycyny wobec osób niepełnosprawnych.

Materiał i metody. Badanie ankietowe przeprowadzono wśród 420, losowo wybranych studentów medycyny Uniwersytetu Medycznego w Białymstoku (Polska). Kwestionariusz postaw pracowników służby zdrowia wobec osób niepełnosprawnych (HPATHI – The Health Professional Attitudes Toward the Homeless Inventory) został wysłany do studentów medycyny. Kwestionariusz ocenia postawy, zainteresowanie i zaufanie w 5-stopniowej skali Likerta.

Wyniki. E-maile zostały wysłane do 450 osób; odpowiedziało 420 studentów; ogólny odsetek odpowiedzi wyniósł 93,3%. Zdaniem większości respondentów (68,6%) bezdomny zbiera złom i żebrze (54,4%). Prawie 40% studentów twierdziło, że bezdomni mają dostęp do opieki medycznej. Postawy studentów wobec osób bezdomnych były na ogół pozytywne. W podskali postaw, studenci medycyny udzieli 3/9 negatywnych odpowiedzi, w podskali zainteresowanie 2/5 negatywnych odpowiedzi, a podskali zaufanie 3/5 negatywnych odpowiedzi.

Wnioski. W ankietach, opinie respondentów na temat bezdomności były zróżnicowane. Badanie to wykazało różnice w postawach, zainteresowaniu i zaufaniu wśród studentów medycyny.

Słowa kluczowe: osoby bezdomne, studenci medycyny, postawy

Introduction. In Poland, the problem of homelessness was ignored and played down before 1989 due to socialism. Then the phenomenon of homelessness quickly grew into a social problem and has been the subject of the State active social policy.

Aim. To assess the attitudes of medical students toward homeless people.

Material & Method. A survey of 420 randomly-selected medical students of the Medical University in Białystok (Poland) was conducted. The Health Professional Attitudes Toward the Homeless Inventory (HPATHI), was sent to medical students. The HPATHI instrument assesses attitudes, interest, and confidence on a 5-point Likert scale.

Results. Emails were sent to 450 individuals and 420 responses were received, for an overall response rate of 93.3%. According to the majority of the respondents (68.6%) a homeless person collects scrap metal, and begs (54.4%). Almost 40% of the students reported that homeless people had access to medical care. The attitudes towards homeless people were generally positive. On the attitudes subscales, medical students were more negative for 3/9 statements, on the interest subscale they were negative for 2/5 statements, and on the confidence subscale they were more negative for 3/5 statements.

Conclusions. In the questionnaires the respondents' opinions about homelessness varied. This study revealed differences in attitudes, interests, and confidence among medical students.

Key words: homeless people, medical students, attitudes

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Introduction

Homelessness is a global problem. Homelessness describes the condition of people who lack a regular dwelling place. Homeless people are most often unable to acquire and maintain regular, safe, secure and adequate housing, or they lack a 'fixed, regular, and adequate night-time residence' [1]. Homelessness

has many faces and there is no uniform definition of homelessness. Scott [2] detailed several concepts and classifications of homelessness. 'Homelessness' can be conceptualized as 'disaffiliation and detachment from society', 'any single person with no home of his own' and 'anyone who lacks adequate shelter, resources and community ties'.

According to Baranowski [3] homelessness is a manifestation of social exclusion. As a social phenomenon, homelessness is highly diverse and often defies scientific knowledge. According to Duracz-Walczak [4] there exists a wide range of social policy solutions aimed at reducing homelessness and the presence of various forms of social work undertaken with homeless populations.

In the United States and Western Europe the number of articles published on the topic in both the popular and professional literature has increased dramatically since 1980 [1, 5].

According to Philippot, et al. [6] in Europe the literature on homelessness has been published mostly in scientific journals and reviews (72%), with other material found in unpublished reports (16%) and books (12%). Furthermore, most of this research has been conducted in the UK (42%) and in France (17%), with a few publications concerning the whole European Community or multiple European countries (3.5%). Finally, very few studies have been found for Eastern countries.

