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The Lived Experience of Establishing a Home After a Period of Homelessness

Monica Iaquinta

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THE LIVED EXPERIENCE OF ESTABLISHING A HOME AFTER A PERIOD OF
HOMELESSNESS

Monica Iaquina, MSN, RN

Dissertation submitted to the School of Nursing
at West Virginia University
in partial fulfillment of the requirements
for the degree of

Doctor of Philosophy
in Nursing

Mary Jane Smith, PhD, RN, Committee Chairperson

Joy Buck, PhD, RN

Gina Maiocco, PhD, RN

Marilyn Smith, PhD, APRN

Laura Jones, MSW

School of Nursing

Morgantown, West Virginia
2017

Keywords: Home, Housing, Story Theory, Phenomenology, Homelessness

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Abstract

THE LIVED EXPERIENCE OF ESTABLISHING A HOME AFTER A PERIOD OF HOMELESSNESS

by Monica Iaquina

The purpose of this qualitative study was to describe the structure of meaning of the lived experience of establishing a home after a period of homelessness. Fourteen semi-structured interviews were conducted using a unique line of inquiry based upon story theory and hermeneutic phenomenology. Questions were posed beginning with the present daily life in a home, followed by the previous experience of homelessness, and ending with establishing a home in the future. Stories were reconstructed, using the participant's own words, and confirmed during a second interview. The data analysis strategies were rooted in the theoretical framework including identifying essential statements, raising statements to abstract core qualities, and explicating themes from the core qualities. A rich, description was composed including the participants' anecdotes. Seven themes were identified including a) journeying on a downward path from having a home to being homeless, b) mustering resourcefulness to move from the street to a home, c) creating a home that is secure and personal, d) grappling with responsibility to hold on to home, e) building relationships that are affirming while setting boundaries, f) recognizing gratitude for life in the present that is peaceful, joyful, and fulfilling, and g) yearning for a future life of promise. The findings of this study may add to the body of nursing knowledge, reduce the gap in the literature, guide nursing practice, and influence local policy development.

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APPROVAL OF THE EXAMINING COMMITTEE

Mary Jane Smith, PhD, RN

Gina Maiocco, PhD, RN

Marilyn Smith, PhD, RN

Joy Buck, PhD, RN

Date: March 29, 2017

Laura Jones, MSW

Dedication

This manuscript is dedicated to the fourteen persons who candidly described their personal stories of suffering during the experience of homelessness and courage and determination while establishing a home. Persons desired to share information in order to improve understanding and provide hope for others facing similar circumstances.

A special dedication to my own family for their love, sacrifice, and understanding, and my father, who despite his passing, has always been a source of inspiration to me.

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Figure 1. Flow of Information for Literature Search

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Table 1. Inclusion and Exclusion Criteria

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Table 3. Interview Questions

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Chapter 1: Introduction

Homelessness is a significant problem affecting over 500, 000 individuals, youth, families, and veterans including those with mental illness (National Alliance to End Homelessness [Alliance], 2016d). Acquiring shelter, although critical, is only part of the answer. Once housing is secured, establishing a home is necessary to knit the pieces of life back together. Little is known about the experience of persons who are re-establishing life in a home after being homeless. This chapter presents the background and significance of a qualitative study to examine the problem of establishing a home for persons who have experienced homelessness.

Background

Homelessness is defined as a lack of a permanent place to live (Merriam Webster, n.d) or living in a location unfit for human habitation such as an abandoned building, public park, shelter, or under a bridge (Alliance, 2016a). Further, chronic homelessness refers to being homeless for one year or four occurrences of homelessness within three years (United States [U. S.] Department of Housing and Urban Development [HUD]/HUD Exchange, 2009). Persons at risk of experiencing homelessness include those facing imminent eviction, living in a hotel or motel, or doubling up with friends or family (Alliance, 2016a; U. S. Department of HUD, 2014a). In 2014, 7 million people lived with family and friends, reflecting a 9% decrease in doubling up since 2013 (Alliance, 2016e). However, despite this decline, the rate of living double is still 52% higher than the rate in 2007. Further, living double is the most frequently reported living situation prior to becoming homeless.

Homelessness results from an economic or situational crisis such as poverty, unemployment, foreclosure, violence, abuse, or neglect, or physical or mental illness (Alliance, 2016c; Mayberry, Shinn, Wise, & Benton, 2014; Shamblin, Williams, & Bellaw, 2012). For

persons experiencing homelessness, nearly one in five suffer from mental illness, and additionally, one in five has a substance use disorder (Substance Abuse and Mental Health Services Administration [SAMHSA], 2016). Moreover, the rate of mental illness and substance use disorder is higher (30%) in persons experiencing chronic homelessness. In fact, 67% of persons experiencing chronic homelessness struggle with substance abuse disorder (Alliance, 2015; Office of National Drug Control Policy, n. d.).

Prevalence. Accurate counts of the number of persons or families experiencing homelessness are problematic due to the unknown whereabouts of individuals (Alliance, 2013; Wright & Devine, 1995). Two factors influencing accurate counts include varied counting methods in communities, and not all communities in the U. S. participate annually (Alliance, 2015). The current estimate in the U. S., collected from point-in-time counts, is 564,708 persons, reflecting a 2.0% decline overall between 2014 and 2015 (Alliance, 2016e; U. S. Department of HUD, 2014c). Specifically, the rate of homelessness decreased among individuals (1.2%), veterans (4.0%), families (4.6%), and the chronically homeless (1.0%). Although most persons lived in shelters, 31% or 177, 373 lived in a location unintended for people such as an abandoned building (Alliance, 2015; U. S. Department of HUD, 2014c). While 33 states reported decreases in homeless rates, 16 states reported increases in homeless rates (Alliance, 2016e). Although the poverty rate was reportedly stable (15.8%) in the U. S., poverty increased in 26 states worsening the cost burden associated with housing (Alliance, 2015; Shamblin et al., 2012).

