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Homeless Shelter Social Workers' Lived Experiences as Providers for Older Schizophrenic Women

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Abstract

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MSW, Long Island University, 2007

BA, Long Island University, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

The costs of social change efforts addressing homelessness among mentally ill individuals has increased in the United States over the past 40 years. Social workers face challenges with developing or executing individualized housing and mental health plans for older homeless women with schizophrenia. The purpose of this study was to examine the lived experiences among homeless shelter social workers who help women with schizophrenia during housing and mental health support implementation. This transcendental phenomenological study was anchored with Husserl's theoretical context of human perceptions of reality within previous subjective experiences. The research question was: When implementing mental health and housing services, how do social workers' experiences serve older adult women with schizophrenia who are homeless? The research involved use of semi-structured telephone interviews with 9 social workers employed at homeless shelters for schizophrenic women. Interview data were reviewed and coded to participants. Using the modified van Kaam data analysis, themes emerged. Participants reported that they enjoyed working with the population but faced difficulties in client denial of mental health status, aversion to stigma associated with schizophrenia diagnosis, experience of domestic violence, and service duplication as clients left and reentered the shelter system known as a *revolving door*. Social work administration may use these findings to enhance and refine the levels of support for social workers serving this sector and broaden strategies across support boundaries to improve services.

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Dedication

This humble work is dedicated to my mom who won her battle with Alzheimer's in February 2020. She was always a brave, loving, positive, and encouraging force in my life. I wish you were here to witness this moment and to encourage me with your famous words of inspiration, "When you don't know where to start, start from the beginning." I love and miss you, Mommy. To my only child, Amir, thank you, my love, for always encouraging me to work hard toward my goals. You inspire me every day as you continue to grow into a wonderful, intelligent, caring, brilliant ray of energy. On the days I wanted to give up on my dissertation, your smile, laugh, or questioning "When I will finally complete my journey?" recharged my heart and energy more than you will ever know. I love you so much, and I hope you are proud of me as I am of you.

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Chapter 1: Introduction to the Study

Background

The U.S. government has spent an estimated 4.8 billion dollars annually on homelessness since 2016, including 1.5 billion dollars for the Department of Housing Urban Development (HUD) via the American Recovery and Reinvestment Act (Schneider, Brisson, & Burnes, 2016). The Alliance to End Homelessness (2020) reported that the cost of homelessness in assisting displaced individuals reached 4.5 billion dollars. The increased cost of homelessness is also due to the significant demand for housing and mental health services (O'Toole et al., 2018; The National Alliance to End Homelessness, 2020). Social workers and support staff provide housing and mental health services for the needs of 33%–50% of homeless individuals (Greenwood et al., 2020; Oudshoorn, Ward-Griffin, Berman, Forchuk, & Poland, 2016.; Kagan, M. & Itzick, 2020). Organizations assisting homeless people recorded over 500,000 homeless persons in the United States annually, 60% of whom are displaced individuals with schizophrenia (Ganesh & Varma, 2020). Schizophrenia, personality disorders, bipolar disorders, and psychoses are barriers for homeless persons to finding adequate housing during the transition from outdoor displacement to homeless shelters (Embrett, Randall, Longo, Nguyen, & Mulvale, 2016). Embrett et al. (2016) concluded that older women in a transitional housing environment often exhibit signs of severe mental illnesses. Social workers often face challenges of engaging clients with severe mental illness (Embrett et al., 2016). The possible poor connections between social workers and clients may become missed opportunities for rehabilitation to include mental health and housing

services for homeless women with schizophrenia who may possibly face increased risk of experiencing incarceration and housing rejection (Embrett et al., 2016). Of those who are deemed mentally ill, 9.3 million individuals suffer with psychotic disorders such as schizophrenia (Crowe, Averett, & Glass, 2016). Programs such as Pathways Housing First (PHF) provide housing placement for homeless individuals living with schizophrenia (Volk et al., 2016; Stergiopoulos et al., 2015). The issue arises when clients who are mentally ill do not receive mental health support before acquiring housing (Baumgartner & Williams, 2014; Stergiopoulos et al., 2015). According to Meinbresse et al. (2014), schizophrenic homeless women ages 55 and older are often the victims of violence.

Four percent of homeless persons experiencing mental illness may not receive adequate support, possibly because social workers' personal biases could lead to poor outcomes (Weng & Clarke, 2018). Challenges such as disengagement and missed diagnosis play a role in widening the gap between social workers and their support of homeless and schizophrenic clients—particularly when staff implemented transitional services (; Rubin & Parrish, 2012). Results of my study contribute to the body of literature and may lead to policy or practice changes.

Statement of the Problem

In 2017, U.S. taxpayers paid over a billion dollars for housing programs and mental health supports for 1.5 million homeless individuals (Crowe et al., 2016; Thomas, Conner, Lee, & Spellman, 2019). The expenditures for homelessness tripled to 4.5 billion dollars annually 2 years later (End Homelesness, 2015; Parker, Cima, Brown, & Regier,

2018; Ruan, 2018). Within the homeless population, 69.3% of individuals have schizophrenia (Fond et al., 2019; Ganesh et al., 2013). Older women with schizophrenia are a vulnerable segment of the homeless population who often face (a) safety issues (Andrade & Frank, 2018; Meinbresse et al., 2014); (b) isolation due to seemingly lack of support from family and friends; (c) increased chances of psychoses (Lincoln & Chae, 2012; Tulloch, Khondoker, Fearon, & David, 2012); (e) alcohol and substance abuse (Rayburn, 2013); (f) health issues; (g) possible malnourishment; (h) exposure to extreme weather conditions (Speirs, Johnson, & Jirojwong, 2013); and untimely death (Brown, Kiely, Bharel, & Mitchell, 2012).

The barriers for homeless individuals offer challenges for social workers because staff providers are often unaware of client experiences (Greenwood et al., 2013; Odgen, 2013; Oudshoorn et al., 2016; Rubin & Parrish, 2012). Lack of awareness may be a factor in homeless shelter organizational staff using transitional shelter models often not meeting the needs of chronically ill individuals (Baumgartner & Williams, 2014; Stergiopoulos et al., 2015). After an extensive review of the literature, I did not find research on social worker experiences supporting older homeless women with schizophrenia during transitional activities from street homelessness to supportive housing. To understand the process of social worker engagement when implementing mental health and transitional housing services in individual service plans for older homeless women with schizophrenia, I conducted a transcendental phenomenological study to explore the lived experiences of social workers engaged in this process. The results of the study are useful for policy and decision-makers and practitioners supporting

schizophrenic homeless people in receiving quality of life care while in housing transition. The results of the study have potential implications across similar settings.

Purpose of the Study

The purpose of this transcendental phenomenological study was to examine the realistic shared experiences among homeless shelter social workers as providers who assist women with schizophrenia during housing and mental health support implementation. Husserl and Welton (1999) asserted that transcendental phenomenological studies are valuable in research involving how participants view lived experiences in challenging environments. Supporting my study, Husserl and Welton mentioned homeless shelter social workers who assist homeless women with severe mental illness (SMI).

Research Question

For this study, the research question was: When implementing mental health and housing services, how do social workers' experiences serve older adult women with schizophrenia who are homeless?

Theoretical Framework

For this transcendental phenomenological study, I relied on Husserl's theoretical context for human perception of reality within a specific subjective experience (Moustakas, 1994). In examining experiences of participants, I took a postpositivistic ontological stance. The methodological foundation of transcendental phenomenological studies is used to focus on the role of the mind in relation to outward stimuli rooted in previous specific experiences (Moustakas, 1994). Husserl (as cited in Moustakas, 1994)

addressed the notion of transcendental phenomenology being an example of core descriptions of human being behaviors across environments but also referenced this means as a gauge to examine specific phenomena. Thus, for this study, shedding light on the exploration of human experiences provided an additional dimension to the connection and perception of previous situational realities (Moustakas, 1994).

Researcher Ontology

As researcher-as-analyst for the transcendental phenomenological study, I have a deductive worldview (Moustakas, 1994). I sought concrete foundations for how and why people share similar experiences (Moustakas, 1994). The same familiarity of participants, therefore, was grounded in reality-based scenarios, such as reactions, thoughts, and ideas of challenging client caseloads consisting of women with schizophrenia, rather than derived from previous situational circumstances, thus illuminating the basis of postpositivism (Scotland, 2012). Additionally, the causes and effects of themes that emerged from the data were an overriding factor in defining the focus of this transcendental phenomenological study (Scotland, 2012).

Nature of the Study

In this study, I used transcendental phenomenological research to help illuminate the lived experiences of social workers in a homeless shelter setting. Moustakas (1994) defined a Husserlian transcendental phenomenological conceptual framework as an investigative lens of the overall human experience. Transcendental phenomenological studies are likely to include participants who exhibit the power of intentionality along with a willingness to remain inclusive of the human awareness experience (Moustakas,

1994). A transcendental phenomenological approach was a suitable research method as there was an opportunity to explore inactive and active experiences of professionals during the process of assisting clients with services Zahavi, 1996). Further, responses garnered from research are relatable to communication dynamics presented in professional environments (Husserl, 2001). Thus, researchers should remain cognizant of how valuable transcendental phenomenological studies are as a key concept in gauging participants' perceptions (Husserl & Welton, 1999). The transcendental phenomenological methodology consists of aspects beyond the realm of the physical world, while highlighting individual connectivity to various environments (Stroker, 1993).