In Poland, the problem of homelessness was ignored and played down before 1989 due to socialism [4]. Then the phenomenon of homelessness quickly grew into a social problem and has been the subject of the State active social policy. In Poland, an estimated number of 30.000 to 35.000 people are homeless and it is believed that during the last decade this number has remained constant [7]. A review of the scientific literature reveals few studies of Polish attitudes toward homeless people and, correspondingly, none of the scales designed to measure such attitudes [7-9].

Dębski [8] conducted a study of a representative sample of 2.211 homeless adults and 197 homeless children in 2007. The vast majority of those surveyed were men (83.6%), while only 16.4% were women. The average age of those sampled was 49 years. Among those included in the study people with secondary educations (40.4%) and primary educations (39%) were predominant.

Culturally marginalized groups like homeless people are particularly subject to negative perceptions. In public opinion homelessness is often seen as a conscious choice; thus, helping the homeless is often regarded as unfair, unwarranted, or a waste of money and effort [9].

Mądrzycki [10] believes that stereotypes are closely associated with the process of categorization of transactions carried out in perception, but they differ from this in some respects. They are characterized by fact and are less relevant in relation to reality, which means that the individual characteristics attributed to certain categories of people are often exaggerated and pointed, and thus are arbitrarily assigned to those who may not have these qualities. Stereotypes are social;

they function in a community of people and communities on the other. Stereotypes are constant and stable cognitive schemes which to a large extent are adopted early in life and are related to social pressure. Public perception considers a homeless person living on the street to be an alcoholic, lazy and potentially dangerous [5, 6]. Therefore, because homelessness is seen largely as a character flaw rather than as a product of socioeconomic circumstances, homeless people are often held personally responsible for their lives.

Medicine is a profession that attempts to develop both clinical expertise and ethical behavior in its students, including an ethics of service to the underserved [11]. Positive attitudes are necessary to provide appropriate care for impoverished patients. They can also act as important first steps in fostering future careers in the care of homeless and other underserved populations. Past studies have found that homeless people's sense of being unwelcome in health care settings and a lack of appropriate training for medical professionals are major barriers for homeless individuals seeking medical care [5, 6]. Homeless populations have very high morbidity, mortality and healthcare needs and often rely on primary health care [12-14].

There are few studies on the attitudes of medical students providers towards homeless patients [12, 13]. Up to date, there have been no reports of the attitudes by medical students toward homeless people in Poland. The aim of the study was to assess the attitudes of secondary-school students, high-school students, university students and adult working persons toward homeless people.

Material and method

This cross-sectional study was conducted in Białystok, Poland, a city with a population of approximately 320000. Medical students were recruited from the Medical University of Białystok. Medical students at our university undergo two years of preclinical training with no patient contact, followed by clinical practices during the third, fourth and fifth years. Invitations to participate in the survey were emailed to all medical students. Medical students were asked to complete an online questionnaire. The participation was voluntary and all responses were anonymous.

The survey of 420 randomly selected medical students was conducted from January 2012 to February 2016.

Instruments

We used the original questionnaire developed by the Department of Integrated Nursing Care, Białystok. The questionnaire consisted of two demographic questions (gender, age) and five specific questions about the homeless: 1. Have you had contact with the homeless? 2. What is the main occupation of the

homeless? 3. Do you think that homeless people can find a way out of homelessness? 4. Do you think that homeless people use health care? 5. Do you think that homeless people have access to health care? The inventory consisted of five statements with a response of yes or no. Question 2 was descriptive (open).

We also used the Health Professional Attitudes Toward the Homeless Inventory (HPATHI), an instrument designed to measure health professionals' attitudes, interest and confidence in delivering healthcare to the homeless [13]. The questionnaire consisted of 19 statements, with response options on a 5-point Likert scale (strongly disagree, disagree, neutral, agree, or strongly agree). The statements were grouped into three subscales: attitudes, interest and confidence. The answers for most items were coded so that scores of 5 (strongly agree) indicated the most positive attitudes towards homeless people and scores of 1 (strongly disagree) indicated the most negative attitudes. For this study we coded positive responses as strongly agree and agree and negative as neutral, disagree, and strongly disagree. The HPATHI was translated into Polish and validated. Cronbach's alpha coefficient for the test was 0.82; the test-retest reliability coefficient was 0.63.

Statistical Analysis

Statistical software version 10 was used for the statistical analysis. A chi-square test was used to compare positive and negative responses. The significance level was set to 0.05.

