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Challenges In Discharge Planning for Adults Transitioning From an Inpatient Psychiatric Level of Care Experiencing Homelessness

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Walden University

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

DeAnná R. McCaskill

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2023

Abstract

Challenges In Discharge Planning for Adults Transitioning From an Inpatient Psychiatric Level of Care Experiencing Homelessness

DeAnná R. McCaskill

MSW, Widener University, 2002

BSW, Widener University, 1998

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

February, 2023

Abstract

Mental illness and the homeless population are a growing concern in the United States. Homeless individuals utilize emergency rooms and acute inpatient stays more than those with housing. Social workers play a vital role in discharge planning, starting on the first day of admission. This action research study explored the challenges of social workers developing discharge plans for adults transitioning from an inpatient psychiatric level of care experiencing homeless. The theoretical framework implemented in this study was systems theory. Data were collected from 12 purposively selected master's level social workers in the format of individual and focus group interviews. Eight social workers participated in individual interviews and three in the focus group. Data gathered from the individual and focus group interviews yielded four participant-driven themes that answered the research question. The themes were lack of resources, lack of collaboration, length of stay, and client-related factors. The findings from this study identified key challenges of social workers' discharge planning for adults transitioning from an inpatient level of care experiencing homelessness, limited resources for this population, lack of collaboration among stakeholders, time limits to develop safe discharge plans, and patient factors such as limited supports. Addressing the identified challenges in this study could promote positive social change on local and national levels by improving the discharge planning process in hospital settings for adult patients experiencing homelessness. The results of this study could assist in reducing the number of individuals being discharged to the streets and shelters from hospital settings.

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Dedication

Throughout this process, I often thought about the patients that I developed discharge plans for transitioning from an inpatient level of care that experienced homelessness. I was constantly torn as a social worker when I had to discharge patients to shelters and sometimes to the streets. I would often dream about having funding to create a safe place for these patients to transition from the hospital. My heart would cry out for these patients, and I found myself going home and wondering where the patients ended up. I dedicate my research to all the patients I have encountered and have not met that have and are transitioning from an inpatient level of care to experiencing homelessness. I pray that this study improves and provides solutions to hospital discharge planning for patients experiencing homelessness.

Acknowledgments

First, I would like to acknowledge God for the strength to get me through this process. My anchor scripture to help me through the process comes from Philippians 4:13 “I can do all things through Christ which strengtheneth me.” If it were not for God, I would not have made it this far, and I thank God today and always.

Secondly, I would like to acknowledge Dr. Tom Mclaughlin, my committee chair, Dr. Debra L. Wilson, committee member, and Dr. Nancy Campbell, University Research Reviewer. Thank you all for your support and positive feedback throughout the entire process.

To my loving husband, the Reverend Dr. Randall E. McCaskill, Jr., Thank you for being a living example of hard work and dedication. You have pushed me to think and go beyond what I ever thought was possible. Randall, you have lifted my spirit and esteem. “You’re My Latest, My Greatest Inspiration.” I look forward to taking this research study to the next level with you.

To my loving and supportive mother. Thank you for your countless sacrifices, love, and support. You are the reason I am the woman that I am today. Your love, support, and prayers have brought me to where I am in life today. I thank and love you.

To my family and friends, thank you for all your support. For the feedback, phone calls, edits, and words of encouragement. All the kind gestures did not go unnoticed and have helped me push through and complete my research. Thank you for all your support!

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Section 1: Introduction of the Study

Social workers in a hospital setting provide various services to patients and families. Social workers complete psychosocial assessments of patients, provide education to the patient and their families about their diagnosis, coordinate care with other hospital staff, advocate, assist in obtaining financial services, and coordinate communication between hospital staff and community resources (National Association of Social Workers [NASW], 2011). Social workers are also responsible for coordinating discharge plans, also known as patient transition of care plans. Discharge planning is a top priority for social workers in a hospital setting due to the demands that insurance companies place on hospitals to reduce the readmission rates and length of stay. Effective discharge planning reduces hospital readmission, decreases hospital expenditures, and creates better outcomes for the patient (Barber et al., 2015).

Discharge planning is challenging due to the problems that patients present while in the hospital. The transition of care plan is not just scheduling an appointment with a primary care doctor or linking the patient up with an outpatient program, such as mental health services, physical therapy, and home care services. Discharge planning must incorporate the follow-up appointment and address the patient's psychosocial needs. According to Barber et al. (2015), patients who are readmitted to the hospital within 30 days of discharge present due to psychosocial needs not being met before discharge. Discharge planning for adults with multiple social stressors, such as housing issues and a mental health diagnosis, can be challenging and often leads to additional extended hospital stays.

As a social worker responsible for developing discharge plans for adults leaving an inpatient psychiatric level of care, I examined the challenges of social workers' discharge planning for adults transitioning from an inpatient psychiatric level of care and experiencing homelessness. The methodology used was action research design. According to Stringer (2014), action research is a "systematic and rigorous inquiry or investigation that enables people to understand the nature of problematic events or phenomena" (p. 5). It focuses on a problem to be investigated, a structured inquiry process, and developing explanations to increase understanding of the event. Implementing an action research design helps the researcher answer the question and find solutions to the identified problem (Stringer, 2014).

Exploring the challenges of social workers' discharge planning for homeless adults from an inpatient level of care would strongly impact society by improving the discharge planning process and quality of life of unhoused patients with mental illness. In addition, collaboration with other social workers and sharing their positive and negative experiences could reduce the length of stay and readmission rates in hospital settings and help social workers improve the discharge planning process within their inpatient settings. Conducting this study allowed me to explain the discharge planning process, define the role of the discharge planner, examine the hospital utilization of adult homeless patients, explore the patient perspective, and identify challenges to discharge planning for this population.

Clinical Problem

Homelessness and mental illness are a growing concern in the United States. According to the U.S. Department of Housing and Urban Development [HUD] (Henry et al., 2021), "580, 466 people experienced homeless on any single night in the United States" (p. 6). According to the National Alliance on Mental Illness [NAMI], (2022), "1 in 5 adults in the United States experience mental illness each year" (p. 1). Homeless individuals often identify with psychiatric diagnoses and have little or no support. They use hospitals and emergency rooms as shelters to obtain food, which produces high medical expenditures and extended hospital stays (Thakarar et al., 2015). Lin et al. (2015) reported that "Approximately a quarter to a third of the homeless individuals receive inpatient hospital care for one year, which is four times higher than the U.S. average" (p. S716). According to Feigal et al. (2014), "Homeless and mentally ill patients spend four more days in the hospital than those with housing" (p. 3). The longer length of stay is attributed to discharge planners' attempts to secure a safe plan for adequate housing for these individuals.

Research has indicated that although there has been limited literature written since the nineties about mental health and homeless inpatient psychiatric admissions and discharges, the issue needs addressing, as it continues to be a problem (Abdul-Hamid et al., 2017). With the increasing pressure from hospital administration to reduce the length of stay and mandates from insurance companies to reduce 30-day readmissions, social workers face the challenge of quickly developing discharge plans for homeless patients (Doran et al., 2015). Homeless patients often remain inpatients, even after being deemed

medically clear and stable for discharge. At the same time, discharge planners work to arrange safe and appropriate aftercare plans, often locating housing (Doran et al., 2015).

Developing a discharge plan for homeless adults transitioning from an inpatient psychiatric level of care is not just a local issue affecting discharge planners. Social workers and hospitals all over the United States and abroad face challenges in developing a safe discharge plan for homeless adults transitioning from an inpatient level of care (Kisken, 2017). In Oxnard, California, a patient remained at John's Medical Center for 182 days until a safe discharge plan was in place that could provide the appropriate level of care for the patient (Kisken, 2017). A study conducted in Canada showed a correlation between increased inpatient visits and longer lengths of stay among homeless individuals with psychiatric conditions (Russolill et al., 2016). Results indicated a need for early intervention with this population to address the need for housing before the day of discharge. In Sydney, Australia, a study was conducted at St. Vincent Hospital. Homeless patients with mental illness and substance use problems used four times the number of acute beds compared to the state average (Chin et al., 2011). The study revealed an imbalanced use of hospital resources for homeless individuals in the inner-city hospital of Sydney compared to individuals with housing. The study also identified that at discharge, this population did not receive adequate connections to all the services needed for success in the community.

The phenomena of interest are the social workers' challenges in developing a discharge plan for adult patients transitioning from an inpatient psychiatric level of care experiencing homelessness. Social workers and discharge planners are responsible for

developing and coordinating a safe plan for all patients before they discharge from the hospital. However, discharge planning comes with its challenges. As a social worker with experience coordinating discharge plans for homeless adults from an inpatient psychiatric level of care, I have found that developing a discharge plan that includes housing challenging, often resulting in delayed discharge for medically cleared patients.

Purpose Statement

The goal of the study was to learn from other social workers about the discharge planning process and the challenges other professionals encounter in developing a discharge plan for the homeless population. Homelessness continues to be a big problem in the United States. Homelessness affects small towns and big cities alike, with "over 500,000 individuals without permanent housing on any single night" (Burns, 2017, para. 1). Nearly "15% of this population are chronically homeless, having experienced long-term or repeated homelessness" (Burns, 2017, para.1). According to the NAMI (2022), "20.8% of people experiencing homelessness in the U.S. have a serious mental health condition" (para. 3, "The Ripple Effect"). In comparison, only "5.6% of adults in the United States experienced serious mental illness" (NAMI, 2022, para. 1, "You Are Not Alone"). With the lack of affordable housing and resources for this population, many utilize emergency departments and inpatient acute hospital settings for shelter and food.

Homeless individuals present to emergency departments three times more than housed people in one given year (Sun et al., 2017). The emergency room initiates most admissions to acute floors for homeless people. Many homeless individuals in the emergency rooms suffer from physical and mental conditions and, therefore, lack

insurance and financial resources to seek treatment on an outpatient level of care (Sun et al., 2017). Once the homeless individual is admitted or evaluated in a medical setting, discharge planning for this population can be challenging for the discharge planner. This study aimed to explore the challenges of social workers' discharge planning for homeless adults transitioning from the inpatient psychiatric level of care experiencing homelessness.

Research Question

The following research question guided this study and was formulated from professional experience in discharge planning for homeless adults from a psychiatric level of inpatient care: What are the challenges of social workers developing discharge plans for adults transitioning from an inpatient psychiatric level of care experiencing homelessness?

My goal as the researcher in this study was to learn from other social workers about the discharge planning process and the challenges other professionals encounter in developing a discharge plan for the identified population. From the challenges identified in the research, it was the goal that participants in the study collaborate and identify a safe discharge process that could improve the social/psychological well-being of homeless adults discharged from an inpatient psychiatric level of care.

Contributions to the Profession of Social Work

Conducting action research on the experiences of social workers' discharge planning of homeless adult patients from an inpatient level of care is meaningful to the social work profession and me as a current discharge planner. A study of this nature is

vital to the social work profession due to the roles of social workers in the hospital setting, such as discharge planners, evaluators, educators, and liaisons between the hospital and the community.

Insurance companies pressure hospital administrators to reduce patients' length of stay (Ithman et al., 2014), which causes challenges for social workers to develop a safe discharge plan in a shorter time. Conducting a study that examined the challenges of social workers could provide social workers with strategies to develop a safe and appropriate discharge plan for this vulnerable population within the given time restraints dictated by hospital policies and insurance companies. The data gathered in the study might enhance the profession of social work by thoroughly examining the discharge planning process of other social workers responsible for discharge planning. The project results can improve the overall discharge process in different psychiatric settings as the participants share new information due to the research outcomes.

Nature of the Doctoral Project

The research design used for this study is action research. Using an action research design was appropriate for this study to gather the data and use the information to improve the discharge planning process for social workers in the health care setting (Koshy et al., 2011). The design used was participatory and collaborative, as the knowledge came from other social workers to make changes to the field of social work in the area of discharge planning. Action research in health care allows for a team approach involving healthcare professionals who identified a common problem to work together

during each stage to improve services and the quality of care to their patients (Montgomery et al., 2015).