Homeless shelter workers often mirror the behaviors described in Husserlian theories (Husserl, 2019; Moustakas, 1994), which often stem from familiar situations in the lives of social workers and therapists. Thus, these workers share seemingly accurate and universal professional experiences (Husserl, 2019; Moustakas, 1994). People habitually use their innate humanistic skills to gauge the ontological context with how and when professional and life-changing events occur over time (Welton, 2000). The results of how thoughts, feelings, and emotions are possible overriding factors in specific experiences could invoke motivation regarding behaviors in professional environments (Hochschild, 1979). According to Wilks (2004), researchers should consider participants' professional environment dynamics, particularly how staff engage with clients and each other. Similarly, Husserl (as cited in Schutz, 1970) proposed that researchers often abandon preconceived notions about participants when the focus shifts to individual

intentionality. In this transcendental phenomenological study, I incorporated and implemented bracketing, delineating, clustering of units, summarizing communication, and generating specifics to help determine patterns in participant responses for the study (Groenewald, 2004).

The transcendental phenomenological research method was suitable for this study, particularly in the reduction phase and how homeless shelter social workers view challenging experiences with clients (Moustakas, 1994). Further, inquiries made during the transcendental phenomenological study allowed for specific data to be collected related to day-to-day occurrences within a homeless shelter environment (Moustakas, 1994). Exploring how social workers approach the housing process engendered an array of responses from participants. Because of a differing ability to discriminate between personal and actual occurrences, Moustakas (1994) suggested that phenomena might resonate differently for each individual. According to Zahavi (1996), personal experiences that are subjective in nature emerge when there is a phenomenon occurring with various individuals in similar environments.

Definition of Terms

Homelessness: Individuals who are without a viable living dwelling due to willful or unforeseen circumstances (U.S. Department of Health and Human Services, 2016).

*Schizophreni*a: A mental illness that results in altered severe states attributed to lack of lucidity accompanied by hallucinations and paranoia (Markowitz, Karve, Panish, Candrilli, & Alphs 2013).

Social Workers: Individuals who assist and advocate for various populations and support victims of societal ills and displacement (Rubin & Parrish, 2012).

Assumptions of the Study

I anticipated participants would provide honest views about the lived experiences of homeless shelter workers. The interview questions were clear and helpful for eliciting lived experiences. I anticipated that participants may share vantage points that are not aligned with the overall narrative of the study.

Delimitations of the Study

I interviewed nine social workers who currently provide and previously provided transitional housing, employment opportunities, onsite support groups, and mental health support to displaced clients with schizophrenia and carried similar caseloads (e.g., substance abuse, dementia, PTSD). The selected delimitations are the basis of how participants face challenges in homeless shelters in a large metropolitan area where it may be difficult to determine when clients have an SMI (Smith & Anderson, 2018). The semistructured interviews were conducted via telephone with social workers from an urban northeastern United States area. The participant responses offered insight into social worker challenges related to difficult caseloads in that area.

Significance

The results of this transcendental phenomenological research include information helpful for program managers to understand the lived experiences of homeless shelter social workers and the challenges faced during delivery of services. Moreover, when combined with existing research, the results of the study could help policy and decision

makers with program oversight in gaining understanding of participant insights regarding

shelter services. The conclusions of the study may also offer value to organizational staff

with similar missions.

Summary

I conducted a transcendental phenomenological study of social workers'

experiences of providing mental health and housing to schizophrenic women in a

homeless shelter setting. Chapter 1 included introductory information about my research

study. Chapter 2 contains a review of the literature, including the literature search,

history, and contemporary issues relating to how homeless shelter social workers

experience providing support for older homeless women with schizophrenia.

Chapter 2: Literature Review

For this transcendental phenomenological study, I explored social worker experiences in providing schizophrenic homeless women with housing and mental health supports. Social workers often face challenges when engaging and providing mental health and housing assistance to homeless women with schizophrenia in shelter environments (Barile, Pruitt, & Parker, 2020; Bransford & Cole, 2019). The importance of examining the homeless shelter social worker phenomenon resonates when social workers provide lengthy supports with difficult cases (Barile et al., 2020; Bransford & Cole, 2019). This review comprises (a) title searches, (b) history, (c) relevant literature, (c) service delivery, (d) schizophrenia, (e) homelessness categories, and (f) social work. The following section lists databases and search terms I accessed to develop this literature review.

Literature Search Strategy

I used scholarly books and journals, EBSCOhost, ProQuest, and ERIC as resources to build the study's foundation of relatable literature. The review also contains information from additional sources including Internet sources from governmental organizations. I located over 300 related articles using the following keywords: *Jung, Maslow, homelessness, social workers, schizophrenia, older adults, homeless shelter, shelter providers, mental illness, history of homelessness, settlement houses, cost of homelessness, transcendental phenomenology,* and *Elizabeth Poor Laws*. A historical summary of homelessness is integral to the literature review and follows the Conceptual Framework.

Conceptual Framework

This transcendental phenomenological study integrates Maxwell and Mittapalli's (2008) seminal works grounded in Maslow's instinctoid nature of basic needs and social motivation, and Jung's undiscovered self-theories (Maslow, 1943; Reynolds, 1971). This concept is two-fold because transcendental phenomenological constructs derive from an innate awareness of one's consciousness and intentions (Moustakas, 1994). How the common strand of Maslow's basic needs theory and transcendental phenomenology correlate with the experiences of homeless shelter social workers informs this study (Moustakas, 1994).

Ontology: Postpositivism

A postpositivism view best explains my ontology because it delves into participants' experience by way of a *deductive* worldview and expresses the understanding of how researchers' insights play a vital role in research outcomes (Miller, 2000). Researchers who are in similar professions as participants may view multiple realties of the expressed phenomena through a particular lens but remain cognizant of how some realties are unrestricted (Miller, 2000). This will help modulate how I made sense of themes presented in data.

As researcher-as-analyst for this transcendental phenomenological study, I have a deductive worldview (Miller, 2000). I developed concrete foundations for how and why participants share similar experiences (Miller, 2000). The same familiarity of participants, therefore, was grounded in reality-based scenarios rather than derived from previous situational circumstances; thus, illuminating the basis of postpositivism

(Scotland, 2012). The deductive worldview shaped my idea of the interview data because thematic references revisit participants' responses in subsequent analytic form. Therefore, the responses garnered from the participants provide insight to the thematic progression while giving relevance to similar data (Scotland, 2012). This framework is applicable to how I view participants' responses in this study reflected in their experiences of their reality to challenges in similar work environments (Belt, 2020; Miller, 2000).

Transcendental Phenomenology

The ability to view reality from an unaltered perspective is the hallmark definition of transcendental phenomenology (Mocombe, 2019; Yee, 2019). The idea that human beings' experiences derive from past involvement or perceptions of others' situational occurrences may present as a valid reference point (Mocombe, 2019). According to Moustakas (1994), transcendental phenomenology is manifest in *ideation* where the human mind is in alignment with past experiences and develops a new concept of an existing reality. This newfound reality is tantamount to previous phenomena because it creates a new perception that will shape and redefine future experiences (Moustakas, 1994). In this regard, social workers shared their realistic experiences of working with older schizophrenic homeless women based on the situations described during the interviews (Moustakas, 1994). For instance, participants response to interview question 1, what are your feelings working with clients who require immediate housing and mental health assistance, garnered responses such as expressing difficulty working with said population while enjoying the social workers' role. Further, participants shared responses that allowed them to view their experiences from several standpoints. The majority of

participants understood their perception of reality emerged when working with challenging clients but were also mindful of their clients' prior life circumstances. Similarly, social workers' thoughts of clients' character were in question related to how clients' obtain social service assistance from multiple agencies.

Historical Overview of Homelessness

An early definition of *homelessness* derives from challenges faced by individuals such as medical issues and financial losses due to mental illness episodes, thus decreasing their ability to secure a safe dwelling (Bouma-Prediger & Walsh, 2008; Katz, 2017). Important to this study are factors of homelessness set within a historical context. The following section addresses these factors, including (a) societal issues, (b) policy implementation, and (c) examination of social change on a macro scale.

Homelessness Defined

The term homelessness appears to vary according to different agencies. Brown, Thomas, Cutler, and Hinderlie (2013) indicated that an aspect of HUD and McKinney-Vento Homeless Assistance Act has a compilation of distinct definitions of homelessness. According to the McKinney-Vento Homeless Assistance Act, homelessness is the absence of a secure residence or the use of public shelters and other undesirable dwellings for support (Brown, Thomas, et al., 2013). The official memoranda for the Department of Health and Human Services (2016) includes a homelessness description of individuals who are living in housing facilities as a possible safe haven for homeless persons (Brown, Thomas, et al., 2013; National Homeless, 2016). The noticeable difference of homelessness definitions for each agency is based on specific criteria, such

as the manner in which individual cases unfold, information provided by clients, and the staff engagement process to help promote social work advocacy efforts (Feldman et al., 2017; Glynn & Fox, 2017; Gonyea & Melekis, 2017; National Health Care for the Homeless Council, 2019; Partnership for the Homeless, 2019).