Impact of the problem. The impact of challenges associated with establishing a home after a period of homelessness is noteworthy. Mental and physical illness, high cost of housing, and social factors plague persons experiencing homelessness (Centers for Disease Control and Prevention [CDC], 2015; Patterson, Currie, Rezanoff, & Somers, 2015; Krüsi, Fast, Small,

Wood, & Kerr, 2010). Although it is unclear, these problems may interfere with establishing a home.

Being homeless. During homelessness, deprivation of basic needs occurs including lack of adequate nutrition, proper sanitation, safety standards, and clean water (Hwang, 2001; Wooley, 2015). As a result, persons experience sleep problems, poor hygiene, limited health care, and lack of safety (Gerber, 2013; Woolley, 2015). From hypothermia to dehydration, homeless persons endure severe weather conditions and live in fear and chaos under the veil of poverty (Gerber, 2013; Hwang, 2001; Woolley, 2015). Previous social networks, including family, friends, church, and community, dwindle as homelessness persists resulting in limited social support (Eyrich-Garg, Cacciola, Carise, Lynch, & McLellan, 2008). Declining social networks may occur from self-imposed isolation, poor self-esteem, and persistent substance use disorder (Clark & Lee, 2013; Hawkins & Abrams, 2007; Irwin, LaGory, Ritchey, & Fitzpatrick, 2008). Living in a precarious position increases the vulnerability of persons experiencing homelessness leading to victimization from violent and non-violent crimes (Gerber, 2013; Perron, Alexander-Eitzman, Gillespie, & Pollio, 2008).

Persons experiencing homelessness or chronic homelessness have higher rates of serious mental illness, substance use disorder, cognitive impairment, or developmental disability than the general population (CDC, 2015; U. S. Department of HUD/HUD Exchange, 2011). Substance use disorder contributes to poor quality of life (QoL), disrupts housing search, prevents housing stability, and interferes with social support (Clark & Lee, 2013; Shamblin et al., 2012).

Specifically, female veterans experiencing homelessness have higher rates of mental illness, but less substance use disorder than their male counterparts (Alliance, 2016c; Byrne, Montgomery,

& Dichter, 2013; Hamilton, Poza, Hines, & Washington, 2012; Le Page, Bradshaw, Cipher, Crawford, & Hoosyhar, 2014).

The condition of homelessness also contributes to the initial development or worsening of existing mental illness such as mood disorders, substance use disorder, and psychosis (Fichter & Quadflieg, 2006; Israel, Toro, & Ouellette, 2010). Traumas like domestic violence, rape, assault, and incarceration occur more frequently (Byrne et al., 2013; Shamblin et al., 2012). Persons experiencing homelessness for less than six months report being victimized by violence (Perron et al., 2008), while longer periods of street living contribute to worsening of schizophrenia (Israel et al., 2010).

Physical illness experienced by homeless persons includes high infection rates (33% to 55%) leading to public health concerns (Gerber, 2013) including hepatitis and human immunodeficiency virus (HIV) (LePage et al., 2014). Prevalent disorders include diabetes mellitus, chronic obstructive pulmonary disease (COPD), and arthritis (Hwang, 2001; LePage et al., 2014). Poorly fitted shoes and prolonged walking contribute to foot problems over time, and hypertension and anemia may be inadequately treated. The average life expectancy of persons experiencing homelessness is considerably lower (44 years) than the general population (78 years) (CDC, 2015; Savage & Lee, 2010; Woolley, 2015). Mortality rates are three to six times higher for persons without housing than persons who are living in a house (Savage & Lee, 2010).

Aside from physical and mental illness, the cost burden of homelessness is staggering (Alliance, 2016b; Laird, 2007). In 2015, the federal government budgeted \$4.5 billion to fund homelessness (Alliance, 2015). Homeless patterns vary, and societal costs include emergency services, incarceration, health care, police support, and shelter living. In the U. S., the general cost of first occurrence of homelessness through the emergency shelter program is \$1,634 to

\$2,308 per individual (Alliance, 2016b). In comparison, the cost for a family ranges from \$3,184 to \$20,031, and stays in emergency shelters are much longer for families. Ironically, 10% of individuals in the higher cost group incurred 83% of the total expenditures. These problems associated with the experience of homelessness demonstrate the need for affordable and permanent housing.

Acquiring housing. The number of persons obtaining housing after experiencing homelessness is difficult to know (U. S. Department of HUD/HUD Exchange, 2011). While rapid rehousing assistance has increased 90%, permanent supportive housing has increased only 5.6% (Alliance, 2015). Rapid rehousing provides financial assistance and quick placement of homeless persons into housing, but assistance is temporary. Although federal expenditures were targeted to \$4.5 billion dollars in 2015, 35 states reported increased need for supportive housing.