This research project was contingent on other social work professionals and their challenges in developing discharge plans for homeless adult patients transitioning from an inpatient psychiatric level of care. Action research allowed me to capture the participants' experiences with developing discharge plans for the homeless population by gathering information and taking action to make a change (Montgomery et al., 2015). Social workers participating in an educational dialogue to identify new interventions to improve the discharge planning process for homeless adults discharged from an inpatient psychiatric level of care can create opportunities for changes in the discharge planning process. The research project addressed practice issues that affect social workers working in inpatient psychiatric settings as discharge planners. The research project's goal was to positively impact the social work profession and improve the lives of this homeless population.

Data Source

For this research study, I gathered data from the experiences of social workers that develop discharge plans for adults transitioning from an inpatient psychiatric level of care experiencing homelessness. The purposeful sampling strategy was comparison-focused sampling. The comparison-focused sampling allowed for the different experiences shared by the social workers to be compared with learning about diverse and similar backgrounds (Ravitch & Carl, 2016). The participants participated in a focus group of three social workers with experience working as discharge planners at an

inpatient adult psychiatric unit. In addition, I conducted individual interviews with eight participants.

The focus group and individual interviews were recorded using a digital recorder, and I took notes during the meeting. It was essential to keep all data gathered organized so that the information would make sense. The data were organized by coding the information, labeling, and giving names that match what was said or documented in the transcript (Rubin & Rubin, 2012). The coding process gave meaning to the data gathered from the focus group and individual interviews and described what was occurring (Ravitch & Carl, 2016). Once the data were defined, categorization occurred by placing the codes into a family (Rubin & Rubin, 2012). The next step in organizing and analyzing the information was to look for themes. A theme connects a group of repeating ideas that allow answering the research question (Rubin & Rubin, 2012). The research question was answered by gathering data about the challenges and barriers of social workers' discharge planning and identifying key themes from the responses, along with valuable information about the discharge planning process in an inpatient psychiatric unit for homeless adults.

Conducting an action research study that examined the challenges of social workers' discharge planning for adults transitioning from an inpatient psychiatric level of care experiencing homelessness could improve the quality of care provided to homeless adults discharged from the hospital. Using action research methodology for healthcare research helps the provider improve their practice and the stakeholders that benefit from the services provided (Koshy et al., 2011). Social workers can learn different approaches to developing a discharge plan from each other and learn about various resources

available to this population. One example of how this study can improve the discharge planning process is the questions asked during the discharge planning process. In a letter written by a registered nurse, she asked, “What happens to homeless patients after hospital discharge?” The answer to the matter is that many quickly return to the hospital due to not having a stable place to live (Doran, 2013). Studies also found that patients were not asked about their disposition status while hospitalized; as a result, these patients did not do well and ended up back in the hospital (Doran, 2013). As social workers collaborated and engaged in an open dialogue during the focus group, ways to improve the discharge planning process emerged with potentially have a positive outcome of the study, such as learning about different questions social workers ask this population as they plan for discharge.

Exploring the challenges of social workers’ discharge planning for homeless adults transitioning from an inpatient level of psychiatric care can contribute to revising and developing policies that address the needs of the homeless mentioned. Doran (2013) pointed out that most hospitals do not have a system that addresses homeless patient and discharge planning. As a result, many homeless patients are set up with aftercare appointments and discharged from the hospital without a safe place to live. This research study could potentially create an atmosphere for the participants to work with their administrators at their local hospitals to develop a policy and procedure for the discharge planning process to help the homeless population being discharged from the inpatient psychiatric level of care. This study also addresses ethical concerns in discharge planning for this population. Discharge planners are advocates for their patients but are also

positioned to monitor resources and help their hospitals save money (Rehmann, 2015). This research study could help the profession navigate ethical dilemmas while keeping the patient's needs at the forefront.

Potential Implications for Social Change

Homelessness and mental illness affect communities locally and nationally. Conducting research that explores the challenges that social workers face in discharging homeless adults from an inpatient psychiatric hospital level of care would impact communities on local and national levels making a significant social change. According to Dunfey (2019), "social change is defined as changes in human interactions and relationships that transform cultural and social institutions" (para. 2). Social change can occur at individual, organizational, community, and national levels as a result of real-world actions (Morris, 2017). Studying the experiences of social workers' discharge planning for adults from an inpatient psychiatric level of care experiencing homelessness can create changes in policies within different institutions on a local and national level on how to address homelessness and mental illness.

This study can potentially improve the care for homeless adults with mental illness forced to live on the streets and in shelters from the outcomes of the dialogue among the social workers during the focus group. Social workers' service delivery could improve due to the data gathered from the focus group and individual interviews. The process of discharge planning for this population could change for the positive, and new interventions could be established and implemented in the discharge planning process to address the housing issues for these identified patients.

Theoretical Framework

The systems theory approach was the theoretical framework used for this study. Systems theory was derived from the work of theorist Ludwig von Bertalanffy in 1940. According to von Bertalanffy (1967), a system is "a complex of elements in interaction, these interactions being of an ordered (non-random) nature" (p. 125). The implementation of the systems theory approach brought the connectedness of the different systems as it related to discharge planning for homeless adults.

Discharge planning is a process that involves not just the patient and social worker; it consists of planning from multiple systems. The system theory approach allows researchers to look at the individual concerning the broader social context (Friedman & Allen, 2014), that is, to examine the person in the environment. Systems theory brings an understanding of the connections and influences of the client to understand the problems and develop interventions that incorporate the individual and their environment (Friedman & Allen, 2014).

Greenfield (2011) described systems theory as examining a person's behavior and how they respond to their environment. Using the systems theory approach allowed me to see how change occurs in one system connected to the discharge process and affects all other parts of the systems involved. According to Walsh (2013), change in one part of the system will directly affect how the different parts of the system operate.

Examining the challenges of social workers' discharge planning for adults' transition from an inpatient psychiatric level of care to experiencing homelessness involves other systems in this process. The hospital, as an organization, plays a critical

role in discharge planning and in addition, they consult with private and public sector entities to make decisions (Volgger et al., 2015). Implementing the systems theory connected the different systems related to discharge planning for homeless adults.

Values and Ethics

The two values and principles addressed in the study are dignity and worth of a person and social justice. This research study on the challenges of social workers' discharge planning for adults transitioning from an inpatient level of care experiencing homelessness incorporated the value of dignity and worth of a person. Addressing this topic and gathering data from social workers with experience with the homeless population could improve discharge planning. Including the patient in the discharge planning process and identifying their needs while always respecting the individual's choice is paramount in the profession of social work. According to the NASW Code of Ethics (NASW, 2021), the social worker must respect individuals' differences and cultural and ethnic diversity. This study addressed the needs of homeless adults in society as the challenges and barriers of discharge planning were identified through the focus group and individual interviews with other social workers in the field.

The second value/principle addressed is social justice. The study participants discussed the importance of providing a safe place upon discharge for homeless patients from an inpatient level of care. Social justice involves advocating for a vulnerable population, such as the homeless and mentally ill, assuring their needs are addressed (NASW, 2021). Addressing the challenges of discharge planning for the mentally ill homeless adult brings attention to the needs of this vulnerable population. In addition, it

would help in possibly obtaining more services and resources for the homeless adult transitioning from an inpatient level of care back to experiencing homelessness. According to the NASW (2021), social workers should challenge social injustice through advocacy and shed light on the less fortunate social injustice. The research attempted to address the value/principle of social justice by addressing the needs of homeless adults discharged from an inpatient level of care back to experiencing homelessness from the data collected.

NASW Code of Ethics Clinical Guidance

The NASW Code of Ethics is a guide to the profession of social work (NASW, 2021). Social workers that perform discharge planning duties in a hospital setting have policies that they must adhere to, as well as remaining in the guide of the code of ethics. The NASW Code of Ethics provides a clinical guide to this area of research, while the social worker is obliged to their place of employment. The NASW Code of Ethics also guides the professional in interacting with the patient and providing the necessary services to produce a safe discharge plan.

Social Work Values of the Organization

Defining the challenges of social workers' discharge planning for the homeless individual would incorporate respect and dignity for the patient and social justice. Two local hospitals' mission and vision statements were reviewed, where inpatient mental health services are provided. The vision and mission of advocacy was reviewed on the local and national levels with a goal to support the health and well-being of patients and provide and improve appropriate services to those they service ([redacted] Health

System, 2022[redacted] Health System, 2022). The mission and vision statements of the two hospitals reviewed are closely related to the social work values and ethics as both hospitals focus on improving the health and services of the patients they treat and advocate for the betterment of their patients.

Project Support of NASW Code of Ethics

A social worker must always respect the dignity and worth of each person that receives services. This research project supported the value and ethics of dignity and worth. Every patient deserves a safe and efficient discharge plan regardless of their housing status. Examining the challenges of social workers' discharge planning for homeless adults transitioning from an inpatient level of care would improve the discharge process for the homeless population.

This research project supports the value/ethics of social justice, and as a social worker, it is my job to advocate for the rights and services of the patients. Advocacy includes developing and implementing new hospital policies that address discharge planning for homeless individuals. Additionally, as a social worker providing services to this vulnerable population, it is my job to ensure that each patient receives the appropriate services, fair treatment, and care, just like someone who has housing (NASW, 2021).

Review of Professional and Academic Literature

Developing an appropriate discharge plan for adults transitioning from an inpatient psychiatric level of care experiencing homelessness can be challenging for a social worker. Providing care to hospitalized homeless adults is not only a challenge to inpatient social workers in the United States but also to nurses and other discharge

planners on a global level (Grech & Raeburn, 2019). In addition, the mentally ill homeless population continues to be of great concern to the profession of social work since approximately one-third of homeless people living in the United States are living with a mental illness (National Coalition for the Homeless [NCH], 2018).

Kushel et al. (2001) noted that "in 1997, 17% of the U.S. population was uninsured; however, more than 56% of homeless adults lacked any health insurance, which is 50% higher than the U.S. poverty population" (p. 203). Hwang et al. (2013) found that homeless individuals with a mental illness who are part of a health system with universal health care are higher utilizers of emergency rooms and inpatient hospitalization compared to those with stable housing. Homeless adults with mental illness incur high healthcare expenditures. According to Hwang et al., in a one-year study, "approximately $6.7 million was spent providing emergency and inpatient care to the homeless population" (2013, p. S298). The increased money spent to treat this vulnerable population "was due to the longer length of stays in the hospital and increased emergency room use" (Hwang et al., 2013, p. S298). The extended hospital stay was attributed to the lack of affordable housing and community resources (Feigal et al., 2014).

The aim of this research project was to understand social workers' challenges when developing discharge plans for adult patients transitioning from an inpatient psychiatric level of care to experiencing homelessness. This process defined homelessness, studied the utilization of hospital resources for homeless adult patients, explained the role of the social worker as the discharge planner, and identified the challenges of developing a discharge plan. As stated, this was accomplished using a

system approach by analyzing each intricate part of the discharge planning process related to the adult homeless population being discharged from the inpatient psychiatric level of care.

Focus on Literature Review

The search strategy for relevant literature to examine was conducted primarily using the Walden Library online database. The databases utilized in the search included the social work databases, Psych INFO, Soc INDEX, and Google Scholar. Also utilized were the social work abstracts from journals to address the social issue of homelessness.

I used the Walden Library to search extensively for current literature dating from 2017 to the present; however, to provide a comprehensive review, some articles dating back to 1967 were included due to their relevance to the topic discussed. Most articles date from 2011 to the present to demonstrate that this topic is a current problem within the social work profession. Also used were reference lists of articles and books to locate more resources.

Keywords used in this literature search included *discharge planning*, *transition of care*, *homelessness*, *mental health*, *hospitalization*, and *discharge planner*. Inputting these keywords or a combination of these keywords in the search engines produced information about the role of a discharge planner, utilization of hospital services of a homeless adult, discharge planning process, barriers, and challenges.

Definition of Homelessness

The U.S. Department of Housing and Urban Development (HUD) defined homelessness as a situation in which a person does not have an identified stable,

appropriate place to reside during the nighttime hours (Henry et al., 2021). This study did not include individuals who sleep on the floor, couch, or share a bed at a friend's or family's home. For this study, a homeless patient is an individual who does not have an appropriate place to sleep at night but uses unsheltered places, such as a park bench, the woods, or a vehicle (Henry et al., 2021). According to HUD, this is defined as unsheltered homelessness. The unsheltered population presents a challenge in developing a safe discharge plan due to not having safe, secure, sheltered housing.