History of Homelessness

Homelessness dates to Biblical times where displacement was a passage and journey of life for many individuals (Bouma-Prediger & Walsh, 2008; Exodus 23:11, The New King James Version). In ancient Israel, the emphasis on faith encouraged individuals to remain mindful of the Exodus movement because displacement was a possibility that often lingered on the horizon (Bouma-Prediger & Walsh, 2008; Haught, 1990; Holy Bible Exodus 23:11, The New King James Version). Conversely, early Christianity referred to homelessness as a blessing that builds character for the human condition (Brueggemann, 2015). Reflecting on the era of homelessness in the Biblical land of Galilee, disparities existed among the socioeconomic class systems between the poor and those who were of the higher echelon (Brawley, 2011). Wealthy elite people faced resentment from poverty-stricken individuals (Clapsis, 1991), which became pervasive due to the financial disparities between the two groups (Brawley, 2011). Although the term homelessness dates back to Biblical eras, the introduction of the *haves and have-nots* idealism in England in the 14th and 15th centuries (Hopper, 1991) placed homelessness at the forefront of financial disparities (Johnsen, Cloke, & May, 2005; Stivers, 2011). The implementation of charity by way of various religious virtues (Mastromatteo & Russo, 2017) was the foundation of many social welfare agency

missions beginning in the 15th century, in addition to the philanthropic efforts in place to aid displaced individuals (Fitzpatrick et al., 2011).

Homelessness in 15th century England. Social welfare policies in the United States derived from England, and a host of other countries' social law approaches were applied to vagrancy and displacement in American society (Koven & Michel, 2013). The term *homelessness* emerged in the early 1500s to1800s in England as a description of individuals who often pleaded with the public for assistance with daily social needs and supports (Koven & Michel, 2013).

Social work implementation. Caring for one's immediate family in times of displacement was the responsibility of the head of household (Garrow & Hasenfeld 2017; Parker, 2017). As parents began to age, the responsibility then shifted to their descendants (Greene, 2017). Provisions and assignments for helping professions existed within the church to help individuals who, in times of need, did not have families available (Zigan & Le Grys, 2018). The need to provide service delivery for the heavy influx of homeless persons continued in early 15th century America when violent mentally ill displaced populations became a threat (Clapsis, 1991) to other segments of society (Peifer, 1999). The idea of potential violence in helping professional settings created a stigma for homeless persons and played an adverse role in the beginning of the decline of helping individuals' interactions, thus making future engagement processes challenging (Ogden 2013; Sun, 2012; Viron, Bello, Freudenreich, & Shtasel, 2014). Social workers began reporting professional experiences such as witnessing many societal needs in homeless shelter environments and people living with schizophrenia

(Brown, Goodman, et al., 2016; Odgen, 2013). Zufferey and Kerr (2004) suggested that homelessness, when examined from an historical perspective, provides a clear understanding of the undercurrents fueling causes and behaviors of the phenomenon. In addressing stigmas, such as the possibility of potential violence and mental health issues within homeless populations, the helping profession faced additional client challenges such as medical issues and displacement. The need for social support emerged during the 15th century; the demand for therapeutic interconnectedness and established client-therapist relationships between homeless clients and social workers became prevalent in the 17th century (White & Winstanley, 2014).

Social work efforts during the preindustrial era. During the 16th century and prior to the stabilization of the helping profession, British government officials began to take a social change stance in the mistreatment and vagrancy that plagued homeless people (Lees, 1998; Slack, 1990; Townsend, 1971). The Elizabeth Poor Laws served as a blueprint to provide disenfranchised individuals with opportunities to receive government assistance outside of religious organizations. Details in the act established social welfare policies that helped to support homelessness intervention strategies in America (Slack, 1990; Wickenden, 1965). Assistance for needy people in America and England took place in the dwellings of members in the helping profession (Katz, 1996). During the 1800s, homelessness played a role in straddling the lines of poverty and employment due to the inconsistencies of the job market (Katz, 1996; Lee, 1998; Slack, 1990). Many people held low-wage jobs in factories and as housekeepers but lived in fear with the uncertainty of employment stability (Katz, 1996).

Many immigrants did not retain enough income to survive in new surroundings, so the wave of immigration from Europe in the early-to-mid 1800s brought new faces to homelessness in the United States (Katz, 1996). From the 1920s to 1940s U.S. citizen failed entrepreneurship ventures, the Great Depression, and World War II produced new cases of homelessness (Clarke & Newman, 1997). Consequently, from the 1940s to 1970s, the U.S. government developed welfare states to improve aid to citizens to avoid further marginalizing lower income groups (Clarke & Newman, 1997).

In the 1980s, intervention strategies for poverty were instrumental in providing specific social supports for clients with an array of medical and mental issues (de Vet et al., 2013; Jones, 2015). During the 1990s, homeless clients with mental illnesses such as schizophrenia reemerged to the forefront as a social need, thus prompting the development of safe haven programs to address the needs of these specific clients (Viron, Bello, Freudenreich, & Shtasel, 2014). In the interest of clients with cooccurring disorders (Sun, 2012), the passion to help schizophrenic homeless clients became a unified goal among many in the helping profession. Today, the challenges of social work, homelessness, and clients with schizophrenia remain issues (McNamara, Same, Rosenwax, & Kelly, 2018).

Recent Findings

The literature pertaining to homeless shelter social workers and schizophrenic homeless individuals can be found in many human services categories (Aubry, Flynn, Virley, & Neri, 2013; Odgen, 2013; Parry, 2014). The following section includes characteristics of homelessness.

Homelessness Characteristics

The term homelessness often consists of a cluster of notions rooted in rigid beliefs involving how displaced individuals live (Cooke & Hearne, 2015; Jain, Davey-Rothwell, Crossnohere, & Latkin, 2018; Mackie, 2015). The questions of when, how, and why an individual arrived at homelessness involve nuances that define a myriad of categories for homeless populations (Mackie, 2015; Somerville, 2013). Further, instances exist in which displaced individuals fit in one of two definitive victim or victimless groups (Horan & Beauregard, 2018). From another perspective, homelessness is an investigative lens to help shed light on the disparities of impoverished individuals in various societies (Horan & Beauregard, 2018). The description of access to a physical dwelling versus the emotional tie to what a homeless individual may view as a comfortable, livable environment is a factor that may affect delivery of social worker efforts (Horan & Beauregard, 2018). As changes in the definitions of homelessness have evolved, the strategies used to address the varying issues of the homeless population provide insight to the social worker and client dynamic (Weng & Clark, 2018).

Homeless shelter environments. Today, limited government funding is allocated to provide supports for 78% of homeless individuals in northeastern U.S. urban shelter settings, thus creating confined, unsanitary, unsafe shelter environments with possibly little social support and poorly equipped for long-term stays (Beharie et al., 2015; Rahman & Semkow, 2019). McCleod and Walsh (2014) suggested that responses from homeless women revealed negative opinions of the overall space and design of homeless shelter dwellings. As a result, while living in these environments, homeless individuals

become prone to physical ailments due to poor shelter cleanliness and hygiene (Moffa et al., 2018). Moffa et al. (2018) noted how undesirable living conditions such as unkept sleeping areas and restrooms might exacerbate underlying health issues such as tuberculosis, asthma, HIV-infected external body sores, and other physical ailments.

Homelessness and social support intervention strategies. Henwood, Derejko, Couture, and Padgett (2015) asserted that programs, such as Housing First, provide pathways to address homelessness and overall issues such as mental illness. According to Gutman and Raphael-Greenfield (2017), transitional programs developed within Housing First may be beneficial to clients' specific needs and lives. Within case-to-case scenarios, interventions involving specific mental health issues such as schizophrenia showed positive changes for clients' active daily lives (Nelson et al., 2017). For homeless individuals with a multitude of challenges, a myriad of angles must be considered when incorporating programs for them (Brown, Vaclavik, Watson, & Wilka, 2017; Casey, Clark, Smits, & Peters 2013). Greenwood et al. (2013) emphasized that staff and management should understand specific program implementation that engenders positive client outcomes.

Homelessness costs. With increasing numbers of homeless persons with a disparity of medical and mental issues requiring services from social workers, the costs of homelessness have continued to increase (Rahman & Semkow, 2019). This disparity of medical and mental issues presents challenges for social workers (Biederman, Nichols, & Lindsey, 2013; Bransford & Cole, 2019; Rahman & Semkow, 2019).

In 2019, combining the cost of medical and emergency room visits and treatments, mental health assessments and treatments, and transitional housing programs for over 600,000 homeless individuals; the cost of homelessness in the United States reached over a billion dollars (Abramson, Sanko, & Eckstein, 2020; Latimer et al., 2019; Mongelli, Georgakopoulos, & Pato, 2020). In this same period, the cost for housing and homeless shelter services in the United States increased to nearly 125 billion dollars which has been cut due to COVID-19 pandemic (End Homelessness, 2020; Fowler, Hovmand, Marcal, & Das, 2019; Ponka et al., 2020).

In the northeastern United States, the homeless population in urban settings consists of 60,000 or more individuals living with schizophrenia and receiving social service pre-existing mental health interventions (End Homelessness, 2020; Khan, McCrone, & Koehne, 2020; Wander, 2020). Financial cost, poor health, and increased potential of violence against older homeless clients with schizophrenia often result in poor service delivery outcomes (Meinbresse et al., 2014, Odgen, 2013; Stergiopoulos et al., 2015).