Federal and state policy changes, including funding, have been established in an attempt to end homelessness (Israel et al., 2010). During the early 1980's, housing acquisition was addressed by local communities seeking federal assistance, until 1986, when the Homeless Person's Survival Act was passed (National Coalition for the Homeless, 2006). Receiving bipartisan and presidential support, the McKinney-Vento Homeless Assistance Act was established to provide emergency shelter services, employment training, health care, and education of homeless persons. More recently, in 2009, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act updated prior legislation about grant program consolidation, homelessness prevention, and rural housing provisions (U. S. Department of HUD/HUD Exchange, 2009). Housing programs such as Shelter Plus Care, Supportive Housing Program, and Section Eight Moderate Rehabilitation Single Room Occupancy Program were

consolidated through the Continuum of Care (CoC) program (U. S. Department of HUD/HUD Exchange, 2011).

Searching for housing is a labor-intensive quest, and finding a setting that promotes recovery is challenging (Alliance, 2016c; Ashcraft, Anthony, & Martin, 2008). Opportunities for housing and other services depend upon homeless characteristics and eligibility guidelines outlined by state and federal governments (U. S. Department of HUD, 2016a). For impoverished persons, public housing initiatives offer affordable options, when eligibility guidelines such as income level, citizenship, or disability are met. Veterans may enroll in the HUD-VASH (Veterans Affairs Supportive Housing) Program and receive case management and clinical services (US Department of HUD, 2016b). The Housing First (HF) model, rooted in harm reduction, provides permanent, supportive housing for persons experiencing homelessness and mental illness (Atyeo & Forchuk, 2013; Rog et al., 2014). Despite previous legislation, acquiring housing is tentative due to limited housing programs, inadequate number of affordable units, and reduced budgets for public assistance (Gaetz, 2012; Shamblin et al., 2012).

An entry point to transitional housing may be through emergency department referrals, where persons experiencing homelessness seek health care (Alliance, 2015; Choi & Snyder 1999; Hwang, 2001). Transitional housing, such as shelters, serves as a springboard for permanent housing, but transitional housing is not without obstacles. For women experiencing domestic violence, temporarily doubling up with friends or family results in entry into emergency shelters (Long, 2015). Shelter living comes with restrictive rules, prison-like atmosphere, and loss of control over personal freedoms (Choi & Snyder 1999; Long, 2015).

Affordable housing in a crime free location with access to resources and adequate social support improves survival and health outcomes (Fraenkel, Hameline, & Shannon, 2009; World

Health Organization [WHO], 1982). Evidence exists that supportive housing enhances recovery from substance use disorder and increases contact with other recovering persons (Fisk, Sells, & Rowe, 2007; O'Connell, Kaspro, & Rosenheck, 2008). Further, persons are more likely to remain housed if a subsidy is provided. For instance, Fichter & Quadflieg (2006) indicated that 86% of persons in permanent housing remained stably housed after three years. Similarly, housing stability was reportedly 88% after five years (Tsemberis & Eisenberg, 2000), 76% after 18 months (Goldfinger et al., 1999), and 84% after one year (Kaspro, Rosenheck, Frisman, & DiLella, 2000).

Despite rapid re-entry and permanent housing programs, affordable housing options remain slim (Alliance, 2015; Shamblin et al., 2012), particularly, when subsidies are no longer provided (Kaspro et al., 2000; Tsemberis & Eisenberg, 2000). In 2013, 6.4 million persons spent more than 50% of their income on rent (Alliance, 2015). Applications for housing assistance are complex, and information about eligibility, submission, and availability is not easily obtained or well understood (Alliance, 2013; Byrne et al., 2013; U. S. Department of HUD, 2016a). Restrictive entry criteria, housing rules, and substandard dwellings create additional challenges (Ashcraft et al., 2008; Hamilton et al., 2012; Krüsi et al., 2010).

Maintaining permanent housing involves overcoming barriers such as unemployment, poverty, and limited education (Shamblin et al., 2012). Further, decreased resources, physical illness, or mental health problems may jeopardize housing retention (Coumans & Spreen, 2003; Fraenkel et al., 2009; Hwang, 2000; Hyde, 2014; Marshall & Rosenberg, 2014). Housing stability is also influenced by decreased public assistance, increased health care costs, and inadequate housing programs (Alliance, 2013; Borg et al., 2005; Krüsi et al., 2010; U. S. Department of HUD, 2014b). Deterioration of existing relationships and unreliable social

support also contribute to housing instability (Carton, Young, & Kelly, 2010). Disrupted family networks and declining social support occur if all family members are not permitted to live in the same house together resulting in increased marginalization, vulnerability, and stress levels (Byrne et al., 2013; Fraenkel et al., 2009; Shamblin et al., 2012). Practical recommendations, when feasible, include coordinated care, case management services, and interdisciplinary collaboration (Gerber, 2013; Shamblin et al., 2012). Consistent tracking of persons into and out of housing is problematic due to lack of standardized tracking methods (U. S. Department of Veterans Affairs, 2014).

Finding a home. Despite potential challenges and barriers to housing, acquiring shelter may be a catalyst for recovery, personal growth, and self-fulfillment (Borg et al., 2005). However, finding a setting that promotes recovery is challenging (Alliance, 2016c; Ashcraft et al., 2008). Although beneficial, querying personal needs and desires and fulfillment of material resources infrequently occurs (Ashcraft et al., 2008; Borg et al., 2005). One exception is the Fresh Start shelter program in New York City (Fraenkel et al., 2009). Fraenkel et al. viewed persons experiencing homelessness as experts of personal circumstances capable of voicing personal views. Through group discussions, the challenges of shelter living, coping skills, and future hopes and dreams informed problem resolution and strengthened interpersonal relationships.