The NCH (2018) defined homelessness into three categories, chronic, transitional, and episodic ("Types of Homelessness"). Chronically homeless individuals rely on the shelter system as a long-term living situation; they tend to be older adults with some disability, be it physical, mental, or substance abuse issues (NCH, 2018). Transitional housing is a term used to define the situation of an individual who utilizes the shelter system for a short period as they prepare to move into permanent, stable housing (NCH, 2018). An individual experiencing transitional homelessness tends to be younger and is part of a family that, due to some unforeseen tragic event, is experiencing homelessness (NCH, 2018). Episodic homelessness is defined as the situation of a person who goes in and out of homelessness, experiences chronic unemployment, and has medical, mental health, and drug use problems (NCH, 2018).

Homelessness in other parts of the world has similar definitions, and some descriptions are comparable to HUD and the NCH. The Organisation for Economic Cooperation and Development (OECD) nations identified three types of homelessness (Grech & Raeburn, 2019). First, roofless is a group of people sleeping outside on the

streets (Grech & Raeburn, 2019). A houseless person is someone that does not have stable housing and moves between different housing options (Grech & Raeburn, 2019). For example, a person may sleep on one friend's couch one night and stay with a relative another night. The third category is illegal or not approved housing sites, individuals experiencing domestic violence, or living in crowded situations (Gresh & Raeburn, 2019).

Social workers involved in discharge planning locally and nationally from an inpatient psychiatric level of care encounter all types of homeless individuals on any given day. Some present with more challenging issues, thus creating barriers to developing a discharge plan for this population.

Hospital Utilization

Homeless individuals often are challenged with mental health issues and physical health disorders due to not having stable housing and access to behavioral health and medical care in the community (Lin et al., 2015). The authors stated that many homeless adults are uninsured and use the emergency room for their primary care visits. Many individuals are often hospitalized due to medical or behavioral health problems. According to Lin et al., visits to the emergency department and hospitalizations of uninsured and homeless individuals make up approximately half of medical expenditures.

Feigal et al. (2014) found that individuals identified as homeless are hospitalized more frequently than those with housing and have longer inpatient stays. As a result of more extended stays in the hospital, homeless patients incur increased hospital costs (Feigal et al., 2014). A study conducted at a hospital in Canada showed that the

increasing cost of hospital expenditures is directly related to more extended acute inpatient hospital stays after the patient has been deemed stable and ready for discharge (Hwang et al., 2011). Homeless patients, on average, compared to patients with permanent housing, spend more days hospitalized after medical clearance. The main reason for the extended hospital stays was external factors. The main factor contributing to the longer hospital utilization days is homelessness and the lack of services for discharge planners to offer the homeless individual (Hwang et al., 2011).

Individuals with a psychiatric condition compared to those admissions for medical conditions have more extended hospital stays and inappropriate admissions to the hospital (Feigal et al., 2014; Hwang et al., 2011). Findings show that individuals identified as being homeless with mental health conditions versus those who are housed with a psychiatric diagnosis still require a safe discharge plan (Feigal et al., 2014). Those experiencing homelessness need adequate placement from an inpatient level of hospitalization, and discharge planners are challenged with unsafe options such as shelters and the streets (Doran, 2013; Feigal et al., 2014).

Homelessness and utilization of emergency rooms and inpatient hospital stays are not the only issues in the United States and Canada. A study conducted in New Mexico showed that individuals identified as homeless frequent the emergency room and were hospitalized at a higher rate than those with permanent housing (Dirmyer, 2016). Homeless individuals in New Mexico incur more hospital costs than their counterparts with stable housing (Dirmyer, 2016). The study further shows that homeless patients in New Mexico with 30-day readmission rates are higher than those with housing. The study

results indicated a barrier to effective discharge planning from an inpatient level of care for the homeless population, resulting in high use of the hospital and emergency rooms.

Reasons for Utilization

Homeless individuals are often stereotyped as being higher utilizers of the health care system due to their homeless status. According to Greysen et al. (2013), patients who visited one of the largest hospitals in New Haven reported that staff often assumed that the patient was only at the hospital because of being homeless. The participant in the study shared in an interview that the team made bets about the presenting problem and which team would be next in line to provide services. The patient had housing challenges, but they were also experiencing an acute psychiatric episode related to a lack of resources to adequately address his needs (Greysen et al., 2013). Greysen et al. (2013) performed chart reviews and interviews with patients identified as homeless and recently discharged from an acute setting and found that the housing question was never asked or documented in the chart. The study found that the provider may have forgotten to ask for the item, or the patient did not provide housing for fear of not being provided with fair healthcare services due to their homeless status (Greysen et al., 2013). Other findings showed a lack of coordination between the hospital and outside resources, such as shelters, discussions about transportation to appointments, external support, and patient-centered conversations about the overall discharge process.

Another correlating factor to examine concerning the increasing utilization of emergency departments and acute hospital stays is the premature discharge of patients before appropriate services are arranged (Forchuk et al., 2013). Factors influencing the

early release of patients before they were ready are the influx of new patients, the demand for a bed, and pressure to reduce the length of stay (Forchuk et al., 2013). With the length of stay reduced, many patients are readmitted 30 to 90 days after a brief stay at the hospital or emergency room (Vigod et al., 2013). Due to the increased use of emergency departments and acute inpatient stays, a structured discharge process is essential.

Role of the Discharge Planner

Social worker positions in the hospital setting date back to the late 19th century, when the role of the social worker in the hospital was to link the patient to outside community resources and for hospital staff to coordinate with external services to provide a continuity of care (Holliman et al., 2001). As healthcare costs increased during 1920–1980, hospitals explored different avenues to decrease healthcare costs by expanding the role of social work departments and social workers (Holliman et al., 2001). The authors examined the role of social workers as discharge planners. The results showed that social workers provided education to patients, completed assessments and counseling, communicated with the patient, families, outside resources, and other hospital staff, and linked to resources before discharge. Holliman et al. found that the social worker's role as a discharge planner has not changed much over the last 39 years.

Discharge planners are responsible for providing a comprehensive plan for the patient before discharge from the hospital. A discharge planner in most hospital settings is either a nurse or a social worker (Goodman et al., 2013). For this research study, the focus was on the social worker as the discharge planner. Social workers are known to have many roles in the hospital setting. Research shows that social workers in a hospital

setting spend much of their day setting up aftercare plans for patients including home care, referrals to outside community resources, and communication between the patient, family members, and the hospital (Linton et al., 2015).

Discharge planners are part of a multidisciplinary team, and communication must occur with the patient, outside providers, family members, and staff when coordinating discharge plans. According to Chapin et al. (2014), when there is no communication between the discharge planner and outside providers, such as discussion about community resources and partnership development, the discharge planning process becomes more difficult. As a result of the lack of coordination of services, the discharge planning process can be more challenging and create barriers for the discharged patient.

Discharge planning involves multiple connecting parts. Lamanna et al. (2018) described discharge planning as complex; it is a process that requires the discharge planner to be in communication with outside service providers to link the patient with the appropriate services before discharge. Planning for continuous care for a patient outside the hospital can be challenging when patients have a conglomerate of social issues such as homelessness (Lamanna et al., 2018). The study was conducted in Canada and showed that patients identified as homeless who were discharged from a hospital often did not receive a complete discharge plan compared to those with housing. The inability to provide a complete discharge plan for patients identified as homeless is due to the necessary attention needed for this population that discharge planners cannot consistently deliver.

Discharge Planning Process

Discharge planning is a process that should start on the day of admission. A discharge plan prepares the patient for discharge, and it should begin on the first day the patient enters the hospital (Goodman et al., 2013). The discharge planning process involves coordinating care between the inpatient staff and current or previous outpatient providers (Smith et al., 2017). Rehmann (2015) described the discharge planning process as a hospital-wide approach involving every discipline, patient, family member, or support person.

Discharge planning includes a thorough assessment of the patient's needs, not just aftercare appointments but an assessment of any psychosocial needs that may affect the discharge planning process (Greysen et al., 2013). Housing is a significant factor that often affects the discharge planning process; however, it is usually a question that is not asked by the social worker when preparing discharge plans. Some researchers have found that social workers/discharge planners do not always ask about the patient's housing status, and it is not until the time of discharge that the patient is found to be homeless (Greysen et al., 2013). With the demand to discharge patients at faster rates, questions about housing are often not addressed, which can often cause a delay in the discharge planning process (Forchuk et al., 2013).

Planning for discharge from a hospital setting should include the patient. The planning should start at the time of admission, and the patient's needs should be identified immediately to ensure all issues are addressed in the plan (Nursing Times Contributor, 2013). The discharge planning process is not a one-time meeting with the

patient or a note in the chart. Instead, discharge planning is a continuous process starting at admission and continuing throughout the patient's hospitalization (Robeznieks, 2017).

The discharge planner should ask questions about physical and social supports when developing the plan. The patient, family members/supports, the medical team, and outside resources should be involved in developing the discharge plan for it to be helpful for the patient. The discharge planning process aims to create a plan incorporating the patient's needs before the physician enters the discharge order (Robeznieks, 2017). Therefore, social workers responsible for developing discharge plans for patients must start the discharge planning process early and ask questions about housing and any other social stressors to avoid delays in the discharge planning process.

The Patient's Perspective

Patients with a mental health diagnosis and those experiencing homelessness frequent the hospital more often than those with no mental health diagnosis and with housing. A study conducted at a hospital in England found that people experiencing homelessness present to emergency rooms five times more than those with housing (Cornes et al., 2018). In addition, patients experiencing homelessness and mental health issues were admitted to the hospital three times more than those with no mental health diagnosis or disposition, resulting in more extended hospital stays even after being deemed stable compared to those with housing and only medical conditions (Cornes et al., 2018).

A discharge plan indicates that the patient is stable and ready to step down to the next level of care, addressing physical, mental health, and disposition needs. A discharge

plan includes an outline to assist the patient in returning to the community, support to maintain stability, continuity of care, housing support that prevents homelessness, and the overall well-being of the patient (Gowda et al., 2019).

The discharge planning process for patients with a mental health diagnosis experiencing homelessness is not always a seamless experience for the patient. Sather et al. (2019) found that patients who reported being discharged from the hospitals to a community mental health program experienced a rushed discharge process that did not allow patients to read the discharge plan before leaving the hospital.

Patients reported not always knowing when they were discharged and often were caught off guard and unprepared to leave the hospital. For example, Sather et al. (2019) found that medications were administered, and papers were handed to the patient while the taxi waited outside, creating a chaotic discharge. In addition, patients expressed concern about not being part of their discharge plan and the need for patient input and perspective incorporated into the discharge plans.

Patients experienced a lack of coordination with shelters and other healthcare providers and no discussion about housing during the discharge process. Greysen et al. (2012) conducted a study involving residents at a shelter that identified having at least one acute inpatient stay. The findings showed that the patients did not feel that the hospital and shelter staff coordinated the transition of care plan before their discharge. Patients were given tokens with an address to a shelter without coordination between the shelter and the hospital.

Disposition of the patient is not always discussed before discharge and is often not an item included in the discharge plan. For example, patients discharged from an acute hospital setting in New York City living at shelters in New Haven, Connecticut, reported not being asked about their housing status as a barrier to an effective discharge (Greysen et al., 2012). Discharge planners often overlook questions about the patient's housing status while focusing on the medical and mental health follow-up. A cross-sectional study of homeless patients residing at a shelter in New York City reported receiving care at a local hospital for acute care (Greysen et al., 2013). They were never asked about their disposition before discharge (Greysen et al., 2013). Patients identified the need for housing equivalent to medical conditions and other social needs that impede a patient's physical and mental health (Greysen et al., 2012).

Patients experiencing homelessness are often labeled as "frequent flyers" by healthcare providers. Patients often are in and out of the hospital due to various issues for short stents of time, labeled the "revolving door" phenomenon (Sather et al., 2019, p. 1131). Assumptions are made that the patient is only seeking inpatient treatment because of their homeless status. Patients fear disclosing their housing status to healthcare providers due to concerns about not receiving optimal care. According to Greysen et al. (2013), patients opted not to talk about their housing status because they feared not receiving good care.