Homelessness factors. How and when homeless individuals arrive at their current circumstances vary (Caton, Wilkins & Anderson, 2007; Meinbresse et al., 2014). For example, violence and previous displacement are factors in why many older homeless women remain displaced (Hassell, Mecca, & Mecca, 2017; Meinbresse et al., 2014). Further, older schizophrenic women who are in and out of homeless shelters may experience increased violence (Choudhry, 2016; Meinbresse et. al., 2014; Riley et al., 2014). Older homeless adults often face declining health and severe mental illness and

receive poor care (Odgen, 2013; Thompson, Wall, Greenstein, Grant, & Hasin, 2013). The disparity among homeless characteristics challenge social workers who provide supports for homeless persons; social workers may miss opportunities to examine and understand client experiences of homelessness (Odgen, 2013).

High risk of crime victimization and reduced protection. Older homeless women face violence such as battery, robbery, lack of protection in and out of shelters, and sexual assault (Ellsworth, 2019). Andrade and Frank (2018) suggest that immediate supportive shelter for older homeless people might serve as a deterrent and reduce violent victimization outcomes for this group. Further, due to previous domestic violence while on the street as well as within their former residences, older homeless women have increased incidence age acceleration (Salem, Brecht, Ekstrand, Faucette, & Nyamathi, 2019).

Poor nutrition. Poor access to adequate food and ongoing nourishment exacerbates poor health or existing diseases among older homeless women (Tong et al., 2018). Means, Rorie, and Mehta (2019) noted that older homeless women risk nutritional health issues when a concrete place of residence does not exist or if homeless circumstances were caused by violent incidents in previous dwellings.

Increased risk of HIV and sexually transmitted diseases. Homeless older women are at increased risk of HIV infections and sexually transmitted diseases from previous relationships or violent sexual assaults while living on the streets (Allahqoli, Fallahi, Rahmani, & Higgs, 2018). According to Wenzel et al. (2019), new cases of HIV in homeless women tend to minimalize once supportive housing and other basic survival

sources are in place. In the same context, 63% of homeless individuals continue to have unprotected sex. From another perspective, 78% of women living with HIV are on the verge of or are experiencing homelessness (Logie et al., 2018). Conversely, women who are HIV negative appear to partake in unprotected sexual relations; have increased substance abuse; and an exacerbated onset of SMI symptoms (Meacham, Bahorik, Shumway, Marquez, & Riley, 2018). Approximately 95% of older women with difficult pasts prior to homelessness exhibit STIs such as herpes, syphilis, and Hepatitis C (Williams & Bryant, 2018).

   Premature mortality. As of 2019, mortality rates for older homeless women are substantially higher and 98% of deaths occur due to heart disease, accidental death, and fatal injury due to violence (Aldridge et al., 2018). Women engage in risky substance abuse behaviors that often lead to fatal overdose and self-criminal behaviors resulting in violent reactions from possibly drug dealers and other undesirable entities which may result in death (Phipps, Dalton, Maxwell, & Cleary, 2019). Continuous hospital visits associated with chronic homelessness and illness may result in palliative care for many homeless individuals (Culhane et al., 2019).

   Medication nonadherence. Homeless women with schizophrenia who seek the support of homeless shelter social workers may have nonadherence issues with medication (Desai & Nayak, 2019). As noted by Desai and Nayak (2019), women with schizophrenia might miss provider prescribed timeframes for taking medication which can be costly in terms of reregulating and tailoring medication to suit patient needs. Further, an increase in severe psychoses or violent behaviors towards staff and other

residents and missed opportunities to implement mental health services are associated with medication nonadherence (Chang, Roh, & Kim, 2019; Desi & Nayak, 2019).

The provider relationship with schizophrenic clients may reveal patterns of negative social service experiences; clients with schizophrenia experience recurring issues of limited services available for sensitive needs (Odgen, 2013; Sandhu, Arcidiacono, Aguglia, & Priebe, 2015). Providers should initiate the engagement process with clients during the intake stage due to preconceived negative notions about older adults with schizophrenia; these perceptions may have the potential to engender unfavorable outcomes (Kane, Green, & Jacobs, 2013; Odgen, 2013; Pooler, Wolfer, & Freeman, 2014; Shier & Handy, 2015). The increase of HIV cases reached 26.5% in 2014 for homeless women 50 and over (Frazier, Sutton, Tie, Collison & Do, 2018). HIV in older homeless women serves as a considerable barrier due to possible underlying judgement from staff (Davila et al., 2018; Frazier et al., 2018). Further, illnesses such as tuberculosis coupled with HIV and other STDs exacerbate the poor health of older homeless women as well as encourage stigma (Davila et al., 2018). Stigmatization arises in areas such as severe mental illness where many homeless individuals are not adherent to psychotropic meds and possibly do not disclose mental health diagnoses, but which are apparent to providers (Fond et al., 2019). Weng and Clark (2018) emphasized that social work students admit having adverse preconceived notions and anxiety working with older homeless and schizophrenic individuals. Consequently, treatment for adults who are homeless schizophrenic individuals may be affected by previous ideologies of social workers, which may set an ongoing tone for the engagement process and initiation of

services (Kane et al., 2013). Homeless shelter social workers often try to build cohesive rapport with external housing agency staff to help improve internal agency client-staff relationships (Parry, 2014; Pooler et al., 2014). Social workers develop professional bonds for intervention support between agency staff, other social workers, and client relationships, but may continue to face difficulty during the development of appropriate multiple intervention(s) for clients (Weng & Clarke 2018; Pooler et al., 2014). For instance, individuals who are homeless and schizophrenic may not have social security disability services in place due to missing personal identifying documents and the appropriate mindset to obtain services (Bailey, Engler, & Hemmeter, 2016). Weng and Clarke (2018) specified that providers might rely on the notion that homeless individuals have poor ability to express needs and feelings. The assumptions are due in part to biases, but also due to the undercurrent of the social workers' primary responsibility to assist underserved populations (Weng & Clarke, 2018).

Schizophrenia. Schizophrenia is a severe mental illness that affects an individual's ability to comprehend external reality beyond the scope of one's pathologic constraints (Millan et al., 2016). Researchers in the medical community state that medications currently in clinical trial can possibly quell the hallmark symptoms of schizophrenia and in some cases ameliorate the onset of the disorder. This assertion has resulted in much criticism and skepticism from the mental health community (Millan et al., 2016).

Homeless clients with schizophrenia and social worker engagement. Social work providers' relationships with homeless schizophrenic clients may reveal additional

characteristics but may not engender responses to address pressing specific needs

(Sandhu, Arcidiacono, Aguglia, & Priebe, 2015). Many older homeless individuals'

health and physical form begin to aggressively decline due to additional life stressors

(Brown, Thomas, et al., 2013; Kane, Green, & Jacobs, 2013). The following list includes

a few characteristics of homelessness:

- High risk of crime victimization while living outside of a shelter system;

- Poor nutrition due to lack of access to healthy food options;

- Increased risk of health issues (HIV, tuberculosis, sexually transmitted diseases);

- Premature mortality;

- Reduced protection; and

- Medication nonadherence.

Table 1

Agency Characteristics of Homelessness

Government agency	Homeless categories	Description
U.S. Department of Health and Human Service	Homeless individuals with residence	Clients in homeless shelter agencies usually do not have an official place of residence but reside in public facilities, and mid to long term residential assistance for individuals.
U.S. Department of Housing and Urban Development	Homeless individuals without housing. Homeless individuals or families with temporary living situations	Individuals who live in desolate places such as subway stations, bridges, and condemned properties.
Coalition for the Homeless (2019)	Homeless families and individuals who require	Newly released inmates and patients in hospital displaced. Individuals or

National Healthcare for the Homeless Council (2019)	substantial housing and mental health support	families who reside with extended family or facing eviction from current housing.
Partnership for the Homeless (2019)		

In order for clients to achieve an understanding of how to respond during the shelter intake process, social workers should be prepared to convey their expectations of their clients (Quinn, Dickson-Gomez, Nowicki, Johnson, & Bendixen, 2018). Further, social workers should possess empathy (Howe et al., 2018) when providing social supports for underserved clients, particularly those with mental illnesses (Tuckey, Sonnentag, & Bryan, 2018).

Social Work Efforts and Approaches

Homeless shelter staff may not have access to client information because of possible changes or clients sharing scarce and inconsistent updates; themes in recent studies might reflect lack of client evolution (Chrystal et al, 2015; Parry, 2014; Thara & Kamath, 2015). Wagstaff, Graham, Farrell, Larkin, and Nettle (2018) reported that specific agency engagement strategies might be a key factor in whether clients continue receiving comprehensive social services. Social services staff helps to refine approaches by facilitating social change beyond the confines of agency (Chrystal et al, 2015; Sandhu et al, 2015; Shier & Handy, 2015). Social change can also affect agency approaches due to social worker burnout, thus hindering the agency's ability to include external agency communities for client intervention and support services (Rubin & Parrish, 2012; Shoji et al., 2015; Wagaman, Geiger, Shockley, & Segal, 2015)

Social Worker Burnout

According to Leiter (2017), social workers often face criticism and potential job burnout due to not adhering or providing services aligned with organizational protocol. Poor work performance may also lead to burnout because social workers may begin to question prior academic prowess, personal capabilities, and the future of their profession (Mänttäri-van der Kuip, 2016; Rubin & Parrish, 2012; Shoji et al., 2015). Further, social workers may encounter organizational challenges and additional trauma when providing services for clients with an array of difficult psychological issues (Lev & Ayalon, 2015; Mänttäri-van der Kuip, 2016; Schuler, Bessaha, & Moon 2016). The varying degrees of job burnout derive from (a) personal traumas, (b) job dissatisfaction, (c) traumatic stories from clients, (d) job retention, (e) poor professional performance, (f) discontentment with outcomes, (g) lack of internal and external care, and (h) low knowledge in specific areas (Karapinar, Camgoz, & Ekmekci, 2016; Travaglianti, Babic, & Hansez, 2016; Wagaman, Geiger, Shockley, & Segal, 2015).