Despite this evidence, information related to the experience of establishing a home has not been queried. Sharing personal narratives gives voice to personal exploration of ideas about establishing a home. Storytelling helps to clarify personal identity and brings the past forward enabling persons, who have experienced homelessness, to express concerns and reduce confusion about the context of home (Gerber, 2013).

My story. As a volunteer working at a homeless shelter, the phenomenon of establishing a home became apparent to me using active listening and dialogue with persons coming in for the noon meal. My previous experience with persons experiencing homelessness was limited to educational settings which included crisis stabilization in acute care and long term care of the mentally ill. Discharged clients frequently faced limited opportunities for housing placement due to family discord and persistent substance use disorder resulting in homelessness. As a result, frequent readmissions were observed, and the cycle of finding a place to live was repeated. After permission was granted from the director of the shelter, I conducted a field observation of persons experiencing homelessness for the qualitative research class. While there, I experienced a stark, but in-depth look at the residence hall for newcomers and was able to listen to personal narratives of individuals and families with children experiencing homelessness. Listening to past personal struggles, insight into present circumstances, and future hopes and goals for a home confirmed the need to conduct this study about what it means to establish a home to persons who have experienced homelessness. In each case, the need for a home, not merely a house, was paramount.

Significance of the Study

The significance of this phenomenological study is fourfold. First, this study is expected to reduce the gap in knowledge about the structure of meaning of the lived experience of establishing a home for persons coming out of being homeless. The extant literature about establishing a home is sparse, and what it is actually like to create a home after housing is obtained is unknown. Persons leaving homelessness and entering a home are considered experts about their lived experiences, and story provides an opportunity to honor individual narratives (Fraenkel et al., 2009). Story theory (Smith & Liehr, 2014) uniquely bridges the connections

between past, present, and future perspectives of the life world (van Manen, 1990). The findings of this study may reveal insight into different aspects of establishing a home within the context of culture and values. Information may be used to improve quality of life and reduce existing challenges and barriers (Clark & Lee, 2013; Shamblin et al., 2012) including social isolation, poverty, substance use disorder, or other forms of mental illness (CDC, 2015; Mayberry et al., 2014; Shamblin et al., 2012).

Second, establishing a home for persons who were formerly homeless is an important social justice and political issue. Creating a home is thought to be more than having physical shelter. Having a home addresses basic human needs, sense of belonging, security, and safety (Maslow, 1959, 1968). Although home cannot be summarized through a simple definition (Hart & Ben-Yoseph, 2005), home has been recognized as a grounding experience contributing to stability in daily life (Somerville, 1992). In select cases, homelessness may not improve, persons may not adjust to living indoors, and home may have a different context (Hart & Ben-Yoseph, 2005). The findings of this study may improve awareness, foster dialogue, and encourage interdisciplinary collaboration about the difficult challenges and realities of establishing a home following a period of homelessness.

Third, the findings of this study may reveal insight about the structure of meaning of the human health experience of establishing a home, thus contributing to the discipline of nursing knowledge. Newman, Sime, and Corcoran-Perry (1991) identify the focus of the knowledge base of nursing as “the study of caring in the human health experience” (p.3). Exploring the research question on the experience of establishing a home for persons who have experienced homelessness is expected to contribute to the knowledge base of nursing. The identification of

themes related to day-to-day living in a home may substantiate the need for further research related to this phenomenon.

Fourth, the findings of this study may have timely implications for nursing practice and policy development specific to persons who are establishing a home following homelessness. Improved understanding of this phenomenon may inform nursing practice about the management of unique challenges of persons coming out of homelessness. The utility of the findings of this study may be applied at the local level to formulate policies that alleviate potential barriers, promote housing stability, and address economic issues.

Major Constituents of the Study

Purpose

The purpose of this phenomenological study is to advance science by describing the structure of meaning of the lived experience of establishing a home after being homeless. While the need for shelter is paramount, the extant research about establishing a home is limited. Much of the existing quantitative research addresses relationships between known barriers to housing stability or housing outcomes. However, qualitative research on the structure of meaning of the lived experience of establishing a home after a period of homelessness is limited. Further, qualitative research about this phenomenon using story theory (Smith & Liehr, 2014) has not been documented. Hence, this study may provide clarity and reduce the gap in nursing knowledge about the meaning of establishing a home.

Research question. Rooted in hermeneutic phenomenology, the research question is “What is the structure of meaning of the lived experience of establishing a home after being homeless?” An exploration of what it means to establish a home from past, present, and future perspectives is proposed. The research method, hermeneutic phenomenology, focuses on the

meaning of experiences and the interpretation of the context of a given phenomenon (Polit & Beck, 2012). Story theory (Smith & Liehr, 2014) is used to collect the data through conversations rooted in core concepts of the theory.

Definition of terms. Three key concepts are defined for the proposed study based upon the research question and problem. They include:

1. Homelessness is defined as a condition experienced by persons who live without any form of physical shelter;
2. Establishing a home refers to setting the stage for daily life in a house; and
3. House connotes a physical structure that provides shelter from outdoor elements.