Patients are essential stakeholders in the discharge planning process (Robeznieks, 2017). Housing issues, care coordination with outside providers, and a sense of respect are important to patients when discharged from the hospital. In addition, addressing

housing needs at the start of the admission process could reduce readmissions and help with a smoother transition from the hospital to the community.

Challenges to Discharge Planning

Discharge planning is a vital part of patient care. However, developing a discharge plan for a patient experiencing homelessness from an inpatient psychiatric level of care can be challenging for social workers. I have encountered daily challenges in my practice, such as a lack of affordable housing and social support, little to no coordination with outside providers, and insufficient time to develop an individualized discharge plan that meets the patient's needs. In addition, studies have identified various barriers to developing a successful discharge plan, such as lack of community support, lack of appropriate housing, and lack of ownership of the plan (Thomson, 2014). He also identified a lack of cultural sensitivity, lack of or no communication with community partners, staff not asking about the patient's housing status at the start of treatment, and lack of financial resources for programs to address homelessness.

Alghzawi (2012) identified similar barriers in his research study of the psychiatric discharge planning process, such as lack of community resources, housing, and a lack of patient/family involvement in the process. Also, he found no communication between hospital staff and outpatient providers to coordinate services before discharge. Alghzawi noted that patients with severe mental health diagnoses with active symptoms present a barrier when developing an appropriate discharge plan. Therefore, discharge planning is an important process in treating patients leaving a hospital setting.

Study Limitations

The literature encompassed research studies about the discharge planning process for homeless adults receiving services from an inpatient psychiatric level of care and frequent users of emergency departments. Many studies addressed the discharge planning process for homeless patients that utilized chart reviews versus actual interviews with the discharge planners. For example, in the survey conducted by Feigal et al. (2014), the researchers reviewed charts from the six-month period that the hospital identified as a delay for external reasons. As a social worker, it is also essential to incorporate interviews with the discharge planner to better understand why there was a delay in discharge. As the researcher, I understand why the researcher decided to use charts as a data source to eliminate any potential harm caused to the participants.

This research study examined the discharge planning process and the role of the discharge planner. Much of the literature identified the nurse as the discharge planner, with earlier studies mentioning the social workers in the role of the discharge planner. There was no difference when I compared nurse and social worker roles as the discharge planner. Although the literature focused on the nurse as the discharge planner, the process was no different, and the challenges remain the same across both disciplines.

Another limitation of this study is that the researcher is a social worker responsible for developing discharge plans. As the researcher of this study, I remained mindful of my opinions and assumptions while conducting the research to avoid researcher bias. A qualitative researcher should help convey the participants' thoughts and feelings to develop an understanding of the participants' perceived experiences and

behaviors (Sutton & Austin, 2015). Therefore, reflecting and being aware of my personal biases before and during the study would provide context and understanding for readers based on my position and experiences related to this topic.

Interviewing peers is another limitation of this study, where the researcher's influence on the participants could lead to answers not being a true reflection of how the participants feel. Therefore, it was vital to convey to the participants that all data gathered would be kept anonymous and that my role was that of the researcher, not a colleague.

This research aimed to examine the challenges social workers experience in discharge planning for homeless adults transitioning from an inpatient level of care who are experiencing homelessness. When researching the challenges, I continued to find articles that addressed discharge planning after having a medical procedure or leaving a therapeutic level of care. The literature addressing the medical discharge planning challenges did not mention mental health or psychosocial factors that cause barriers to discharge planning. There appears to be a gap in the literature regarding discharge planning from an inpatient psychiatric level of care. Many of the resources found were beyond five years old. Although the information found was beyond the five years of what I planned to stay within, the challenges identified remain relevant in today's social work practice.

Summary

The literature review suggested that discharge planning is a complex process, which is more compounded when developing plans for homeless patients from an inpatient level of care. Literature showed that this vulnerable population is a significant

user of hospital resources and requires complete discharge plans. The needs of this vulnerable population expand beyond just follow-up appointments and medications. The treatment and continuity of care of the homeless adult with mental illness start with the discharge plan on the first day of admission into the hospital or emergency room. Discharge planners must address the patient's social needs at the start of their care and identify any challenges and barriers that may impede a safe and appropriate discharge from the hospital.

In Section 2, the methodology is discussed, including the research design, data collection and analysis strategies, instrumentation, recruitment strategies, and ethical procedures.

Section 2: Research Design and Data Collection

The purpose of this study was to address the challenges of social workers' discharge planning for homeless adults transitioning from an inpatient psychiatric level of care who are experiencing homelessness. According to NAMI (2019), "approximately one in five adults in the U.S., 43.8% experience mental illness in a given year" ("You Are Not Alone" Infographic). Many of these individuals are hospitalized due to poor health and mental health conditions (Lin et al., 2015). With the complexity of mental illness and homelessness, this population tends to have more extended hospital stays even after being deemed stable for discharge (Doran et al., 2015). Social workers in the inpatient psychiatric setting developing discharge plans for this vulnerable population often find it challenging to complete due to many barriers encountered throughout the various systems involved in the process.

In this section, I explain the research design, methodology, participants, data collection, analysis, ethical procedures, and instruments.

Research Design

The research problem is that social workers encounter challenges in developing discharge plans for homeless adult patients transitioning from an inpatient psychiatric level of care to experiencing homelessness. An action research design was implemented to answer the research question. The research question is, what challenges do social workers encounter developing discharge plans for adult patients transitioning from an inpatient psychiatric hospital level of care experiencing homelessness? The use of an action research design was appropriate because it allowed me to answer the research

question and find solutions to improve the discharge planning process in healthcare settings (Koshy et al., 2011).

An action research design is often used in healthcare research. According to Montgomery et al. (2015), the attractiveness of action research within the healthcare setting is that it allows a researcher to work in partnership with other healthcare professionals to identify a problem and facilitate change related to the issue. The goal of this research study was to understand better the social situation of discharge planning homeless adults transitioning from an inpatient level of psychiatric care to experiencing homelessness.

An action research design answers the research question by allowing the researcher to work with the participants to identify the challenges and improve the social work practice (Montgomery et al., 2015). Implementing an action research design allowed me to answer the research question by working closely with the participants to examine the issue, plan, and take action to improve the situation.

Methodology

This section describes the participants, the recruitment strategies used for the study, the source of data, and instruments for collecting the data.

Participants

The answer to the research question relied on the participants of this project. Purposive sampling was used to select knowledgeable participants about the research topic. Purposeful sampling allowed the participants to be chosen to participate in this study based on their specific characteristics and the knowledge they brought to the study

(Ravitch & Carl, 2016). The qualification for participation in this research study was having an interest in the research topic, a minimum of 2 years of working in an inpatient adult psychiatric unit, and current or past experience as a discharge planner. The social workers targeted had a master's level degree to ensure the group was culturally balanced. Sex and race were considered when selecting the participants to provide a proportional representation of men, women, culture, and experience. I recruited three social workers for a focus group interview and eight social workers to participate in the interviews.

Focus group interviews are commonly used in the healthcare industry to obtain patients' and healthcare workers' experiences with the care and proposed programs (Tausch & Menold, 2016). The size of the focus group was large enough to ensure a diverse group of participants' characteristics and to provide a safe environment that would allow participants to feel secure in sharing their perspectives (Onwuegbuzie et al., 2009). Having a small group enabled everyone an opportunity to contribute to the focus group conversation. Also, having a smaller group eliminated the feeling of not having enough time to share and actively participate in the group discussion (McNiff & Whitehead, 2010).

Eight individual semistructured interviews were also used to collect data on the phenomenon of developing discharge plans for homeless adults transitioning from an inpatient level of care to experiencing homelessness. I selected individual interview participants using the same criteria as those for the focus group; however, the participants were selected from different hospitals to obtain different experiences regarding the research question. The purpose of individual interviews was to gather data from

professionals with experience and an interest in the subject and who could bring an understanding of the topic and answer the research question from their lived experiences (DeJonckheere & Vaughn, 2019).

Recruitment Strategies

To ensure that the participants were appropriate to participate in the research project, I formulated a letter that described the research project and the qualifications needed to participate in the study. A screening tool was developed to vet participants that were not appropriate to participate in the study (see Appendix A). Upon receiving Walden Institutional Review Board (IRB) approval, I posted flyers on social media, to professional groups I belong to, the local branch of the NASW, and the National Association of Black Social Workers.

Source of Data and Data Collection

To answer the research question (i.e., What are the challenges of social workers developing discharge plans for homeless adult patients transitioning from an inpatient psychiatric level of care to experiencing homelessness?), I obtained data from a focus group and individual interviews. Three knowledgeable social workers participated in the focus group interview. Using a focus group allowed me to gather data that might not be gained by participants in the individual interviews (Ravitch & Carl, 2016). In addition, the focus group promoted group thinking and generated answers to questions and solutions to problems (Ravitch & Carl, 2016). Using the videoconferencing platform Zoom (https://zoom.us), I conducted eight individual semistructured interviews with a different set of participants from the focus group. Conducting individual interviews was

another means of collecting data in an action research study. Semistructured interviews allowed me to gather rich and specific data on each participant's experience regarding the topic (Carter et al., 2014). The combination of a focus group and individual interviews is an example of methodology triangulation, which helped support the findings in this study (Noble & Heale, 2019).

This research aimed to generate new approaches to developing discharge plans for homeless adults to address their social, mental, and physical needs. Using a focus group to gather data allowed participants to share their positive and negative experiences and generate solutions to improve the discharge planning process for this vulnerable population and share with other social workers/discharge planners.

The focus group met once for approximately 90 minutes, which allowed sufficient time to explain the research process, to ask questions, and discuss the research question. The focus group took place using Zoom. Semistructured individual interviews occurred using Zoom on different days. The individual interviews took place over six months. Each interview lasted no more than an hour. During the hour, the study was explained, and participants answer and asked questions.

Instruments

In social action research, several standard instruments are used for collecting data, such as interviews, participant observations, and field notes (McNiff & Whitehead, 2010). For this research study, the instruments used to collect data were a digital recorder and self-created interview questions developed from data collected from the literature review (see Appendix D). Observations and field notes taken during the focus group and

individual interviews were other instruments used to collect the data. These are vital instruments in qualitative research studies (Trigueros et al., 2017).

Data Analysis

Data collected from the interviews were read and coded. First, the data collected from the focus group and individual interviews via audio recording and notes were transcribed using a third-party vendor. Next, I created labels and applied them to the data collected to establish categories (Blair, 2015). According to Saldaña (2016), coding is the researcher's interpretation of the data and the lens the researcher wears when interpreting the information. The second cycle of coding data began once I had completed the first coding cycle.

The second cycle of coding, also referred to as pattern coding, allowed me to examine the information from a different perspective and look for phrases or words that are similar or have the same meaning from the various participants (Laureate Education, 2016). Through the coding process, I identified patterns that answered the research question. Hand coding was used to code the data. I used Microsoft Excel to track the data sources from the focus group and individual interviews. According to Meyer and Avery (2009), Excel is a tool that has been used by other researchers to track data from mixed data sources.

Establishing credibility, transferability, dependability, and confirmability proved the study's trustworthiness. Credibility was confirmed using peer debriefing. According to Anney (2014), researchers should seek feedback from committee members to ensure that the data presented is of good quality. Transferability was established using purposive

sampling for this study and providing a detailed description of the methodology used (Anney, 2014).

The dependability was established the same way as credibility. The research process and data were discussed with committee members and peers to ensure honesty with interpreting the data (Anney, 2014). The reflexivity process established confirmability (Ravitch & Carl, 2016). Journaling was used before and during the research study. According to Anney (2014), a reflexive journal is used to create confirmability in a qualitative study. I kept a journal of my experiences during the data gathering process to reflect on my experiences related to the research topic and reflections on the entire research process.

Ethical Procedures

Ethical procedures are essential in conducting any research that involves human subjects. I provided and read aloud the purpose of the study to each focus group member and the individual participants. Informed consent and the content and outline of the project were explained. Participants were informed that their participation was voluntary and that they could withdraw consent during the project.