Effects of Social Worker Disengagement

Older homeless population needs may be inadequately addressed due to poor connection with the agency and social service staff and social service staff with preexisting negative ideologies (Kane & Green, 2013; Stergiopoulos et al., 2015). Kane and Green (2013) suggested that students' preconceived notions play an intricate role in low client engagement and behaviors may translate negatively in a professional environment. Underlying reasons exist as to why social worker outcomes may vary from client to client. According to Rubin and Parrish (2012), the overall assumption is that it is

difficult for social workers to become familiar with clients' previous experiences, possibly increasing the potential of poor treatment outcomes (Jego, Abcaya, Stefan, Calvet-Montredon, & Gentile, 2018). Parry (2014) determined that social workers who may feel unacknowledged for efforts when working with difficult clients may contribute to social workers' biases and disengagement, thus missing a critical period for client intervention.

Social workers and self-efficacy. Social workers who have experienced traumatic events may experience challenges in practicing self-efficacy and may identify with clients who are mentally ill and homeless (Odgen, 2013). Odgen (2013) noted that the use of qualitative phenomenological analysis and two segmented interviews might reveal themes of social workers' experiences with challenging clients. Gopikumar, Easwaran, Ravi, Jude, and Bunders (2015) referenced how the importance of maintaining self-efficacy for shelter social workers rises when implementing a regimented and familial structured environment for homeless and mentally ill clients. Homeless shelter agencies should remain cognizant of burnout in social workers and implement training to assist in strengthening staff self-efficacy (Washington & Moxley, 2013). Social workers can become reengaged and improve in job performance when past grievances are addressed (Consiglio, Borgogni, Di Tecco, & Schaufeli, 2016). Consiglio et al. (2016) suggested that workers who receive praise for their work, ideas, and implementation of programs showed positive changes over 5 years. Reengagement and improved performance can occur where social workers can advocate politically and express their passions related to program implementation for underserved populations (Ostrander,

Lane, McClendon, Hayes, & Smith, 2017; Rogala et al., 2016). Organizations need to be concerned for social workers' efficacy stemming from large caseloads and the potential of burnout, thus increasing turnover rates (Ostrander, Lane, McClendon, Hayes, & Smith, 2017; Rogala et al., 2016).

Summary

Chapter 2 contained: (a) an historical overview; (b) titles searches, articles, research documents and journals; (c) recent findings; (d) social work efforts and approaches; and (e) homeless shelter environments. Chapter 3 includes: (a) purpose, (b) research questions, (c) research method and aligning factors, (d) participant section sampling, (e) informed consent, (f) semi structured interviews with homeless shelter social workers, (g) conceptual framework, (h) transcripts, (i) coding and analysis, and (j) conclusion.

Chapter 3: Research Method

For this transcendental phenomenological study, I discerned lived experiences and developed related themes from data collected from interviews with social workers who provide housing and mental health services to older women with schizophrenia. The transcendental phenomenological direction of my research was sufficient to investigate the homeless shelter social worker phenomenon while unveiling recurring themes (Moustakas, 1994). The noema (perception of self-reality) and the noesis (grounded in truthful experiences) include vantage points of how the social work participants' responses will unfold (Moustakas, 1994). The homeless shelter social worker phenomenon manifested through the lens of Husserl after I obtained information on the experiences of nine social workers who provided mental health and housing supports in homeless shelters (Polkinghorne, 1989; Zahavi, 1996). This chapter includes the following sections: (a) purpose, (b) research question, (c) phenomenological transcendental study method, (d) participation selection, (e) informed consent, (f) interviews, (g) sampling, (h) validity, (i) reliability, , (j) theoretical framework, (k) transcripts, (l) coding and analysis, and (m) conclusion.

Purpose

The purpose of this transcendental phenomenological study was to examine the realistic shared experiences among homeless shelter social workers as providers who assist women with schizophrenia during housing and mental health support implementation. transcendental phenomenological research method, the reduction phase focused on homeless shelter social workers' experience of interactions with clients

(Moustakas, 1994). Inquiries made during the transcendental phenomenological study reflected day-to-day implementation of mental health and housing services in a homeless shelter environment (Moustakas, 1994). I received an array of responses regarding how social workers approach the housing process. Moustakas (1994) suggested that phenomena might resonate differently for each individual because of the ability to discriminate between personal and actual occurrences. Similarly, Zahavi (1996) suggested that personal subjective experiences emerge when a phenomenon occurs with various individuals in similar environments. Transcendental phenomenological methods are valuable in research involving how participants view lived experiences in challenging environments (Husserl & Welton, 1999). The experiences of homeless shelter social worker participants were valuable and salient to transcendental phenomenological analysis.

Research Question

The following research question guided this study: How do social workers experience serving clients when implementing mental health and housing services for schizophrenic homeless residents? The Husserlian methodology was used as a gauge to explore the experiences of social workers who provide housing and mental health supports for homeless women with schizophrenia (see Moustakas, 1994).

Research Method

Transcendental phenomenological research is an approach developed by Edmund Husserl, who believed that individuals' experiences of a situation might differ in truth and perception (Moustakas, 1994). Transcendental phenomenological studies allow

researchers to give participants the opportunity to share specific dynamics of experiences while gaining insights on similarities within the phenomena (Moustakas, 1994). The major elements of this method include (a) intentionality of the conscious mind within noesis and noema (noesis and noema exist in the power of intentionality with noema being the actual knowledge about a topic and the noesis being a separate vantage point of reference), (b) intuition of previous experiences, and (c) intersubjectivity. Further, inquiries made during a transcendental phenomenological study provide insights and specifics of participants' experiences (Moustakas, 1994). These experiences are an extension of an individual's worldview that is possibly a figment of one's imagination (Moustakas, 1994).

Transcendental Phenomenological Stance

Intersubjectivity plays a role in how participants view experiences in a transcendental phenomenological study (Moustakas, 1994; Zahavi, 1996). Zahavi (1996) posited that certain phenomena are attached to a participant's worldview and are commonly and universally experienced. The dynamics of day-to-day occurrences for participants might not solely depend on otherness of external experiences or lack thereof, as the term *intersubjectivity* implies (Zahavi, 1996). Moustakas (1994) suggested that the phenomenon might resonate differently for each individual because the ability to differentiate between personal experiences and actual occurrences is an ongoing factor, particularly for social workers in an array of settings. According to Zahavi, personal experiences that are subjective in nature emerge when a phenomenon occurs with various individuals in similar environments. Transcendental phenomenological research was

suited to examining the realistic shared experiences among homeless shelter social

workers which manifest in emerging themes and from participants who exhibit

intentionality and intersubjectivity (Longhurst, 2003; Moustakas, 1994). Based on the

nature of the dialogue, the semi structured interviews provided insight because

participants may feel comfortable in sharing experiences (Longhurst, 2003). The study

format includes stringent research protocols, and participants were provided with

informed consent forms.

Participant selection sampling. I determined the participant criteria and used

snowball and purposive techniques to determine participant criteria for the study.

Purposive sampling is suitable for use with transcendental phenomenological research

methods (Suri, 2011). Snowball sampling was implemented within the same organization

if theoretical saturation was not achieved. The following section includes the participant

selection process in relation to purposeful criterion sampling.

Sampling procedures. I used sampling for the selection of nine homeless shelter

social workers to the point of saturation. I employed purposeful criterion and snowball

sampling because these methods were suitable to determine specific participant attributes

germane to this study (Palinkas et al., 2015). Purposeful sampling is useful when

selecting participants who share similarities with the phenomenon under study (Palinkas

et al., 2015), which in this case was homeless shelter workers who provide mental health

and housing services for schizophrenic clients. Criterion sampling is the process of

selecting a sample using specific criteria as this promotes locating potential participants

with similar lived experiences (Suri, 2011). I implemented criterion sampling using the

criteria of social workers over 25 years of age who had worked in homeless shelters for at least 3 years. Because I did not obtain sufficient numbers of participants via criterion sampling, I implemented snowball sampling. Snowball sampling is the process of requesting referrals of fellow caregivers who may be interested in partaking in the study. The snowball method allows ease and feasibility when an insufficient number of participants has been obtained (Biernacki & Waldorf, 1981).

Sampling process. After I obtained IRB approval 06-19-20-0072861, I used purposive and snowball sampling to locate nine homeless shelter social workers from the urban northeastern United States who provide housing and mental health supports for homeless older women with schizophrenia. After identifying possible participants, I emailed potential participants with a detailed description of the study. I requested that interested participants respond to the email by replying "Interested in participation." Once the nine participants were established, I sent a follow-up email with the consent form attached. To ensure that participants had a general understanding of their rights after reading the informed consent at length, participants were asked to reply "I consent" to take part in the study.