Method

The research method is phenomenology as described by van Manen (1990, 1997). Phenomenology enhances understanding of the nature of the phenomenon by the participant and the investigator (Wojar & Swanson, 2013). Considered a human science, insight into the individual's lifeworld emerges through thoughtful and retrospective reflection (van Manen, 1990, 1997). Story theory (Smith & Liehr, 2014) adds another dimension by clarifying past, present, and future notions of the phenomenon. A systematic review of the literature revealed few qualitative studies exploring establishing a home after a period of homelessness (Jaquinta, 2016). Further, no studies were found exploring the lifeworld of establishing a home using the story path. Thus, a qualitative study based on story theory for gathering stories and phenomenology for analyzing stories is proposed to explicate the structure of meaning of establishing a home after living in a homeless condition.

Theoretical Guidance. The theoretical foundation for the proposed qualitative study is story theory (Smith & Liehr, 2014) and hermeneutic phenomenology (van Manen, 1990, 1997).

Story theory will provide the structure for collecting the story, and phenomenology will guide the analysis of the story. Phenomenology and story theory are rooted in the humanistic paradigm in which multiple constructed realities exist (Lincoln & Guba, 1985). These realities exist within a value laden context including culture, language, and social influences (Wojnar & Swanson, 2007).

Story theory. Similar to phenomenological underpinnings, story theory (Smith & Liehr, 2014), also rooted in the humanistic paradigm, is the structure for gathering a story about the complicating health challenge. Consistent with the unitary-transformative worldview (Newman et al., 1991) and neomodernism (Reed, 1995), story theory (Smith & Liehr, 2014) is the vehicle for linking practice and research. According to Smith & Liehr (2014), the story path enables the participant to make meaning of the lived experience through sharing past, present, and future experiences and perceptions. During an intersubjective relationship with another, the meaning of the lived encounter of establishing a home may be revealed through storytelling.

Three concepts related to the assumptions are intentional dialogue, connecting with self-in-relation, and creating ease (Smith & Liehr, 2014). Intentional dialogue occurs as the investigator engages with another while collecting a story about the complicating health challenge of establishing a home after being homeless. During storytelling, holding fast and fully attentive, the nurse, in true presence, clarifies the story as it emerges, staying with the story while detaching from the story, simultaneously. In this study, the nurse researcher is fully engaged, connecting with self-in-relation to the storyteller, gathering the unique personal history as it is reflectively recalled. As suggested by Smith and Liehr (2014), questions are framed beginning with the past story of homelessness, followed by the present story of living in one's home, and ending with future perspectives about home. Creating ease, as the story unfolds, connects the

disjointed pieces of the past, present, and future story resulting in abstract patterns. Finally, the structure of meaning unfolds during data analysis and formation of themes.

Hermeneutic phenomenology. Considered a philosophy of the unique, hermeneutic phenomenology in this study will be guided by the work of Max van Manen (1990, 1997). The aim of phenomenology is to address what a particular experience is really like from the inside. Research rooted in phenomenology promotes an understanding of the person's world including attention to the details and intricacies of the complexity of everyday life "addressing the consequential in the inconsequential, the significant in the taken-for-granted" (van Manen, 1997, pg. 8).

van Manen (1997) purports that human research is systematic, explicit, and grounded in caring practices and thoughtful attention in order to gain "a deeper understanding of the nature or meaning of our everyday experiences" (pg. 9). Hermeneutic phenomenology requires a sensitive orientation to the life world as well as practical interpretation of text. The structure of meaning is revealed through construction of a rich description of the essence of the phenomenon, in this case, establishing a home, as it is lived.

Summary

In summary, homelessness is a significant problem for individuals and society. Acquiring shelter responds to a basic human need. The extant research related to establishing a home following homelessness is scarce, pointing to the need for further research. This study aims to uncover the structure of meaning of establishing a home following a period of homelessness. Rooted in the humanistic paradigm, the theoretical framework is story theory (Smith & Liehr, 2014) and hermeneutic phenomenology (van Manen, 1990). Story theory is the vehicle for data collection from past, present, and future perspectives guided by the core constructs of the theory,

and phenomenology will guide the analysis of data. The existential meaning and distinctive view of the lived experience of establishing a home may be explicated from shared stories.

Chapter 2: Review of the Literature

Research related to homelessness is abundant, and several quantitative studies investigate factors related to housing stability. However, few qualitative studies were found related to homelessness and the housing experience. Further, establishing a home is an understudied phenomenon. The extant literature about what it is like to establish a home once housing is obtained for formerly homeless persons is sparse. The scope of the literature review includes abstract ideas (concepts) and proposed explanations (theory) of the phenomenon of interest as well as research design (method) and findings (empirics). These various facets may enable the reader to better understand the phenomenon of interest and what has been previously studied. Therefore, this chapter describes the literature search process and presents a synthesis of the conceptual, theoretical, methodological, and empirical dimensions of existing literature about establishing a home.

Literature Search Process

A systematic review of the literature was conducted using Academic Search Complete, CINAHL, Medline, PsycARTICLES, PsycINFO, and Sociology Abstracts databases. Using the key words, *homelessness* and *home*, the initial search yielded 401 articles published from 2010 to 2016 (Figure 1). Additional searches were conducted to obtain further studies pertinent to the identified problem and research question. *Homelessness* and *home* or *housing*, were combined with various derivatives of establishing, creating, or transitioning using the Boolean operator, AND. The delimiters included adults at least 18 years old, human subjects, peer reviewed, and English language. Youth exiting foster care and children less than 18 years old were excluded, because this population was excluded from the study due to consent challenges. The titles and abstracts were initially reviewed for relevance, and exact duplicates were removed. The

remaining 316 articles were read with consideration of the research question and purpose. As a result, 34 articles were retained for the synthesis. The matrix method (Garrard, 2014) was used to organize information from each of the qualitative, quantitative, and mixed methods' studies. The literature follows a conceptual, theoretical, and methodological structure.