The participants in the study were anonymous, not mentioning individual names or affiliated agencies. Each participant was assigned a letter as their unique identifier. All data collected were safeguarded. Video recordings were kept locked and stored on a password-protected computer. I placed all data collected in a locked cabinet only accessible by me. Information will be saved for five years according to guidelines, and then all material will be discarded.

Summary

To answer the research question, I conducted an action research study with a focus group of social workers and semistructured interviews of individuals with experience and knowledge of developing discharge plans for this population. A voice recorder, field notes, and a third-party transcription service were used as modes to collect and transcribe the data obtained during the focus group and individual interviews. The review and organization of the transcribed data was coded, and patterns were identified containing the emerging themes. Member checking ensured that the data analysis process was trustworthy. The following section will describe the study's analysis process and presentation of the findings.

Section 3: Presentation of the Findings

This action research project aimed to identify the challenges of social workers' discharge planning for homeless adults transitioning from an inpatient level of care to experiencing homelessness. The research study provided a platform for social workers to share their experiences with the identified population and share ideas on how to improve the discharge planning process for homeless adults transitioning from an inpatient psychiatric level of care to experiencing homelessness. The participants were open to sharing their experiences with me and other participants. In addition, each social worker participant showed compassion and dedication to identifying challenges and ways to improve the discharge planning process in their local and national practices.

The research question that guided the study was: What are the challenges of social workers developing discharge plans for adults transitioning from an inpatient psychiatric level of care to experiencing homelessness? The experiences and expertise of the master's level social worker participants with developing discharge plans for adults transitioning from an inpatient level of care to experiencing homelessness helped to answer the research question. An action research design was used to guide the study to examine the participants' experiences, gain clarity of the problem, and identify possible solutions to address the research question. In addition, the participants' knowledge and experiences on the research topic helped this researcher answer the research question by thoroughly examining the data collected.

Data were collected for the study through individual interviews and one focus group. I conducted eight individual interviews and one focus group with three

participants. All participants were master's level social workers with two or more years of experience in discharge planning. The participants participated in semistructured interviews answering 11 questions, four of which were probing follow-up questions. Due to the COVID-19 pandemic, the interviews took place via Zoom and were audio-recorded with the permission of each participant. All the participants were passionate about providing the most detailed answers to each question to help the researcher answer the research question and find solutions to the problem.

This section presents the data analysis techniques and findings. The Data Analysis Techniques section provides the time frame for the data collection, recruitment process, and response rates. The data analysis procedures are explained, as well as the validation procedures, limitations, and problems occurring while conducting the study. In the Findings section, I describe the descriptive statistics, statistical analysis, and findings organized by the research question, how they answer the research question, and the unexpected findings.

Data Analysis Techniques

Approval from Walden University's IRB was received on August 18, 2021 (Approval No. 08-18-21-0671001). After receiving permission to start data collection, I posted recruitment flyers on my social media accounts and on all professional sites where I am a member of social media pages. Recruitment occurred from August 2021 through February 2022. The recruitment time was longer than expected. The response rate to the recruitment flyer was slow, and I continued to repost the flyer to meet the participant goal of six individual interviews and eight participants for the focus group.

Twenty-one people responded to the flyer expressing interest in participating in the study within the time frame the flyer was posted. Most of the participant responses came in January 2022 and February 2022. All 21 individuals who expressed interest in the study were emailed two informed consent forms explaining the study for an individual interview and focus group discussion along with a demographic sheet to complete if consent was given (see Appendix A). In addition, the email instructed the volunteers to indicate whether they were volunteering to participate in the individual interview or the focus group discussion.

Out of the 21 individuals who expressed interest in the study, one responded indicating that they did not meet the criteria. Another eight individuals who expressed interest did not return a consent form and did not respond to follow-up emails. Therefore, eight individuals consented to participate in the individual interviews, and four agreed to participate in the focus group discussion. Each participant was sent a Calendly (https://calendly.com) link to select a time and date to participate in the interview. Once a date was chosen, a Zoom link was automatically sent to the participant. The focus group participants were also sent a Calendly link to confirm their availability for the scheduled focus group discussion. Once verified, a Zoom link was automatically sent to each participant.

The first individual interview occurred in September 2021, two in October 2021, four in January 2022, and one in February 2022. Each participant was assigned a letter to protect their identity and asked the same 11 open-ended questions (see Appendix D). The average length of time for each interview was 50 minutes. After each interview was

completed, I downloaded the transcription from Zoom, reviewed it, and compared it to the audio recording to ensure that the transcription accurately captured the participant's words.

The focus group was held in February 2022. Participants were assigned a letter to protect their identity and were reminded not to turn on their cameras. On the scheduled interview day, three out of the four participants joined the Zoom meeting. The focus group participants were asked the same eleven semistructured questions as the individual interviews (see Appendix D). The length of the focus group was 60 minutes. After the focus group, I downloaded the transcript from Zoom and compared it to the audio recording. The comparison took 3 days because I wanted to ensure that each participant's words were accurately captured on the transcription.

Once the participants approved the transcripts, I began to write notes in the margins of the Word documents of each transcript in preparation for the data analysis. Microsoft Excel workbook was used to track and organize the data to maintain the order of the data. Each interview question was assigned a page, and the participants' verbatim responses were entered for each question.

Data Analysis Procedure

Saldaña (2016) defined coding as a method to translate data generated through a qualitative study. In vivo coding was used during the first coding cycle to capture the participants' language (Saldaña, 2016). When conducting this action-research study, it was imperative to capture the participants' stories, ideas, and meanings, to better understand their lived experiences with the research topic.

The data collected were analyzed and hand-coded using in vivo and pattern coding. The coding process took eight weeks to complete. In vivo coding was used for the initial round to identify keywords and phrases used by each participant. In vivo coding captured the participant's voice and lived experience with the subject matter (Saldaña, 2016). I repeated the coding cycle while carefully reviewing the data set and documenting any additional phrases not captured. Once the initial round of coding was completed, pattern coding began.

Pattern coding is exploratory, allowing the researcher to identify emerging concepts and themes from the first coding cycle (Saldaña, 2016). Furthermore, the implementation of pattern coding allowed me to identify keywords and phrases with the same meaning and group the findings into smaller categories and themes (Laureate Education, 2016; Saldaña, 2016).

I continued to scrutinize the data and repeated the process of the second round of coding, condensing the data to develop concepts. As concepts developed, I copied them to another Excel spreadsheet, color-coded the concepts, and grouped them based on common meanings and similarities. Again, the process required careful and precise examination to ensure that the themes were participant-inspired. The second coding round took three weeks to complete to ensure capturing the participant-driven themes. Through the coding process, I identified four participant-inspired themes: a lack of resources, lack of collaboration, length of stay, and client-related factors.

Validation Procedures

In this study, I used triangulation as a validation procedure. Triangulation is a method used to increase the trustworthiness and validity of research findings (Noble & Heale, 2019). Methodology triangulation uses more than one data collection method (Noble & Heale, 2019). This study used triangulation by conducting individual interviews and a focus group discussion. The participants in the individual interviews were different individuals than those who participated in the focus group. The participants had no prior contact and were all asked the same semistructured interview questions. As a result, the data collected from both methods yielded the same results. According to Noble and Heale (2019), using different techniques that generate the same results provides more confidence in the research findings.

Member checking was another method used to create trustworthiness. During the individual interviews and focus group discussions, I reviewed notes and asked the participants to clarify ideas or statements that needed clarification. Member checking is done as a formal follow-up interview or information during the interview process (Ravitch & Carl, 2016). After reviewing all transcripts, I emailed participants with other follow-up clarifying questions to ensure that the codes and themes derived were participant-driven. The questions sent to the participants where I needed clarification were “What have I misunderstood?” and “Is there anything that I am missing?” (see Ravitch & Carl, 2016).

Member checking is a credible way to increase the findings’ validity, which can occur in various forms, such as through constant contact with the participants during data

collection and analysis to verify interpretation and themes (Ravitch & Carl, 2016). The participants who received emails responded to me promptly clarifying statements recorded in the data analysis to ensure the codes and themes were not research-inspired.

I consulted with my committee chair and peers during the recruitment and data collection process. Peer validation is checking in with peers to elicit feedback about the research study. Peer validation is another way to ensure the validity and authenticity of the data collection process (Ravitch & Carl, 2016).

Limitations

While conducting this study, there were limitations to consider. The first limitation was the COVID-19 pandemic. The pandemic placed limitations on this study, such as being unable to have in-person interviews and having to use Zoom as a mode for interviewing the participants. In addition, technology limited my ability to interact with each participant in person.

Another limitation was allowing the interested participants to select whether they wanted to participate in the individual interviews or focus group discussions. Allowing the participants to choose which data collection method to participate in resulted in a disproportionate number of individuals participating in individual interviews. There were eight participants for individual interviews and three participants for the focus group discussions.

According to Gill and Baillie (2018), a good group size consists of six to eight participants but can function well with three to 14. The concern with having a small group size is that it can limit the group discussion between members. The focus group

occurred over Zoom, with cameras off and participant identifiers listed in place of their names. Although the sample size was small, it fostered participation from all parties that yielded transferable data based on the findings identified from the individual interviews.

A third limitation was my prior knowledge and experience with the research topic and relationship with some participants. With 13 years of experience as a social worker discharge planner for an inpatient psychiatric unit, I needed to be aware of my biases when interacting with the participants and analyzing the data. Member checking and reflexive journaling were crucial to this research to ensure that my prior knowledge did not interfere with collecting and interpreting data. Journaling allowed me to be aware of potential biases when analyzing the data and acknowledge feelings at each step of the data collection process. As the researcher, I acknowledged potential biases through my journaling to ensure that the interviews were conducted professionally and that the data collected was were participant-inspired.

Another limitation of the study is my past professional relationship with two of the participants. I explained the data collection procedure to each participant, acknowledged previous work as an inpatient social worker, and clarified that the research study has no connection to her current role. All participants were informed in their consent forms and at the time of the interviews that they would remain anonymous.

Findings

The findings from the eight individual interviews and focus group discussions helped me answer the research question, what are the challenges of social workers' discharge planning for homeless adults transitioning from an inpatient psychiatric level of

care to experiencing homelessness? In this section, participant characteristics are presented, unexpected findings are described, and the findings to answer the research question.

Participants' Characteristics

Eight master's level social workers participated in the individual interviews. Participant A identified as a female between the ages of 42 and 52, a Jamaican American with a master's degree who has been working for 20 years, currently works as a behavioral healthcare manager, and has worked as a discharge planner for three years.

Participant B identified as a White female between the ages of 31 and 41. Participant B has worked for ten years and has a master's degree in social work. She currently works at a crisis response center and previously worked in an inpatient psychiatric hospital and a drug and alcohol facility, developing discharge plans.

Participant C identified as a White female between the ages of 42 and 52. She worked as a master's level social worker for 22 years and is currently working as a discharge planner in an inpatient psychiatric unit.

Participant D identified as an African American female between the ages of 20 and 30 and has three years working as a master's level social worker. Participant D has worked as a social worker for seven years and currently works in an outpatient medication-assisted treatment program. Additionally, Participant D has experience developing discharge plans for adults from an inpatient psychiatric unit.

Participant E identified as an African American female between the ages of 31 and 41 who has worked as a master's level social worker for 13 years. She currently

works as a forensic social worker and develops discharge plans for adults from an inpatient psychiatric unit.

Participant F identified as an African American female between the ages of 42 and 52 who has worked as a master's level social worker for 21 years. Participant F currently works as a school social worker. Additionally, Participant F worked as a Pro Re Nata (PRN) for four years developing discharge plans for adults from an inpatient psychiatric unit.

Participant G identified as an African American female between the ages of 31 and 41 who has had her master's degree for 15 years and works at a hospital with experience in discharge planning from an adult inpatient psychiatric unit.

Participant H identified as an African American female between the ages of 42 and 52, has a master's degree in social work for 18 years and worked for 15 plus years. Participant H works at a hospital and has experience in discharge planning for adults from an inpatient level of care (see Table 1).

Table 1

Individual Interview Participants' Characteristics (*N* = 8)

Participant ID	Age range	Gender	Race/ethnicity	Social Work years of experience	Discharge planning experience
A	42–52	Female	Jamaican American	20	Previous experience
B	31–41	Female	White	10	Previous experience
C	42–52	Female	White	22	Current experience
D	20–30	Female	African American	7	Previous experience
E	31–41	Female	African American	13	Current experience
F	42–52	Female	African American	21	Previous experience
G	31–41	Female	African American	15	Current experience
H	42–52	Female	African American	18	Current experience

The participants from the focus group consisted of three females, two White and one African American.