Informed Consent

In this study, participants were informed via email of their rights about the study and were provided an informed consent form. The informed consent included information about potential benefit, harm, and right to opt out at any point in the research without consequence. I obtained acknowledgement of informed consent from each participant prior to starting the interview.

Interviews

For this study, I obtained data via 60-minute semistructured interviews conducted via telephone. Hammer and Wildavsky (2018) posited that semistructured interviews provide participants with an opportunity to have fluid dialogue with the interviewer. The semistructured interviews helped social workers identify and share experiences regarding challenges of implementing mental health and housing services for homeless women with schizophrenia (Longhurst, 2003). Evans and Lewis (2018) argued that semistructured interviews are an ideal gateway to capture themes within a specific phenomenon. The semistructured interviews for this study included questions related to lived experiences of homeless social workers in support of providing mental health and housing supports to women with schizophrenia. I asked participants about their experiences with implementing housing and mental health interventions for women with schizophrenia. Interviews were conducted via telephone. For transcription, I used raw notes via note paper.

Managing Data

I produced summative transcripts via verbally repeating participants' responses to reaffirm the responses. I obtained interviewee checks for accuracy by asking participants to restate their responses to promote accuracy in the transcripts. Member checking strengthens internal validity (Naidu & Prose, 2018). After receiving the corrections, I modified the data using role/source substitutes (e.g., Interviewee 1) to promote confidentiality (Gibbs, 2018).

I managed transcripts, informed consent forms, and research data on removable discs and secured these items in a locked home cabinet. I will destroy the data 5 years after publication.

Data Analysis

For this study, I used a modified van Kaam analysis (Moustakas, 1994). The van Kaam analysis includes:

1. Listing and Preliminary Grouping

    a. Listing of all quotes from all participants.

    b. Reduction and elimination to determine the invariant constituents and test each expression for two requirements:

        i. Does it contain a moment of the experience that is a necessary and sufficient constituent for understanding it?

        ii. Is it possible to abstract and label it? If so, it is a horizon of the experience. Expressions not meeting the above requirements are eliminated. Overlapping, repetitive, and vague expressions are also eliminated or presented in more exact descriptive terms. The horizons that remain are the invariant constituents of the experience.

    c. Clustering and Thematizing the Invariant Constituents: Cluster the invariant constituents of the experience that are related into a thematic label. The clustered and labeled constituents are the core themes of the experience.

   d. Final Identification of the Invariant Constituents and Themes by

      Application.

2. Validation

   a. Check the invariant constituents and their accompanying theme against the

      complete record of the research participant. (1) Are they expressed

      explicitly in the complete transcription? (2) Are they compatible if not

      explicitly expressed? (3) If they are not explicit or compatible, they are not

      relevant to the co-researcher's experience and should be deleted.

   b. Using the relevant, validated invariant constituents and themes, construct

      for each co-researcher an Individual Textural Description of the

      experience. Include verbatim examples from the transcribed interview.

   c. Construct for each co-researcher an Individual Structural Description of

      the experience based on the Individual Textural Description and

      Imaginative Variation.

   d. Construct for each research participant a Textural-Structural Description

      of the meanings and essences of the experience, incorporating the

      invariant constituents and themes. (Moustakas, 1994, pp. 3-4)

Themes revealed in the study served as a vantage point to measure participants'

experiences as it relates to individual and group perceptions of working with women with

schizophrenia (Moustakas, 1994). When there are continuous statements presented in the

data, each one will provide insight as to whether the similarities are aligned with the

general theme of how social workers face challenges in homeless shelter environments (Moustakas, 1994).

As outlined in Table 2, using van Kaam's analysis provided an in-depth vantage point of participants' responses interchangeably, while determining themes for follow-up interviews (Moustakas, 1994). Before the interview, I assigned specific color codes to differentiate emotions, tones, thoughts, and feelings of participants as it relates to each question. Each participant was assigned a code color for ease of participant reference during the interview. After the interview, I reflected on the journal notes taken during the interview. The experiences presented in the data should reflect similarity as well as comprehensible facts as provided by participants (Moustakas, 1994). I assigned colors for specific participant responses. During the coding process, I implemented bracketing to manage existing bias during analysis (Starks & Brown, 2007). Participants' responses were scrutinized to promote accuracy found in thematic experiences and the process of elimination helped to specify whether the responses to the phenomenon were conducive to the research narrative (Moustakas, 1994). The following section includes reliability and validity for this proposed study**.**

Issues of Trustworthiness

Credibility

Internal validity relates to how research processes yield truthful representation of reality (Mandal, 2018). I established credibility by verbally restating participants responses during the telephone semistructured interviews. I practiced reflexivity while journaling specifics of data themes. These themes were used as a gauge to promote

accuracy of the participants' experiences to lessen injecting my insights into the core of the study (Mandal, 2018). As noted by Moustakas (1994), Husserl posited that phenomenological studies are a gauge to examine intersubjective validity derived from similar truthful experiences in data. In this type of study, presence of face validity applies (Moustakas, 1994).

Transferability

I promoted ease of use of this study in an array of organizational environments that are dissimilar to this current research which examines social workers lived experiences within homeless populations. I did this by following protocols that are replicable such as presenting data garnered from particular themes in the study. I diligently monitored the data to determine how and when the study is replicable, thus increasing overall reliability (Ali & Yusof, 2011; Moustakas, 1994).

Dependability

Participants will have access to the study's results thus, promoting dependability of the conclusiveness of data.

Confirmability

The data derived from this study is a reflection of the participants' vantage points of working with homeless women in shelter settings.

Table 2

Interview Strengths and Weaknesses

Strengths	Weaknesses
Trustworthiness: promotes providing igneous responses and focuses on the promotion of truth of the homeless shelter worker phenomena. Subjective responses: participants may provide subjective thematic responses. The internal validity controlled by the researcher may be adjusted along the way. Conversational: participants provide detailed information and various vantage points about the phenomena.	Unknown biases: participants may have preconceived ideas that may engender slant results or do not complete the study. The inability balance or examine unknown personal biases of the researcher. Transcription: participant's speech and behaviors may be misconstrued by researcher. Internal validity: responses only represent the current moment and the possibility of not addressed over time.

Note. Interview strengths and weaknesses represented in this table are from Diefenbach (2009), Hsiung (2008), Husserl (1994), Longhurst (2003), Low (2012), and Moustakes (1994).

Summary

Chapter 3 contained: (a) qualitative transcendental phenomenological method for investigation of homeless shelter social workers who experience challenges when providing mental and housing supports for women with schizophrenia, (b) Husserlian's transcendental phenomenology (Zahavi, 1996) as the *intersubjective* thread, and (c) a foundation to address the topic of inquiry created through interviews, informed consent, coding, analysis, and issues of trustworthiness. Chapter 4 provides study results.

Chapter 4: Results

Introduction

Chapter 4 consists of exploration of the findings of the completed study. Participants' responses guided the tone of the research, revealing themes aligned with the research question. The themes gleaned from participant responses reflected thoughts, feelings, and emotions and were used as a catalyst to illuminate the challenges social workers face while implanting mental health and housing supports for their clients.

The purpose of this transcendental phenomenological study was to examine the realistic shared experiences among homeless shelter social workers as providers who assist women with schizophrenia during housing and mental health support implementation. Husserl and Welton (1999) asserted that transcendental phenomenological studies are valuable in research involving how participants view lived experiences in challenging environments. In support of my study, Husserl and Welton (1999) specifically mentioned social workers who assist homeless women with SMI often face challenges in homeless shelter environments. Moustakas (1994) posited a van Kaam analysis along with listing and preliminary grouping as another aspect to listing every participant's "expression relevant to the experience" (p. 3). A van Kaam analysis query, "Does it contain a moment of the experience that is necessary and sufficient constituent for understanding it and is it possible to abstract and label it?" was used to examine participants' responses (Moustakas, 1994, p. 3). Participants' "repetitive and vague" replies to the research questions were also eliminated to promote "thematic labeling" (Moustakas, 1994, p. 3).

Chapter 4 includes the completed research inquiry as described and detailed in the results, research setting, demographics, data collection, data analysis, and trustworthiness sections. I used one research question to guide this study: When implementing mental health and housing services, how do social workers' experience serve older adult women with schizophrenia who are homeless? The following section provides the findings from semistructured interviews tailored to engender responses for the research question.

Research Setting

The interviews were conducted via telephone with nine social worker participants who were working from their homes due to the 2020 COVID-19 pandemic. The calls occurred in the month of July 2020. Participants were from various urban locations and served in current roles as social workers, supervisors, and directors in various urban cities in the Northeastern region of the United States. Extensive notes were taken during the calls, and I also sought clarification of responses received during the interviews.

Demographics

All participants were current social workers who had social work background in providing homeless schizophrenic women with housing and mental health supports. Three interviewees were shelter social work supervisors with 2–5 years' experience; one participant was a director who had 2 years' experience at a health facility and 12 years' experience as a social worker; and five participants were social workers who currently or formally worked for 5–10 years at homeless shelters with homeless schizophrenic women.

Data Collection

I conducted interviews with nine social workers from the Northeastern region of the United States. The semistructured interviews were conducted via telephone for at least 40 minutes. I also crafted copious notes and used summary transcripts of calls for subsequent analysis.