Literature Review

Conceptual Review

Two conceptual frameworks were identified in the literature review and used as a foundation for qualitative research. In the first study, Burlingham, Andrasik, Larimer, Marlatt, & Spigner (2010) conducted a phenomenological study exploring the life history and housing needs of chronically homeless women. A conceptual framework guided the study design which included interviews about personal history, relationships, substance use disorder, and home life. The analysis revealed facilitators and barriers to housing. The second study employed grounded theory and Critical Time Intervention (CTI) during client interviews to promote housing stability with community integration (Chen & Ogden, 2012). The findings revealed that a humanistic, non-authoritative approach during interactions and housing application influenced adjustment and motivation in clients. Further, the findings were used to develop a model for staff to use when forming an interpersonal relationship with clients. No other conceptual frameworks were identified in the extant literature. However, studies were examined in reference to three concepts originating from the research question including homelessness, housing, and home.

Homelessness. As identified in Chapter 1, homelessness in the proposed study is defined as a condition experienced by persons who live without any form of physical shelter. The concept of homelessness varied in studies, and definitions were not always provided. Chronically homeless women and men, as defined by federal government guidelines, were represented in

several studies (Burlingham et al., 2010; Edens, Mares, Tsai, Rosenheck, 2011; Henwood et al., 2013; Meschede, 2010; Tsai, Rosenheck, & Kane, 2014). In contrast, absolute homelessness included persons without any shelter, and precariously housed referred to living in a hotel or one room unit (Patterson et al., 2015; Zerger, Pridham, Jeyaratnam, Connelly, & Stergiopoulos, 2014).

Several studies included persons experiencing homelessness with serious mental illness (SMI) including substance use disorder or schizophrenia (Appel, Tsemberis, Joseph, Stefancic, & Lambert-Wacey, 2012; Burlingham et al., 2010; Gilmer, Katz, Stefancic, Palinkas, 2013; Gilmer et al., 2014; Meschede, 2010; Ogden, 2014; Patterson, Moniruzzaman, & Somers, 2014; Raphael-Greenfield & Gutman, 2015; Zerger et al., 2014). Both civilians and veterans with mental illness comprised the sample in studies about housing stability (Edens et al., 2011; McGuire, Rosenheck, & Kaspro, 2011; O'Connell, Kaspro, & Rosenheck, 2010; O'Connell, Kaspro, & Rosenheck, 2012; Tsai, Reddy, & Rosenheck, 2014).

Although families were represented (Fisher, Mayberry, Shinn, & Khadduri, 2014; Holtrop, McNeil, & McWey, 2013; Levitt et al., 2013; Mayberry et al., 2014; Meschede & Chaganti, 2015), families comprised of single women with more than one child were underrepresented (Levitt et al., 2013). Three studies included only women in the sample (Burlingham et al., 2010; Nemiroff, Aubry, & Klodawsky, 2010; Polvere, Macnaughton, & Piat, 2013).

Housing. As previously defined, housing is a physical structure that provides shelter from outdoor elements. Housing, in reference to a senior residence, shelter, apartment dwelling, or group facility, is explicitly stated in qualitative and quantitative studies (Fisher et al., 2014; Holtrop et al., 2013; Mayberry et al., 2014; Ogden, 2014; Raphael-Greenfield & Gutman, 2015).

Immediate housing for chronically homeless persons is often provided through the Housing First (HF) model (Burlingham et al., 2010; Edens et al., 2011; Gilmer et al., 2013, 2014; Henwood et al., 2013; Patterson et al., 2015; Polvere et al., 2013). HF, based upon harm reduction, provides rapid entry into housing regardless of persistent substance use disorder or failure to comply with treatment.

Several housing programs, grounded in the Housing First (HF) model, were found for various populations. For instance, the At Home/Chez Soi project was designed for the chronically homeless (Polvere et al., 2013; Veldhuizen et al., 2015; Zerger et al., 2014), while the HUD-VASH program provided housing and other support services specifically for homeless veterans (O'Connell et al., 2010, 2012; Tsai, Rosenheck et al., 2014). Two HF models for families existed. The Home to Stay project involved families with at least one child (Levitt et al., 2013), while Family Home provided comprehensive, supportive care for families for two years (Meschede & Chaganti, 2015). Other housing options for families included permanent housing subsidy, temporary housing subsidy, and project based transitional housing (PBTH) (Fisher et al., 2014).

Home. In the proposed study, establishing a home refers to setting the stage for daily life in a house. However, the distinction between home and housing is seldom reported. Ogden (2014) reported that the context of home was different from housing. Home was considered more than a structural building and a hopeful place independent of housing assistance. Likewise, the notion of home as more than a physical place was acknowledged by Peterson, Antony, & Thomas (2012), who used photovoice to capture the essence of home. Molony (2010) describes home within the context of a physical or existential place and process for older persons experiencing homelessness and entering long-term care. The physicality of home refers to a

place of refuge that promotes mastery, meets personal needs, and nourishes relationships, while the process of home refers to the transition into a new facility with links to the environment. Comparatively, only one study was found that used the terms, housing and home, interchangeably in reference to housing transition after a period of homelessness (Raphael-Greenfield & Gutman, 2015).

