

# How do community nurses care for people living in Domestic Squalor?

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# Research Team

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Nurses and clients of the Royal District Nursing Service SA

# Overview

- Aim
- Research processes
- Findings
- Limitations
- Implications for practice
- Next steps

# Aims

- To develop an understanding of the strategies and decision-making processes that nurses use when providing care to clients living in domestic squalor.
- To describe the ways nurses assess this client group
- To identify the decision-making processes nurses use to inform their nursing care so that it is effective
- To understand the assumptions nurses use to distinguish between situations of self-neglect, hoarding and squalor
- To explore the organisational structures that assist and impede care giving
- To understand the impacts of caring for this challenging client population on the nurse.

# Research method

- Qualitative biographical design
- 20 community nurses who had experience working with people living in domestic squalor.
- Comprehensive literature review

# Interview questions

- Can you tell me about your experiences of caring for someone living in domestic squalor?
- Then, in a semi-structured interview format.
  - the environmental cues nurses use to recognise that
  - the concerns nurses have about the health of the person
  - nurses' perceptions of barriers and enablers to working effectively with people living in domestic squalor
  - the signs that nurses use to delineate a person is coping or not coping
  - the interventions nurses use and referral points
  - how nurses advocate for and/or protect their client
  - how nurses protect other health workers
  - the mechanisms nurses use to communicate with other staff regarding the client

# Findings

Defining and describing:

- Squalor
- Hoarding
- Self neglect



# Findings

- Indicators of squalor
- Assessment of people living in squalor
- Interventions
- Discussing squalor with people
- The impact of squalor on care giving
- Organisational processes

# Limitations

- Small sample size
- One organisation/ one location
- Clients perspective missing
- Rural and remote not considered

# Implications for practice

- Person centred
- Non judgemental approach
- Relationship development
- Assessment skills
- Develop expertise in complex behaviours
- Communication between health services
- Multi-service and inter-agency protocols

# Next steps

- Inter-agency inter-disciplinary collaboration
- Research funding
- Larger study involving clients



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