Participant M identified as a White female between the ages of 31 and 41 with 5 years of experience working as a social worker and 2 years with a master's degree. Participant M currently works at an inpatient psychiatric unit discharge planning.

Participant O identified as a White female between the ages of 53 and 63 with 26 years of work experience and 11 years as a master's level social worker. Participant O currently works in private practice as a therapist and has experience as a discharge planner.

Participant P identified as an African American female between the ages of 42 and 52 with 15 years of experience working as a master's level social worker. Participant P currently works on a medical unit at a hospital discharge planning and has experience working on an inpatient psychiatric unit discharge planning. All participants met the criteria of having a master's degree for 2 or more years with experience developing discharge plans (see Table 2).

Table 2

Focus Group Participants' Characteristics (*N* = 3)

Participant ID	Age range	Gender	Race/ethnicity	Social work years of experience	Discharge planning experience
M	31–31	Female	White	7	Current experience
O	53–63	Female	White	17	Previous experience
P	42–52	Female	African American	15	Current experience

Data analyzed from the eight individual interviews and one focus group generated participant-driven codes, categories, an-d themes. After carefully analyzing participant transcripts and audio recordings, the participants defined homelessness and discharge planning, and four themes emerged. The four emerging themes that answer the research question reflect the challenges of social workers' discharge planning for homeless adults transitioning from an inpatient psychiatric level of care to experiencing homelessness: lack of resources, lack of collaboration, length of time, and client related factors.

Definition of Homelessness

Each participant was asked how they define homelessness. The responses to the interview question from the different participants used similar phrases and words to define homelessness. For example, Participant A defined homelessness as, “Basically, I would define it as an individual who does not have a permanent and stable place to live.” However, Participant B defined homelessness as,

> I would say someone homeless is someone who does not have a steady, consistent, safe place. You know they don’t have an environment they can visit every night. So, if they don’t have a safe and consistent place with working utilities, I would consider that person homeless.

Participant C’s definition, “So, lack of stable housing. Someone is living on the street, sleeping in a park, staying in a homeless shelter, or just sleeping night to night on someone’s couch.”

Focus group Participant M defined homelessness as “Homelessness is defined to me as an individual, family, who does not have adequate, sustainable protective shelter.”

Participant O from the focus group defined it as, “So, a person who does not have an identified living space that is sustainable to meet their basic care needs.”

The participants’ definitions of homelessness shared similar words, phrases, and themes. The definition of homelessness describes specific challenges that a social worker can encounter when discharge planning for adults experiencing homelessness. The definitions provided by the participants also align with the definitions found in the literature review.

Definition of Discharge Planning

The focus group members collectively defined discharge planning as,

> An idea of what or where a particular client or patient will go after discharge from a medical unit, inpatient unit, and rehab. A care plan outside the hospital for the patient to return to before admission.

Participant E defined discharge planning as, “So, discharge planning is setting up resources, planning for someone to transition from a hospital into a more stable environment.”

Participant F defined discharge planning as,

> A plan for your client or patient in a hospital setting, whether psychiatric or medical. Setting a plan that assesses their needs. Developing a plan for what they will need once they are discharged from the inpatient hospital.

Participant A definition of discharge planning,

> I would define that as the process of creating an aftercare plan specific to the patient’s needs. You want to make sure that the person will transition smoothly to the next level of care. So, it involves ensuring that they have a place to go, a place to live, and an appointment within seven days of being discharged from the hospital. Making sure that they have access to transportation. So, just planning the transition from the inpatient side to the outpatient side with the specific focus on making sure that they get connected to treatment after discharge.

All the participants in the research expressed a clear understanding of what a discharge plan entails and a better understanding of how discharge planning for adults

experiencing homelessness can be challenging. All participants agreed that discharge planning starts on the day of admission and that it is an ongoing process.

Themes

Four participant-inspired themes were identified through the data analysis coding process: lack of resources, lack of collaboration, length of stay, and patient related factors. Next, these four themes are described.

Lack of Resources

The first theme that focused on the challenges of developing a discharge plan for patients experiencing homelessness was a lack of resources. Participant interviews and focus group discussions resulted in categories, such as lack of finances, affordable housing, over-crowded/unsafe shelters, and insufficient staff, which led to the theme of lack of resources.

Social workers are plagued with developing discharge plans for patients with limited resources in social work. Participants collectively expressed a desire to have more funding for housing. For example, Participant D remarked, “I would like to see more services created for those experiencing homelessness, especially more state-funded services.”

Participant A shared her thoughts on how income affects where the patient may be referred for housing. When asked the interview question, do you consult with local housing agencies (Shelters, low-income housing facilities)? Participant A responded, “It has a lot to do with income, to be honest. If you have no income, shelter is the only option.” Participant A shared that there is little access to affordable low-income housing

in the area where she practices. If the patient identifies having some finances, she would refer to a personal boarding home if the client was agreeable.

Another consistent barrier that the participants identified under the theme of lack of resources was no available beds and unsafe shelters. Participants shared their concerns with discharging patients to shelters because of hazardous conditions and the threat of there not being beds available and the patient being turned away to the streets and not knowing where the patient ends up.

Participant M expressed that in her experience as a discharge planner, she used to be able to call the shelter directly and set up a placement. However, most recently, in the county where she works, all homeless referrals must go through a county agency that will interview the patient and find an available bed. She went on to share:

> We can't guarantee that the patients will get a bed from the agency. We don't know which shelter the person is going. We don't know where to set up aftercare. It is easier to set up appointments close to where the patient will be placed.

A lack of safe shelters for patients was another concern expressed by the participants. Participants shared that individuals are at risk of being robbed or assaulted in shelters. In addition, the conditions of the shelters place individuals' physical and mental health at risk. Participant A expressed a desire for shelters to be safer places to discharge patients. However, she continued, "People are being robbed and assaulted in shelters. I wish I could feel confident knowing I am sending someone to a safe place."

All participants agreed that not knowing if a patient would be safe at a shelter is challenging when developing a discharge plan. In addition, participants felt that not

knowing where patients would be placed put a strain on setting up aftercare plans because they would not know if the patient could get to their appointment based on where they were placed for shelter.

The lack of available shelters affects the patient's physical and mental health. Participants shared that patients discharged to shelters were often readmitted with worsened conditions because they could not access services. Participant F has experience working in both medical and psychiatric. She said,

> It's kind of hurtful when you're working on the medical side and psychiatric side and seeing so many homeless people, especially in the winter months, being admitted [with] such bad medical conditions because of the cold [and] because they can't access shelter services.

Participants also shared that individuals with mental health conditions are not accepted in shelters due to the type of medications they are prescribed. Participant G expressed how homelessness patient's mental health impacts the discharge planning process when she is trying to refer to a shelter:

> What medication they will be on becomes a challenge because we want to ensure they will have some stability. Some facilities will not take people if they're on certain medications or psychotropic meds, so that becomes a challenge.

Other participants shared concerns that some shelters would not accept a patient taking certain medical and psychotropic medications, creating a challenge for patients to comply with discharge recommendations. Again, the participants identified this as a challenge because the patients often chose no medicines to have a place to sleep.

Staff shortages for those experiencing homelessness transitioning from an inpatient level of care was another challenge identified by the participants. For example, Participant C described the impact of not having enough outpatient staff to assist patients experiencing homelessness.

> The other thing that we need is more staff everywhere. So right now, there is not enough case management. Where we are, every agency is closed to case management, and those are the folks that are going to see people out in the community and start linking them to some of these programs, doing the footwork, of getting them the identifying documents they might need. Applying for different housing programs. So, there's not enough staff to meet the demands of patients. Homeless people need a case manager to help them navigate all the bureaucracy and get into a stable situation.

Participant C also expressed the need for more staff in the inpatient unit, emergency department, and crisis center that could work specifically with patients that identify as being homeless to address the patient's housing needs.

Participant E shared, "Well, we know the plight of community mental health centers right now. There are not enough workers. So, there are more people seeking services than there are providing services."

The participants from the focus group expressed the need for more resources to assist patients experiencing homelessness discharging from the hospital. Participant P shared that there just needs to be more resources, "Unfortunately, I don't think there's enough, or probably never will be enough resources for the homeless."

All participants agreed that a lack of resources is a huge barrier to developing discharge plans for homeless adults transitioning from an inpatient level of care back to experiencing homelessness. Additionally, the participants all agreed that not having adequate resources causes systemic barriers.

Lack of Collaboration

Discharge planning is a systematic process that includes various systems. Participants identified a lack of communication and collaboration with stakeholders, leading to challenges in discharge planning for adults experiencing homelessness transitioning from an inpatient level of care. For example, the participants shared that family contact only occurs if the patient gives consent. Participant F responded to how families participate in the discharge process, "families are contacted based on patient consent to having their family involved. Sometimes I wish families would be more involved."

Participant A shared that contact is only made with the family and outside providers if the patient has signed consent. She expressed the need for a team approach inside the hospital. Participant A explained that each discipline needs to work as a team when developing the discharge plan:

> I feel like it needs to be more of a team approach. So, we are all here to serve the patient, so let us work as a team to serve the patient and the patient's family or other supports and not just be like, you know, the social worker does everything.

Other participants agreed that social workers are often tasked with developing the discharge plan without the team's support. Participant A also shared that nurses' have

forwarded telephone calls to her to answer questions about the patient's discharge medications. Participant A described this action as inappropriate and ineffective in helping the patient with aftercare.

Participants also identified a lack of collaboration with the local shelters before discharging the patient. When asked if they consult with local housing agencies, such as shelters and low-income housing, the participants from the focus group all agreed that they sometimes contact local shelters before discharge. Participant M shared, "If time would allow for contact, then I sometimes call the local shelter."

Participant O shared, "I agree, we do work with a couple of shelters, and sometimes we'll call them directly and speak with them."

The participants also shared that sometimes they make referrals to a central county shelter referral or case management in hopes that the client would be connected to a shelter.

Communication from the central shelter placement does not always occur, which causes a challenge with discharge planning. Participants shared their frustration with not knowing where the patient would be placed, making it difficult to set up aftercare appointments. Participant B shared her frustration with this process.

> You know you're sending someone to a shelter. Like a general location, you don't necessarily know where the patient will be after that because they can be moved. So, then it's where do I send you for the outpatient? You know that that is close enough to where you're going to be when I don't always know that information.

Participants agreed that the lack of collaboration with stakeholders, such as the patient, family, shelters/housing, outpatient providers, and hospital staff, is challenging when discharge planning for adults experiencing homelessness. It is difficult to connect the patient with the needed resources and support.

Length of Stay

Patients admitted to an inpatient psychiatric level of care often present with various psychosocial needs. Patients who experience homelessness can often require extensive time with discharge plans. Discharge planners are often up against time when developing discharge plans for homeless patients. Some factors include insurance companies and hospital administrative demands, doctor/staff-related factors, and the patient's homeless status. Participants agreed that the length of stay impacts the discharge planning process for patients experiencing homelessness. The individual and focus group participants provided different experiences on how the length of stay impacted their discharge plans.

Participant O from the focus group experienced problems with the length of stay from the insurance companies. Participant O shared that she completes utilization reviews and hears this all the time from the insurance companies to discharge the patients if they have no symptoms. Participant O expressed:

> They have no symptoms. They need to be discharged. They need to have all these appointments in place. So, let's get these appointments in place, so they have aftercare, but it's sort of like a band-aid. What good is aftercare if you can't get

> them there and they don't have anywhere to sleep? I mean, it's ridiculous. It's almost like you're playing games with insurance companies.

Participant P from the focus group shared her frustration with the administration dictating discharge plans for the patients. In addition, Participant P shared that she often felt conflicted with discharging a patient without a safety plan that included a safe disposition for the patient.

> It's administration because I work at a for-profit hospital. I work in the case management department. I am often conflicted because I know it may not be a safe discharge. I am discharging a patient maybe who needs more than what we're offering. But we have to discharge the patient to the streets. You know, so you'll have a little patient in a wheelchair, just wheeling themselves down the street. Because of the length of stay and the administration says, okay, it's time for them to go. That leaves me kind of in a bind as a social worker.