Theoretical Review

Three theoretical frameworks related to homelessness and housing were found in the literature review. None were nursing theories. The common link was that each study examined lived experiences, but different samples and contexts were found. For instance, family process theory was the framework for a qualitative study of families in different types of housing (Mayberry et al., 2014). The effects of varied living circumstances were explored through interviews in relationship to family processes such as rituals and activities. In comparison, narratives were viewed through the lens of the Sociological Theory of Cumulative Adversity and Advantage (Ogden, 2014). This theory proposed that both positive and negative influences contribute to personal growth or adversity such as resilience or stress. Ogden used ethnographic interviews and field observations to explore the meaning of adverse life events in older persons with schizophrenia. The findings included challenges associated with securing housing after being homeless and complex relationships with housing staff.

Social Role Valorization Theory (SRV) was used as a theoretical framework to develop a model in a longitudinal study measuring physical integration, housing status, and stability (Nemiroff et al., 2010). The importance of valued roles, relationships, and activities integral to successful community integration was considered. The results indicated that devaluation, which

occurred during homelessness, may lead to deprivation, rejection, and exclusion from the community. Further, greater housing stability was associated with family ties and subsidy.

Methodological Review

The results of the methodological review of the literature included eleven qualitative, fourteen quantitative, and eight mixed methods research studies. Only studies pertinent to the identified problem and research question about establishing a home were included. Three matrices based upon research method were developed to facilitate data abstraction and synthesis of the findings (Garrard, 2014). One systematic review was found exploring homelessness and transition (Iaquinta, 2016). Studies in the systematic review published between 2010 and 2015 are also included in the synthesis.

Qualitative. Eleven qualitative studies were found related to homelessness and establishing a home. The eleven qualitative studies employed two phenomenology (Burlingham et al., 2010; Raphael-Greenfield & Gutman, 2015), two grounded theory (Chen & Ogden, 2012; Fisher et al., 2014), three descriptive (Henwood et al., 2013; Mayberry et al., 2014; Polvere et al., 2013), two exploratory (Patterson et al., 2015; Zerger et al., 2014), one case study (Ogden, 2014), and one Community Based Participatory Research (CBPR): Photovoice (Peterson et al., 2012).

Among the qualitative studies, the majority of the studies were conducted in the U. S., while 27% were conducted in Canada (Patterson et al., 2015; Polvere et al., 2013; Zerger et al., 2014) and one in England (Raphael-Greenfield & Gutman, 2015). Various disciplines were represented in the studies including psychology/psychiatry, social work, Department of Human and Organizational Development, health sciences, communications, occupational therapy, and medicine/public health. Nonprobability, purposive, or convenience sampling was employed, and

the sample sizes ranged from four to eighty participants. Semi-structured interviews and focus groups were used to collect data in the qualitative studies except for one case study, which used field observations (Ogden, 2014), and one study employed photovoice (Peterson et al., 2012). Data analysis varied depending on the specific qualitative method. The eleven qualitative studies are discussed based upon method.

Phenomenology. The transition to housing was explored in two phenomenological studies. Housing choices and personal history of seven, single homeless women were explored to identify risk factors to housing stability (Burlingham et al., 2010). The research question explored the lived experience of women experiencing chronic homelessness and alcoholism in search of housing. In comparison, the lived experience of transition to housing was explored in four previously homeless adults using questions related to activities of daily living, transportation, community integration, stress, health, illness, time management, and social support (Raphael-Greenfield & Gutman, 2015). Although factors affecting transition were considered in both studies, only the latter study considered employment needs. Content analysis (Raphael-Greenfield & Gutman, 2015) and open coding (Burlingham et al., 2010) were used to analyze the interviews.

Grounded theory. Two grounded theory studies explored housing stability. In the context of CTI, the relationship between staff and mentally ill clients, who were recently discharged from an institution, was examined to enhance housing stability and community integration (Chen and Ogden, 2012). Theoretical sampling and interview questions were used to collect data about employment practices. In contrast, housing choices, social support, parenting practices, and family makeup were explored (Fisher et al., 2014). Two differences are noteworthy. In the Chen and Ogden (2012) study, the sample size of 12 consisted of staff, whereas the Fisher et al. (2014)

study included 80 persons within a family unit. Semi-structured, audiotaped interviews were analyzed iteratively through dimensional analysis (Chen & Ogden, 2012). In contrast, open-ended interviews were analyzed through NVivo, Version 9 (Fisher et al., 2014).

Descriptive. Three descriptive studies revealed differences in the sample, study purpose, and data analysis. Henwood et al. (2013) recruited 30 women and men from Skid Row. Participants were queried about the transition from homelessness to housing, HF, and sense of safety, security, and stability. Following thematic analysis, a matrix summarizing the findings was developed. Similarly, 27 adults were enrolled in At Home/Chez Soi program. Perceptions of housing stability and recovery from mental illness were queried, and data were analyzed through coding and constant comparison (Polvere et al., 2013). In contrast, 80 parents were queried about family routines, activities, obstacles, and challenges in varied living situations, and interviews were analyzed using NVivo, Version 9 (Mayberry et al., 2014).