Results

Emails were sent to 450 medical students at Białystok and 420 responses were received, for an overall response rate of 93.3%. A total of 218 women (52%) and 202 men (48%) participated in the study. The mean age of the whole sample was 24.5 ± 1.7 years (range, 22-27 years).

58.8% (227/420) of the students had contact with homeless people several times a month. Only 12 participants had daily contact with them. According to most respondents, a homeless person collects scrap metal (68.6% {265/420}) and begs (54.4% {210/420}). The majority (77.2% {298/420}) of the respondents reported that homeless people could find a way out of homelessness. Less than half of the respondents (41.4% {160/420}) reported that homeless people benefited from health care. However, 39.1% (151/420) of the students reported that homeless people had access to health care.

The percentage of participants expressing agreement with each HPATHI item and significant or not significant differences are shown in Table 1. The attitudes of medical students towards homeless

people were generally positive (5/9 statements), with greater than 50% of the participants agreeing with the statements indicating positive attitudes. However, almost three quarters of the students reported that homeless people were lazy and chose homelessness. In comparisons between the three HPATHI subscales, attitudes tended to be the most positive, followed by the subscale of interest, and then confidence. In the subscale of interest, 2/5 statements were positive and 2/5 were negative. In the confidence subscale, 3/5 statements were negative and 2/5 were neutral. There was no positive statement. Almost half (53.5%) of the medical students expressed agreement with the statement 'I feel comfortable providing care to different minority and cultural groups', but a similar percentage of respondents expressed the negative statement. On the confidence subscale, medical students were significantly more likely to agree with the negative statement, 'I believe caring for the homeless is not financially viable for my career'.

Discussion

The purpose of this study was to assess opinions and attitudes of medical students toward the homeless population in Białystok, Poland. In the present study, medical students were positive in their attitudes and interests in working with homeless people, which is in agreement with previous studies [11, 13-17].

Buck, et al. [13] demonstrated that primary care physicians, primary care residents, clinical medical students and preclinical medical students who had more extensive experience with the homeless showed more positive attitudes and interest toward homeless persons. Fine, et al. [11] examined attitudes and beliefs of medical students in the preclinical and clinical years and emergency medicine faculty and residents about homeless people. They found divergences in attitudes, interests and beliefs among medical students and emergency medicine physicians and residents. Medical students tended to have more positive attitudes and beliefs about homeless people than emergency medicine faculty and residents. A similar study [18] explored changes in medical students' attitudes toward homeless persons during their Psychiatry and Emergency Medicine clerkships. They researchers found that medical students showed small differences in their attitudes toward homeless people following clerkships in Psychiatry, but not in Emergency Medicine.

Our study assessed attitudes towards homeless people among medical students in the third, fourth and fifth year of study. We did not compare differences between the study years. This study has certain implications for medical students' education. Moreover, there are no special educational programs tailored to homeless health problems and empathy, which would focus on modelling behaviors.

Table I. Agreeing or strongly agreeing and disagreeing, strongly disagreeing, neutral with statement for HPATHI items by respondents
Tabela I. Wskazania respondentów, którzy: zgadzali się, nie zgadzali się, bardzo nie zgadzali się lub byli obojętni na stwierdzenia w skali HPATHI