Data Analysis

For the current study, I used a modified van Kaam analysis. The van Kaam analysis includes:

- Listing and preliminary grouping: Grouping in this manner allowed me to grasp each participants' experiences related to challenges they faced such as providing mental health and social supports during shelter intakes (Moustakas, 1994). Participants described a level of dishonesty displayed by their clients but attributed these behaviors to clients' schizophrenia.

- Validation: Transcripts captured explicit participants' responses, illuminating their experiences and supporting comparing thematic progression in the data (Moustakas, 1994).

Invariant Constituency

Themes revealed in the study serve as a vantage point to measure participants' experiences as they relate to individual and group perceptions of working with women with schizophrenia (Moustakas, 1994). When continuous statements are presented in the data, each one will provide insight as to whether the similarities are aligned with the general theme of how social workers face challenges in homeless shelter environments

(Moustakas, 1994). For instance, participants who shared experiences with job difficulty also expressed positive feelings working with their clients. Invariant constituency was also presented in responses regarding "client denial of mental health status" being an identifying reason for "barriers to support."

Data analysis comprised the following eight steps:

1. I gathered the data engendered from participants via telephone interviews,

2. I carefully reviewed the data before assigning codes.

3. I then assigned codes for each participant such as Interviewee 1, to ensure confidentiality.

4. Color code assignments were applied to participants.

5. Color codes were assigned for thematic responses.

6. The color-coded thematic responses were numbered in order of responses.

7. I used invariant constituency to determine the number of similar responses participants made within each thematic response grouping.

8. Responses were then tallied and shortened to create thematic categories.

I used van Kaam's analysis to provide an in-depth vantage point of participants' responses interchangeably (Moustakas, 1994). Each participant's response was assigned a color code for ease of participant reference during the interview.

I used van Kaam's modified analysis of thematic clustering using the following inquiries:

1. Does it contain a moment of the experience that is a necessary and sufficient constituent for understanding it?

2. Is it possible to abstract and label it?

If so, it is a horizon of the experience (Moustakas, 1994). I analyzed participants'

individual experiences to determine which were applicable to the phenomena and

research questions. For example, participants shared accounts of repeatedly providing

duplicate services for clients who reenter the shelter system and described this process as

the "revolving door" (Moustakas, 1994, p. 4). The "revolving door" is a label to

determine how frequently the experience occurs for each participant's client when

implementing services (Moustakas, 1994, p. 4). The experience is worthy of

understanding because it relates to the phenomena. In another experience, participants

emphasized the importance of empowering their clients through teaching self-advocacy

to quell the uptick in revolving door scenarios (Moustakas, 1994). "Overlapping and

repetitive" tones in the responses were noted related to issues of clients' immediate

circumstances such as current personal relationships with partners (nonbarriers;

Moustakas, 1994, p.3). Additional areas such as how the agency is involved when

monitoring client's behaviors towards fellow residents at the shelter were not pertinent

and not applicable to the topic of study at hand. Participants' descriptions of their

experiences were explicit when sharing the staff-client relationship. In a final example,

participants mentioned the ways organizational support would be beneficial in providing

social workers with the support needed to deliver adequate services to their clients. The

thematic progression of common/repetitive responses was color-coded according to each

category.

Evidence of Trustworthiness

To establish trustworthiness, I implemented the following for the study.

Credibility

Internal validity relates to how research processes yield truthful representation of reality (Mandal, 2018). I established credibility by verbally restating participants responses during the telephone semistructured interviews. I implemented bracketing to limit my bias during the interviewing and coding process (Starks & Brown, 2007). I practiced reflexivity when journaling specifics of data themes and throughout the data gathering and analysis process. Themes emerging from the analytical process were used as a gauge to promote accuracy of the participants' experiences to lessen injecting my insights into the core of the study (Mandal, 2018). As noted by Moustakas (1994), Husserl posited that phenomenological studies are a gauge to examine intersubjective validity derived from similar truthful experiences in data. In this type of study, presence of face validity applies (Moustakas, 1994).

Transferability

I promoted ease of use of this study in an array of organizational environments that are dissimilar to this current research which examines social workers lived experiences within homeless populations. I did this by following protocols that are replicable such as presenting data garnered from particular themes in the study. I diligently monitored the data to determine how and when the study is replicable, thus increasing overall reliability (Ali & Yusof, 2011; Moustakas, 1994).

Dependability

Participants will have access to the study's results thus, promoting dependability of the conclusiveness of data.

Confirmability

The data derived from this study is a reflection of the participants' vantage points of working with homeless women in shelter settings.

<div align="center">Study Results</div>

The results of this study contain information specific to the research question including how social workers experience working with homeless schizophrenic women, challenges and barriers that hinder providing housing and mental health support, and potential ideas to be implemented as organizational programs as well as policy decision making. Participants provided vantage points such as experiencing job difficulty while embracing their passions as social workers. The findings also reflect how participants view clients seeking social service assistance.

I used van Kaam's phenomenological analysis listing and preliminary grouping of data for the results of my study (Moustakas, 1994). I was able to determine the thematic progression of participants' responses via raw data transcription (Moustakas, 1994). Participants' responses were aligned with the research question when emphasizing difficulty when working with homeless women with schizophrenia.

The replies to the interview questions featured in this passage illuminate the specifics of this phenomenon, exhibiting salient thematic progression. Participants' responses aligned with the tone of the research question. For example, Interviewee 1

stated for Interview Question 1, that they "enjoy working with population" but then referenced working with a "challenging client with bedbugs and denial of schizophrenia diagnosis." Interviewee 2 expressed, "Work becomes challenging with what comes first dealing with someone who is in denial of mental health while helping clients to understand stigma." Interviewee 3 described barriers for the population when giving advice for Interview Question 4 to others in the profession: "Do not take the job too personal and become frustrated with the revolving door for clients." The remaining thematic examples can be found in Appendix E. The reoccurring themes from the results of my study are available in Table 3.

Table 3

Reoccurring Themes

Research question	Themes
When implementing mental health and housing services, how do social workers experience serve older adult women with schizophrenia who are homeless?	Theme 1: Enjoys working with population Theme 2: Job difficulty Theme 3: Client denial of mental health status Theme 4: Stigma Theme 5: Domestic violence Theme 6: Revolving door Theme 7: Client views

Summary

For Chapter 4, I provided findings of semistructured interviews of nine social workers in the urban Northeastern region of the United States. I conducted interviews which garnered salient and pertinent responses from participants for the research question "When implementing mental health and housing services, how do social workers experience serve older adult women with schizophrenia who are homeless"? Chapter 5

will consist of the nature of the study, findings, limitations of the study,

recommendations, implications, and conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this transcendental phenomenological study was to examine the realistic shared experiences of homeless shelter social workers as providers who assist women with schizophrenia during housing and mental health support implementation. Husserl and Welton (1999) asserted that transcendental phenomenological studies are valuable in research involving how participants view lived experiences in challenging environments. Supporting my study, Husserl and Welton specifically mentioned this type of study's use with homeless shelter social workers who assist homeless women with SMI.

Nature of Study

In this study, I used transcendental phenomenological research to help illuminate the lived experiences of social workers in a homeless shelter setting. Moustakas (1994) defined a Husserlian transcendental phenomenological conceptual framework as an investigative lens of the overall human experience. Transcendental phenomenological studies are likely to include participants who exhibit the power of intentionality along with a willingness to remain inclusive within the human awareness experience (Moustakas, 1994). A transcendental phenomenological approach was a suitable research method for this study as it provided an opportunity to explore inactive and active experiences of professionals during the process of assisting clients with services (Husserl, 2001). Further, responses garnered from data collection in this research were relatable to communication dynamics presented in professional environments (Husserl, 2001). Researchers should remain cognizant of how valuable transcendental phenomenological

studies are in gauging participants' perceptions (Husserl & Welton, 1999). The transcendental phenomenological methodology consists of aspects that are beyond the realm of the physical world, while highlighting individual connectivity to various environments (Stroker, 1993).

Homeless shelter workers often mirror the behaviors described in Husserlian theories (Husserl, 2019; Moustakas, 1994), which often stem from familiar situations in the lives of social workers and therapists; thus, sharing seemingly accurate and universal professional experiences (Husserl, 2019; Moustakas, 1994). People habitually use their innate humanistic skills to gauge the ontological context with how and when professional and life-changing events occur over time (Welton, 2000). The results of how one's thoughts, feelings, and emotions are possible overriding factors in specific experiences could invoke motivation regarding behaviors in professional environments (Hochschild, 1979). According to Wilks (2004), researchers should consider participant professional environment dynamics, particularly how staff engage with clients and each other. Similarly, Husserl (as cited in Schutz, 1970) proposed that researchers often abandon preconceived notions about participants when the focus shifts to individual intentionality. In this transcendental phenomenological study, I incorporated and implemented bracketing, delineating, clustering of units, summarizing communication, and generating specifics to help determine patterns in participant responses for the study (Groenewald, 2004).

The transcendental phenomenological research method was suitable for the study; the reduction phase revealed how homeless shelter social workers view challenging

experiences with clients (Moustakas, 1994). Further, inquiries made during this transcendental phenomenological study allowed details related to day-to-day occurrences within a homeless shelter environment to emerge (Moustakas, 1994). Exploring how social workers approach the housing process engendered an array of responses. Because of a differing ability to discriminate between personal and actual occurrences, Moustakas (1994) suggested that phenomena might resonate differently for each individual. Zahavi (1996) purported that personal experiences that are subjective in nature emerge when a phenomenon occurs with various individuals in similar environments.