Participant P continued to share that there is not enough time to prepare a discharge plan for a patient experiencing homelessness due to the multiple systems involved in developing the plan. Unfortunately, hospital administration does not always show concern about the patient's psychosocial needs.

Participant G expressed frustration with patients discharged less than 24 hours after being admitted. Participant G described staff being burnt out with patients who keep coming back and forth to the hospital, and as a result, the doctor would write a discharge order. Participant G recalls a patient being admitted to the hospital and discharged the next day, not allowing time for a discharge plan to be developed.

> Okay, so lately, hospitals have been trying to cut the length of stay, which is a big staff issue. When you are short-staffed, and people are burnt out and tired, that affects the discharge planning, especially concerning patients that come often. I don't like to call them 'frequent flyers,' but some people use that term. I think it's a derogatory term, but seeing people regularly utilizing the services, staff gets to a point where they don't work as hard. You could say they don't put as much effort into it. So, you will come in on a shift and see someone who came in the night before, and then the next morning, you come in, and the patient is being discharged.

Participant G continued to express her frustration that staff and doctors will discharge a patient that is a high utilizer and who does not follow-up with after-care plans because the staff is frustrated and fed up with the patient. Staff will often assume the patient is re-admitting to the hospital because of their homeless status, and, therefore, they will discharge the patient without developing a new discharge plan.

The participants agreed that the length of time is a challenge in developing discharge plans, and they all expressed the need for more time to develop a safe discharge plan.

Patient-Related Factors

All the participants agreed that they include the patient in the discharge planning process. In addition, the participants agreed discharge planning starts on the day of admission. The participants shared that, due to the patients' mental health conditions, they are often disconnected from their families, which can be a challenge in discharge

planning. As a result, patients sometimes burn bridges, the family will not provide support, and even outside providers may refuse to accept a patient due to their non-compliance.

Participant B identified patient factors as a challenge to discharge planning. She shared that sometimes clients' expectations are high and not realistic, and patients burn bridges with their support system.

> The patient's expectations are not always realistic with what's available, finances, and the patient's resources. I think another barrier, depending on the severity of someone's mental illness, you know sometimes many bridges have been burned with family members and loved ones, you know, and so that impacts housing and disposition.

Participant C expressed the importance of allowing the patient to have a voice in the discharge planning process. Participant C shared, "the patient is the biggest influence in the discharge planning because you know they have their autonomy and right to self-determination."

Participant H shared that developing discharge plans for patients that are homeless can be challenging.

> It makes it hard, especially when you meet those patients that don't want to go to a program. They want to return to their tent or place where they live that does not have running water that's not inhabitable. You feel defeated because you know a resource exists for them, but they don't want it. You have to get to a point where you must consider what the patient wants and not what I think or want them to

> have. Being more person-centered is the approach to take. Make sure whatever decision they are making for themselves is not going to cause harm to themselves or other people. No law says a person cannot be homeless. It's more of society saying it is not an acceptable way of living.

Participants all expressed experiencing client-related factors that have caused challenges in developing discharge planning, such as patient's autonomy and severed relationships with informal and formal supports.

Unexpected Findings

Individuals experiencing homelessness continue to be a social issue in the social work profession. "Twenty-one percent of people experiencing homelessness also have a serious mental illness" (NAMI, 2022, para. 2). One unexpected finding across all the interviews was the need for a universal definition of homelessness. As participants shared their experiences with discharge planning for adults experiencing homelessness, one challenge was different facilities having their criteria of what deemed a person homeless. For example, participants shared that some shelters require a specific time frame for a person to be deemed homeless, while others require the patient to be registered homeless. In addition, some shelters did not consider an individual homeless sleeping on a friend's couch or sleeping in their car. Without a universal definition of homelessness, it is not easy to refer individuals experiencing homelessness to shelter and supportive housing facilities.

A second unexpected finding was that all the individual interview participants wanted to see a universal standard of care provided within the shelter system. The

participants all echoed similar requests that a psychiatrist, nurse, social worker, therapist, and medical doctors have a clinic within the shelters to provide services to patients referred from inpatient hospitalization. The participants felt this would bridge the hospital and outpatient care gap. In addition, having services in the shelter would improve the patient's quality of life and provide a seamless discharge from the hospital to the shelter.

Another unexpected finding was that hospitals do not discharge homeless patients, and social workers must receive permission to discharge a patient who is experiencing homelessness. According to Participant H,

> I'm in Colorado [and] for our particular hospital, you must have permission from the CEO and the head of behavioral health before you can discharge somebody homeless. We are not allowed to discharge the homeless from our hospital.

Not being allowed to discharge patients experiencing homelessness from the hospital without permission from the CEO and head of behavioral health was surprising compared to the other participant's experience of not having adequate time to find housing.

Summary

This section described the four participant-driven themes derived from the data analysis to understand better the challenges social workers encountered when developing discharge plans for homeless adults transitioning from an inpatient level of care back to experiencing homelessness. The four participant-inspired themes were: lack of resources, lack of collaboration, length of stay, and patient-related factors. The themes were gathered from individual and focus group interviews. The findings supported the research question by identifying the need for more resources for the patient to have a safe

discharge, such as increased collaboration between the different stakeholders/systems to have a smoother transition from the hospital to outpatient and more time to develop discharge plans. Finally, patient-related factors identify that the patient presents with characteristics that can be challenging when creating a discharge plan.

Addressing the social workers' challenges when developing discharge plans for homeless adults transitioning from an inpatient level of care to experiencing homelessness would improve the discharge planning process for social workers and patients by ensuring that patients are provided with a safe and seamless discharge plan. The next section explains how the findings are applied to the professional ethics of the social work practice, recommendations for social work practice, and the implication of social change.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this action research study was to understand better the challenges social workers experience developing discharge plans for homeless adults transitioning from an inpatient level of care to experiencing homelessness. The study's aim was to understand better the discharge planning process for patients experiencing homelessness with the hope of learning from other social workers and improving the quality of life for patients experiencing homelessness. Using a participatory action research methodology allowed me to gather knowledge from the other social workers to improve the discharge planning process. In addition, implementing an action research methodology in mental health care allowed for a team approach to identify the problem and work together to find solutions.

Historically, social workers have provided services to marginalized populations. The demand for services continues to increase with the increase of homelessness among individuals with a mental health diagnosis. Jenkinson et al. (2020) called homelessness a "national disaster" (p. 15). Homelessness continues to increase with limited investment in services needed for this population, such as affordable housing and improvement in health and social services (Jenkinson et al., 2020). However, social workers in the field of mental health services, in particular inpatient psychiatric treatment, are burdened with developing discharge plans for patients with insufficient resources. The four participant-driven themes uncovered in this research—lack of resources, lack of collaboration, length of stay, and patient-driven factors—support the need for change within the system. Social

workers need more resources to develop a safe discharge plan for adults experiencing homelessness transitioning from an inpatient level of care.

As discharge planners, social workers in a hospital's role date back to the late 19th century (Holliman et al., 2001). The process of discharge planning is standard in various mental and medical settings. The findings from this research project contribute to continued knowledge in the social workers' field by educating other professionals about the gap in services for those patients experiencing homelessness and transitioning from an inpatient level of care. The goal is that other social worker professionals would collaborate to improve the discharge planning process for all patients experiencing homelessness, regardless of the discharge setting. The need for more resources, collaborative measures, adequate time, and focus on patient-related factors are findings that could be improved and discuss other settings that could provide discharge planning.

Application for Professional Ethics in Social Work Practice

When developing discharge plans and providing services to marginalized individuals, social workers should always apply the NASW's values and principles (NASW, 2021). This research project supports three values and principles of the social work code of ethics. First, the findings from this research study could encourage social workers to ensure that vulnerable and oppressed groups have access to services and resources (NASW, 2021). Second, the hope is that this study would empower stakeholders to challenge injustices and encourage the participation of all when making decisions for those impacted by homelessness and discharge planning. Social justice for patients experiencing homelessness is one of the goals of this research project,

highlighting the challenges of finding solutions to improve the lives of the homeless population discharging from an inpatient level of care.

How a patient is perceived is vital. The findings identified how sometimes the biases of hospital administrators and other hospital staff about patients experiencing homelessness hindered the discharge planning process. Another goal of this research study is that all disciplines treat patients with dignity and worth regardless of their housing status, mental health diagnosis, or how often they present to the hospital.

The third value related to this research project is the importance of human relationships. The study's results identified the need for more collaboration, time, and coordination among other providers, families, and patients. It is the hope that those reading this research study will better understand the need to work together to promote social change to provide seamless and safe experiences for patients transitioning from an inpatient level of care to experiencing homelessness.

NASW Code of Ethics Clinical Guidance

The NASW Code of Ethics continues to guide the social work profession in the clinical application of the standards (NASW, 2021). Social workers in a hospital setting should use the Code of Ethics as a guide to help navigate through the different bureaucracies of the hospital's demands, administration, and interaction with patients and other stakeholders. The NASW Code of Ethics provides a blueprint for social workers working in all settings and gives those in the role of the discharge planner a clinical guideline for when obligations to the organization conflict with professional

responsibilities (NASW, 2021). The NASW Code of Ethics holds the discharge planner accountable to the general public for the services they provide (NASW, 2021).

In making ethical decisions in the discharge planning process, the social worker must consider "all the values, principles, and standards in this code that are relevant to any situation in which ethical judgment is warranted" (NASW, 2021, para. 8). When making plans for the patient, it is the social worker's job to be aware of their values and beliefs and address them appropriately. Supervision or consultation with another social work agency that can provide clinical support could support the social worker in acknowledging their biases (NASW, 2021). The NASW Code of Ethics provides a clinical guide to help discharge planners when presented with ethical dilemmas and guidance on how to interact with the patient and other stakeholders.

Findings' Impact on the Social Work Practice

This research study aimed to bring attention to social workers' challenges in developing discharge plans for adults transitioning from an inpatient level of care to homelessness. Through an action research method, individual interviews and focus group participants identified four themes of concern with the discharge planning process. The first theme was a lack of resources, such as funding, staffing, and housing that impacted the discharge planning process. Ethically inadequate resources and funding impacts the delivery of services in discharge planning. According to the NASW (2021), social workers should help those in need and address social issues while respecting the patient's privacy. Social workers must make a responsible effort to resolve the conflict consistent with the values, principles, and standards expressed in the Code of Ethics (NASW, 2021).

Therefore, the social workers should seek a proper consultation with leadership to address the lack of resources and funding and try to find a possible solution.

The second theme was a lack of collaboration that impacts the discharge planning social work practice. Discharge planning is a systemic process that involves multiple stakeholders. When another professional does not communicate, it is challenging to ensure that the patient receives all the necessary services to be safe and stable outside the hospital is challenging. Ethically, a lack of collaboration creates a dilemma for social workers as they should engage others as partners to address social issues such as homelessness and mental illness (NASW, 2021).

The third theme was the length of stay, which can negatively impact the clinical practice if patients are prematurely discharged due to insurance mandates, administration length of stay goals, or staff factors. Short stays create a dangerous situation for the patient and possible readmission. According to Jenkinson et al. (2020), patients are often discharged and soon readmitted for the same health issue they were previously treated for because they could not access the necessary outpatient treatment making them feel unsafe and readmitted to emergency rooms. The social worker is responsible for developing the discharge plan that is impacted by adhering to agency demands or making an ethical decision regarding providing the client with a safe discharge plan. The social worker should promote the client's well-being, which can impact social work relationships with hospital administration and colleagues. Without advocacy to provide an adequate length of stay, patients will continue to be discharged from the hospital without a safe place to stay and without appropriate aftercare appointments.

The fourth theme was patient-related factors that impact how discharge plans are developed in social work practice. Some patients do not always share their housing status with the discharge planner at admission due to fear of receiving poor medical treatment (Greysen et al., 2013). The participants acknowledged that patient factors cause challenges in developing discharge plans. Some patients lose natural support due to noncompliance or not permitting contact with informal or formal supports. Some patients have unrealistic discharge plans, which causes barriers for the social workers developing the plan. Some patients want to remain homeless and disagree with the plan. The participants understand the importance of considering patient-related factors when developing discharge plans. The participants were aware that if patient factors are not considered, it could impact the development of the discharge plan because the patient might not be obliged to accept the plan, creating a barrier to developing the discharge plan.