	Statement /Stwierdzenie		Dominated response /Dominująca odpowiedź	P
	positive /pozytywne N(%)	negative /negatywne N(%)		
Attitudes /Postawy				
Homeless people are victims of circumstances /Osoby bezdomne są ofiarami okoliczności	234(55.7)	186(44.3)	positive /pozytywna	<0.05
Homeless people have the right to basic health care /Osoby bezdomne mają prawo do podstawowej opieki zdrowotnej	349(83.1)	71(16.9)	positive /pozytywna	<0.001
Homelessness is the main problem of our society /Bezdomność jest głównym problemem naszego społeczeństwa	122(29.0)	298(71.0)	positive /pozytywna	<0.001
I understand that my patients' health problems may be more serious than medical recommendations /Rozumiem, że moi pacjenci mają większe problemy zdrowotne aniżeli medyczne wskazania	246(58.6)	174(41.4)	positive /pozytywna	<0.01
Healthcare funds should be directed toward serving the poor and homeless /Pieniądze na opiekę zdrowotną powinny być bezpośrednio kierowane do osób biednych lub bezdomnych	180(42.9)	240(57.1)	negative /negatywna	<0.05
Doctors should address the physical and social problems of the homeless /Lekarze powinni się zajmować fizycznymi i społecznymi problemami osób niepełnosprawnych	208(49.5)	212(50.5)	positive=negative /pozytywna=negatywna	>0.05
I believe social justice is an important part of health care /Wierzę, że sprawiedliwość społeczna jest istotną częścią opieki społecznej	312(74.3)	108(25.7)	positive /pozytywna	<0.001
Homeless people are lazy /Osoby bezdomne są leniwe	121(28.8)	299(71.2)	negative /negatywna	<0.001
Homeless people choose to be homeless /Osoby bezdomne wybrały bezdomność	124(29.5)	296(70.5)	negative /negatywna	<0.001
Interest /Zainteresowanie				
I study medicine because I want to help those in need /Wybrałem medycynę ponieważ chcę pomagać tym, którzy jej wymagają	362(86.2)	58(13.8)	positive /pozytywna	<0.001
I am interested in working with the underserved /Jest zainteresowany pracą z osobami zaniedbanymi	168(40.0)	252(60.0)	negative /negatywna	<0.001
I enjoy addressing psychosocial issues with patients /Lubię rozwiązywać problemy psychospołeczne pacjentów	242(57.6)	178(42.4)	positive /pozytywna	<0.05
I enjoy learning about life from my homeless patients /Lubię uczyć się życia od bezdomnych pacjentów	204(48.6)	216(51.4)	positive=negative /pozytywna=negatywna	>0.05
I resent the amount of time it takes to see homeless patients /Nie podoba mi się ilość czasu potrzebnego, aby zobaczyć pacjentów bezdomnych	19(4.5)	401(95.5)	negative /negatywna	<0.001
Confidence /Zaufanie				
I am comfortable being a primary care provider for a homeless person /Czuję się dobrze będąc głównym dostawcą opieki dla osoby bezdomnej	119(28.3)	301(71.7)	negative /negatywna	<0.001
I feel comfortable being part of a team when providing care to the homeless /Czuję się komfortowo będąc członkiem zespołu opiekującymi się bezdomnymi	207(49.3)	213(50.7)	positive=negative /pozytywna=negatywna	>0.05
I feel comfortable providing care to different minority and cultural groups /Czuję się komfortowo opiekując się grupami mniejszości narodowych i innych kultur	225(53.6)	195(46.4)	positive=negative /pozytywna=negatywna	>0.05
I feel overwhelmed by the complexity of the problems that homeless people have /Czuję się przytłoczony złożonością problemów, które doświadczają bezdomni	179(42.6)	241(57.4)	negative /negatywna	<0.05
I believe caring for the homeless is not financially viable for my career /Wiem, że opieka nad osobami bezdomnymi nie jest opłacalna finansowo	140(33.3)	280(66.7)	negative /negatywna	<0.001

In general, people hold quite negative attitudes towards homeless people, emphasizing their inadequacy and failure [19, 20]. Some of the most common public perceptions of homeless people is that they are all beggars, mentally ill or personally defective. The perception of homeless people as dirty and without personal standards is also common. These findings are in accordance with our results.

This study has certain implications for the education provided in schools and universities. Educational strategies for maintaining empathy among pupils and students have focused on modelling behaviors. In the present study, the negative beliefs that exist towards homeless people among pupils, students and adults suggest that role-modelling may have a detrimental influence on beliefs and behaviors.

This study has several limitations. Social desirability bias could have an important effect on the results; however, we attempted to minimize this through an anonymous survey. Our study is cross-sectional, not longitudinal, which would evaluate the effect of medical education by collecting the respondents' perceptions during the first and last year of their university studies. We attempted to minimize it through an anonymous survey. We used a single study site, which may limit the results' generalizability to other educational settings.

Conclusions

In the survey groups, the respondents' opinions about homelessness varied. Medical students were positive in their attitudes and interests in working with homeless people. In the subscale of interest, the percentage of positive and negative responses was similar. In the subscale of confidence, the percentage of negative responses was greater than of positive responses. According to most respondents, a homeless person is poor and collects scrap metal.

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