Interpretation of the Findings

I used van Kaam's phenomenological analysis listing and preliminary grouping of data for the results of my study (Moustakas, 1994). I was able to determine the thematic progression of participants' responses via raw data transcription, revealing challenges social workers face when implementing housing and mental health supports to older homeless women with schizophrenia (Moustakas, 1994). Participants' responses aligned with the tone of the research question. For example, Interviewee 1 stated for Interview Question 1, that they "enjoy working with population" but then referenced working with a "challenging client with bedbugs and denial of schizophrenia diagnosis." Interviewee 2 also expressed, "Work becomes challenging with what comes first dealing with someone who is in denial of mental health while helping clients to understand stigma." Interviewee 3 described barriers for the population when giving advice for Interview Question 4 to others in the profession: "Do not take the job too personal and become frustrated with the revolving door for clients."

The participants' responses are supported by previous research. The revolving door emerged in studies in which 18 individual cases were measured upon locating housing (Nilsson, Nordentoft, & Hjorthøj, 2019). The authors concluded that 95% of women experienced domestic violence prior to becoming homeless, increasing the chances of these individuals returning to the shelter environment (Nilsson et al., 2019). Phipps et al. (2019) posited that homeless schizophrenic women face numerous challenges in receiving adequate mental health and housing services that create barriers with social workers. A correlation exists between a client's gender and mental health status related to not seeking support services in a timely manner (Seeman, 2020). Correlations exist between homelessness and SMIs related to the lack of communication between shelter workers and their clients. In one study, 51,925 displaced individuals showed a correlation between their displacement and mental health status progression for schizophrenia; 10.29% (95%, CI: 6.44, 16.02), $I^2 = 98.76\%$ (Ayano, Tesfaw, & Shumet 2019).

Reflecting previous research findings, themes emerged from participants who expressed frustration with the "revolving door" situations in their organizations where clients would agree to receive mental health services but go *AWOL* (absent without leave) shortly thereafter. Participants stated that challenges arise when clients feel ashamed to admit their mental status or seek additional support for their mental health diagnoses. The complete listing thematic is included in Appendix E.

Delimitations and Limitations of Study

In urban northeastern United States, I conducted telephone interviews to the point of saturation of nine social workers who provide transitional housing, employment opportunities, onsite support groups, and mental health support to displaced clients with schizophrenia. These social workers carried similar caseloads addressing other client needs (e.g., substance abuse, dementia, PTSD). The selected delimitations are the basis of how participants face challenges in homeless shelters in a large Metropolitan area where it may be difficult to determine when clients have an SMI (Smith & Anderson, 2018). Participant responses offered insight into social worker challenges working with difficult caseloads in urban Northeastern region of the United States. These interviews were completed via telephone due to the current pandemic and unforeseen instances of remote employment for many homeless shelter social workers, thus increasing the level of limitations as the interviews were not in person.   Although the aforementioned circumstance increased limitations, participants appeared to be comfortable with discussing their vantage points over the telephone as it related to their roles as social workers in a homeless shelter environment.

Recommendations

Research interest in the topic of this study may increase over time with the current pandemic, amplifying the challenges of social work delivery of services to homeless individuals with mental illnesses. The CDC reported that COVID-19 has exacerbated the conditions of those who have severe mental illness as well as invoking issues for those who are experiencing life stressors regularly (Center of Disease Control, 2020).

Organizations could benefit from providing staff with the necessary tools to navigate the barrage of cases for individuals in distress due to the pandemic. Future researchers could utilize this study to examine the thoughts, ideas and emotions of social workers who provide supports for clients in challenging environments. This study is replicable with the potential to expand in sample size, garnering responses from a wider array of participants in the Northeastern region of the United States. Conducting similar studies in other geographical locations such as rural and the Southwest could differentiate how social service support and program implementation manifest for organizations in these areas. Potentially, social workers in these locations would have an array of clients from various environments. Replicating this study could provide insight on programming measures suitable for assisting social workers in honing their service delivery across similar environments. The research question could be used as a gauge to determine the level of needs of those in the social work profession. Future researchers may want to consider transcendental phenomenology to shape current and future programming, funding, and policy in helping homeless shelter social workers in providing adequate support for homeless individuals with SMI. With 69.3% of the homeless population with schizophrenia, opportunity to study social worker experiences exists across similar settings (Fond et al., 2019; Ganesh et al., 2013). Social workers who are suffering from isolation, psychosis, and safety issues could receive supports from their organizations (Andrade & Frank, 2018; Meinbresse et al., 2014). Certification programs and workshops might prove beneficial to this group.

Implications

My study provides a detailed foundation of future inquiry for organizational planning. The results of the study may include information useful for policy and decision makers, and practitioners supporting schizophrenic homeless people in receiving quality of life care while in the process of housing transition (Spencer, 2019). This transcendental phenomenological study contains knowledge for organizations seeking to develop workshops and programs to increase social work familiarity of barriers of working with clients in challenging situations for housing. Increased information about social workers in homeless shelter settings could inform policy and decision makers in determining funding allocation. Practitioners will benefit by utilizing participant responses as a gauge for actions that improve service delivery and their profession. Researchers could use the results to provide greater insight of the research topic while adding knowledge.

Conclusion

This transcendental phenomenological study indicates that the cost of homelessness transcends monetary factors (Brown, Thomas, et al., 2013; Culhane, Kane, & Johnson, 2013). The homeless population, particularly women with schizophrenia, are at the mercy of society and the organizations in place providing social supports (Ganesh, Campbell, Hurley, & Patten, 2013). Evidence from the semistructured interviews with homeless shelter social workers provided concrete accounts of what is lacking when determining how and when to implement housing and mental health supports to older homeless women with schizophrenia. The responses garnered in this study reflect

participants' insightful feedback compartmentalizing the needs of their clients. Moreover, participants expressed their reality of their client needs and their inability to address those needs. This inability is the result of many barriers facing women who are schizophrenic and homeless, and a lack of appropriate social worker supports (Lesage & Bland, 2014).

Women in this population arrive at homelessness from varying journeys (Mackie, 2015; Somerville, 2013). Social workers who work directly with this population may have no awareness or training of their clients and the barriers they face (Greenwood et al., 2013; Odgen, 2013; Oudshoorn et al., 2016; Rubin & Parrish, 2012). The crux of this study was tapping into the experiences of homeless shelter social workers while drawing parallel lines between inadequately funded social services and how staff manage service delivery in challenging environments. The hope of discovering a realistic medium to support social workers and their underserved clients alike is realized after evaluating responses gleaned from participants in this study. Participants provided a candid vantage point regarding their profession and how their experiences shape their service delivery and relationships with their clients. I am honored and humbled that I was given the opportunity to delve into the unchartered waters of this research topic.

At the beginning of this manuscript, I shared that research related to my study was nonexistent. I realize how fortunate I was to explore this unfamiliar topic while gaining knowledge and having an opportunity to share my findings and insights with the research community. My hope is that knowledge of the subject of my challenging yet rewarding study will expand from the initial research question and provide an opportunity for future researchers to use throughout the scientific community.

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Appendix A: Email Seeking Participants

Dear Invitee,

My name is Joan Spencer. I am a doctoral student at Walden University's Human Services Program. I am kindly requesting participation of staff in your organization in a doctoral research study that I am conducting titled: Homeless Shelter Social Workers' Lived Experiences as Providers for Older Schizophrenic Women. The intention is to explore the experiences of homeless shelter social workers who implement mental health and housing supports for African-American women with schizophrenia.

The study involves completing basic demographic information and participating in a one on one semi-structured interview with the researcher.

Participation is voluntary, and participants may withdraw from the study at any time. The study is completely confidential; therefore, it does not require you to provide your name or any other identifying information.

 If you would like to participate in the study, please read the Informed Consent letter below. To begin the study, click the survey link at the end.

Your participation in the research will be of great importance in assisting policy and decision makers with valuable insight regarding the experiences of homeless shelter social workers who provide mental health and housing support services to women with schizophrenia.

Thank you for your time and participation.

Sincerely,
Joan Spencer M.S.W, Doctoral Candidate, Walden University

Appendix B: Participant Criteria

1. The participants in this study must have a minimum of 2 years' experience with
   providing services for women who are homeless and schizophrenic

2. 21 and over

3. Participants must be an employee of a homeless shelter in the NYC area and possess
   a social worker license

Appendix C: Semistructured Questions

1. What are your feelings about working with homeless clients who require
   immediate housing and mental health assistance?

2. Please tell me about your specific experiences working with challenging clients.

3. Please explain the strategies used to implement housing and mental health
   supports for your clients.

4. Is there anything else about serving homeless women in housing supports you
   would like to share?

Appendix D: Interview Questions and Thematic Progression

Theme	Listing	Grouping
Theme 1	Enjoys working with population	4
Theme 2	Job difficulty	9
Theme 3	Clients' denial	8
Theme 4	Domestic Violence	5
Theme 5	Revolving Door	2
Theme 6	Client views	5
Theme 7	Stigma	2
Theme 8	Barriers to support	9
Theme 9	Self-advocacy	5