This research helped social workers to contribute their time and professional expertise to activities that promoted respect for the value, integrity, and privacy of homeless patients transitioning from an inpatient level of care. This research contributes to the social work knowledge base and shared colleagues' knowledge related to practice, research, and ethics of this problem of practice.

Recommendations for Social Work Practice

Developing discharge plans for adults transitioning from an inpatient level of care experiencing homelessness is challenging due to the different systematic barriers. The data gathered for this study identified four themes that create challenges in developing

discharge plans for patients experiencing homelessness. One action step recommendation to address social workers' lack of collaboration and services is to implement a communication plan between the hospital and outside providers, such as shelters and other housing programs. Studies have shown that when there is no communication between the hospital staff and shelter staff, the patients feel anxious and often are placed in unsafe situations due to not having a secure aftercare plan (Canham et al., 2019). Upon establishing that a patient is homeless, social workers should incorporate contacting local shelters and housing programs at the time of admission to alleviate patients feeling anxiety and uncertain about their discharge status.

Increased collaboration with outside providers can also help build resources for patients in the hospital. Social workers and outside agencies could educate each other on the needs of the patients. Collaboration between the hospital system and outpatient providers can create opportunities for discussions about increased funding. According to the NASW (2021), social workers have an ethical responsibility to engage as partners with people in helping to promote a relationship in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, and organizations. Collaboration can create a learning environment between social workers and outside providers to become more familiar with the programs offered. This information can be shared with the patient to improve discharge planning. Social workers are ethically responsible for representing themselves as competent and aware of the services that enhance the social work practice and protect the clients from harm (NASW, 2021).

A second action step to address the findings from this study is to address the length of stay for patients experiencing homelessness. Some studies have shown that patients experiencing homelessness stay in the hospital an average of one day longer than those with housing (Rabin & Savoy, 2021). Results from this study showed that the patient's length of stay is not long enough, which creates a challenge in developing discharge plans. Results from the literature review support this study's findings that patients are released early due to insurance constraints and administration demands to free up beds for new patients (Forchuk et al., 2013). Discharge planning for patients experiencing homelessness presents complexities and challenges that require adequate time to ensure services are in place.

Social workers can work to engage the insurance companies and administration in viewing homelessness as a public health problem. Viewing homelessness as a public health problem versus an individual issue can improve discharge planning for the homeless population because it becomes a more systematic approach to addressing the challenges. Recognizing homelessness as a public health problem will improve the care of patients experiencing homelessness and improve healthcare equality (Thiyagarajan et al., 2018). Social workers need to advocate for patients experiencing homelessness to have policy changes on how homelessness is viewed is a social worker's ethical obligation. According to the NASW (2021), social workers should advocate for needed information, services, resources, and social injustices and work to change policies to ensure the equality of opportunity and participation of all people.

Impact of Findings on My Practice

The findings from this study were not surprising since I have been developing discharge plans for homeless adults transitioning from an inpatient level of care to experiencing homelessness for over 13 years. The findings would impact how I approach developing discharge plans since most of the literature research about discharge planning comes from acute medical settings. The findings from this research seemed to describe the frustration that is felt daily by social workers when developing discharge plans with a lack of resources, length of stay, patient-related factors, and the inability to connect with other providers so that it would not feel like a personal deficit. Sharing the findings with colleagues and administrators might assist in improving the discharge planning process at my local hospital and provide insight to the administrators on the daily tasks of discharge planners and the challenges encountered in developing discharge plans for adults experiencing homelessness. I hope this study's findings positively impact my practice and the practice of others, as the data should allow input for positive and forward movement in making changes to the discharge planning process.

Transferability of Findings

Discharge planning occurs in various settings by social workers. Individuals experiencing homelessness often overuse the emergency departments for healthcare services (Franco et al., 2021). Discharge planning can occur from the inpatient psychiatric level of care, emergency rooms, and medical settings. The four derived themes from this study can be generalized to the medical inpatient setting and emergency rooms. Individuals experiencing homelessness are present in different settings. As social

workers develop discharge plans for these individuals, they must use the social work Code of Ethics as their guide to providing clinical services.

Improving communication with the patients outside supports could improve discharge planning across all settings. According to Canham et al. (2019), when hospital staff provides adequate and timely communication with shelters, it decreases the likelihood of premature discharges and subpar aftercare plans. Working together and implementing a systematic approach is another way to improve discharge planning for the profession. Being patient-focused when developing plans can help with compliance and a more patient-centered plan. Although this study focused on discharge planning from an inpatient psychiatric level of care, the findings from this study could be transferrable to medical hospitals and emergency departments.

Limitations

One limitation that might impact the usefulness of the findings from this study is the different policies that medical facilities and emergency departments have in place for discharge planning. As noted, in unexpected findings, Participant H works at a hospital that does not allow patients experiencing homelessness to be discharged without permission from the CEO and local county office of behavioral health. In addition, emergency departments operate in the mindset of treating and releasing without diving into the patient's psychosocial needs. However, there is limited research about the challenges of social workers developing discharge plans for adults transitioning from an inpatient level of care to experiencing homelessness. It would be interesting to hear the patient's experience related to lack of resources, lack of collaboration, length of stay, and

client-related factors. Hearing the patient's voice could improve some of the challenges identified in this study.

Dissemination

The dissemination of research findings is crucial when the goal is to make practice and policy changes (Tripathy et al., 2017). There are various ways to disseminate the findings from this study to impact practice and policy changes. The first step is speaking directly with the hospital's direct supervisor, co-workers, and administration. Another way to disseminate information is by participating in social work training at the local hospitals, as hospitals are usually open to having professionals provide in-service presentations to staff and administrators.

The NASW and the National Association of Black Social Workers allow social workers to share information at local and national conferences. These platforms effectively disseminate information to the social work profession's masses. In turn, information can be transmitted to their local practices to create change in discharge planning for homeless adults transitioning from an inpatient level of care experiencing homelessness locally and nationally.

Implications for Social Change

Homelessness continues to be a global social issue. Discharge planning for homeless adults transitioning from an inpatient level of care to experiencing homelessness presents challenges for the discharge planner. The goal of this study was to improve the discharge planning process and improve the psychosocial well-being of the patient being discharged on an individual level (micro), group level (mezzo), and macro

(community/government). Dunfey (2019) defined social change as “changes in human interactions and relationships that transform cultural and social institutions” (para. 2). The findings from this study can impact change on a micro-level, as participants could share information and results from this study at their respective places of practice to raise awareness and promote change on an individual level.

Social workers could work with community organizations on a mezzo level to address the lack of resources for homeless patients transitioning from an inpatient level of care by addressing the need for more providers versed in the needs of individuals with mental health issues experiencing homelessness. On a macro level, social workers could lobby for community and government agencies to address the issue of affordable and safe housing for the homeless population. Addressing the findings of this study on micro, mezzo, and macro levels could improve patients’ quality of life, improve the discharge planning process in hospitals locally and nationally, and decrease the number of homeless individuals.

Summary

The development of discharge plans continues to be the role of social workers in the inpatient level of care setting. However, as homelessness increases locally and nationally and individuals experiencing homelessness come to hospitals for treatment, the development of discharge planning for this population presents challenges for the social worker. This study used an action research method to identify a problem and possible solutions through individual and focus group interviews with social workers who develop discharge plans.

The findings from the study identified four themes, lack of resources, lack of collaboration, length of stay, and patient-related factors. Social workers should advocate for increasing program providers and developing a communication system for inpatient staff and outpatient community partners to increase collaboration. Social workers could work with insurance companies and administration to ensure that appropriate time is allotted for discharge planning, as well as working with the patient and informal supports to address client-related factors such as “burnt bridges.” Addressing the identified themes from this study could improve the discharge planning process in hospitals and the discharge process for patients transitioning from the hospital; therefore, promoting social change for this underserved population.

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Appendix A : Demographics Questionnaire

1. Age :

   20-30

   31-41

   42-52

   53-63

   64 and up

2. Race (Select all races/ethnicities that apply):

   African American

   Caucasian

   Hispanic

   Native American

   Pacific Islander

3. I identify my gender as:

   _____

4. How many years have you had your masters ‘degree? _____
5. How many years have you worked as a social worker? _____
6. Participant work setting: _____
7. Do you develop discharge plans for adult from an inpatient psychiatric level of care?

   _____

8. Do you prefer to participate in a focus group or individual interview?

   _____

Appendix B: Transcript for Focus Group Interview

Hello, my name is DeAnna` McCaskill. I am a doctoral student at Walden University School of Social Work. Professionally I have 13 years of experience as a discharge planner on an inpatient adult psychiatric unit. I currently work PRN on an adult inpatient psychiatric unit and full-time as a school social worker. My love and commitment to improving the lives of adults experiencing homelessness transitioning from an inpatient psychiatric level of care are still as strong as it was when working full time. This research study is completely separate from my role as a PRN social worker, and as the researcher, I want to welcome you and thank you for your participation.

My study aims to identify the challenges of social workers' discharge planning for homeless adults transitioning from an inpatient level of care to experiencing homelessness. In addition, the results from the study will be used to improve the daily practices of social work in your local hospitals and improve the experiences and care of the patients we serve. Each of you was selected to participate in the study because I believe you all have rich and meaningful experiences to share that will help me answer the research question.

Please listen to the ground rules for the focus group:

- Please place all cell phones on silence. If you need to take a call, please exit the room.
- Please be respectful to each other, and it is okay to disagree with each other.
- Only one person should talk at a time. Please do not cut each other off.
- There is no right or wrong answer. Please be transparent; your identity will be confidential.
- The session will be audio-recorded.
- My role is to facilitate discussion. Therefore, please do not ask me my opinion.
- Please enjoy the process, fellowship with one another, and respect and be open to differences.

Appendix C: Transcript for Individual Interviews

Hello, my name is DeAnna` McCaskill. I am a doctoral student at Walden University School of Social Work. Professionally I have 13 years of experience as a discharge planner on an inpatient adult psychiatric unit. I currently work PRN on an adult inpatient psychiatric unit and full-time as a school social worker. My love and commitment to improving the lives of adults experiencing homelessness transitioning from an inpatient psychiatric level of care are still as strong as it was when working full time. This research study is completely separate from my role as a PRN social worker, and as the researcher, I want to welcome you and thank you for your participation.

My study aims to identify the challenges of social workers' discharge planning for adults transitioning from an inpatient level of care experiencing homelessness. The results from the study will be used to improve the daily practices of social work in your local hospitals and improve the experiences and care of the patients we serve. You were selected to participate in the study because I believe you have rich and meaningful experiences to share that will help me answer the research question.

Please listen to the ground rules for the focus group:

- Please place your cell phone in silence.
- There is no right or wrong answer. Please be transparent; your identity will be confidential.
- 8The session will be audio-recorded.
- My role is to facilitate discussion. Please do not ask me my opinion.
- Please enjoy the process.

Appendix D: Questions for Interview Guide

1. How do you define homelessness?
2. How do you define discharge planning?
3. When do you begin the discharge planning process?
4. Who do you involve in the discharge planning process?

    Probe 1: How are the patients involved in the process?

    Probe 2: How are families involved in the process?

    Probe 3: How are outside providers involved in the process?
5. How does homelessness impact your discharge planning process?

    Probe 1: Do you ask about housing?

    Probe 2: Do you consult with local housing agencies? (i.e., Shelters, low-income housing facilities)
6. How does the length of stay impact the discharge planning process?

    Probe 1: Do patients experiencing homelessness stay in the hospital longer?

    Probe 2: Does pressure from the administration or insurance companies impact your discharge plans for patients experiencing homelessness?
7. What challenges do you encounter in discharge planning?
8. What factors influence the aftercare services you include in your discharge plans?

    Probe 1: How are community resources incorporated into your plan?

    Probe 2: How does the patient's current outside supports come into play in your discharge plans?
9. How does the patients' homeless status impact discharge planning?

10. What would you like to see differently in discharge planning for patients experiencing homelessness?
11. What else would you like to share?