Case study. An exploration of the meaning of homelessness, housing, and home was conducted by Ogden (2014). Five older persons, at least 55 years old and diagnosed with schizophrenia, described personal life histories retrospectively. The study consisted of four phases, beginning with semi-structured interviews and ending with a chronological life history with thematic development. Phase two clarified narrative events with further development of historical calendars through field observations and participant diaries. Phase three included constant comparisons, member checks, and case-wise comparisons. The fourth phase involved further member checks and closure for participants along with final analysis of themes.

Exploratory. Two exploratory studies used similar sample sizes of participants enrolled in HF programs. Both studies queried perceptions of services related to HF, and differences were noted. Patterson et al. (2015) interviewed 43 adults experiencing homelessness and mental illness

assigned to one of two housing groups with and without intensive support. Two semi-structured interviews, conducted 18 months apart, included questions about homelessness, mental illness, life events, and factors that had changed due to recent housing. Interview data were analyzed using line-by-line coding. Similarly, the meaning of transitional housing was examined in 48 participants who were placed into groups (Zerger et al., 2014). Interviews and focus groups were conducted with 25 clients in housing units and 23 At Home staff. Perceptions of housing delays, housing availability, and relocation were gathered and analyzed through NVivo, Version 9, and line by line coding.

Photovoice. Unlike other qualitative studies reviewed, a unique approach was found rooted in CBPR (Peterson et al., 2012). A vehicle for expression for disadvantaged persons, photovoice was used to collect narratives from 15 persons who were stably housed for 29 months and previously homeless for 27 months. Participants photographed important events, persons, or phenomenon using disposable cameras. Pictures were duplicated and distributed to participants, and questions related to the pictures were posed. Participants shared perceptions in group discussions about cause of homelessness and problem solving related to experiences, and NVivo, Version 9, was used for analysis.

Quantitative. Fourteen quantitative studies explored homelessness and factors related to housing. Varied methods were used including ten longitudinal (Appel et al., 2012; Edens et al., 2011; Henwood, Matejkowski, Stefancic, & Lukens, 2014; McGuire et al., 2011; Nemiroff et al., 2010; O'Connell et al., 2010, 2012; Tsai, Mares, & Rosenheck, 2011; Tsai, Rosenheck et al., 2014; Warnes, Crane, & Coward, 2013), one retrospective (Burgard, Seefeldt, & Zelner, 2012), one modified randomized clinical trial (Levitt et al., 2013), and two randomized control trials (Patterson et al., 2014; Veldhuizen et al., 2015).

Several disciplines conducted the research including social work, psychiatry, medicine, public health, and community service agencies in the U. S., United Kingdom (U. K.), Canada, and Germany. Five studies recruited veterans for the samples (McGuire et al., 2011; O’Connell, 2010, 2012; Tsai, Rosenheck et al., 2014, & Veldhuizen et al., 2015). All of the studies included participants who were diagnosed with mental illness with two exceptions (Levitt et al., 2013; Nemiroff et al., 2010). The sample sizes ranged from 29 participants (Nemiroff et al., 2010) to 48,853 participants (Tsai, Rosenheck et al., 2014). Minority groups were well represented in the studies, but more males than females were included in the samples. Among the studies, Chi square, *t*-tests, correlations, analysis of variance (ANOVA), multiple regression, logistic regression, and survival analysis were conducted. The different quantitative methods are presented next.

Longitudinal. Ten longitudinal studies were found exploring various aspects of housing after a period of homelessness. Among the studies, the samples were recruited from enrollees in housing programs including Keeping Home (Appel et al., 2012), HUD-VASH (O’Connell et al., 2010, 2012; Tsai, Rosenheck et al., 2014), and For Home (Warnes et al., 2013). The housing programs employed a HF harm reduction approach with rapid rehousing regardless of substance use disorder status (Appel et al., 2012; Edens et al., 2011; Henwood et al., 2014; O’Connell et al., 2012). Although housing was provided in each of the longitudinal studies, the extent of other services varied including counseling, employment, and substance use disorder treatment. A synthesis of the longitudinal studies is presented relative to study purpose, sample, housing program, and measures. Also, factors commonly studied are reported including services, housing satisfaction, community integration, and mental illness.

Purposes. Among the longitudinal studies, the research aims included housing retention, treatment compliance for substance use disorder, abstinence of substances, and housing placement. Only one study explored the effect of housing on a specific drug treatment, methadone adherence, including exit from the methadone treatment program, when indicated (Appel et al., 2012). The relationship between nonspecific substance use disorder, mental health treatment, and the effect of housing placement was frequently explored, particularly in veterans (McGuire et al., 2011; O'Connell et al., 2010, 2012; Tsai et al., 2011; Tsai, Rosenheck et al., 2014). Other research aims included the impact of housing upon QoL (Edens et al., 2011; Henwood et al., 2014; McGuire et al., 2011; O'Connell et al., 2012; Tsai et al., 2011, Tsai, Rosenheck et al., 2014) and housing satisfaction (Tsai et al., 2011; Warnes et al., 2013). Community integration was also examined including social support, participation in activities, and sense of settlement (Henwood et al., 2014; McGuire et al., 2011; Nemiroff et al., 2010; Tsai et al., 2011).

Samples. All of the studies employed nonprobability, convenience sampling, and only one study used quota sampling (Nemiroff et al., 2010). In select studies, samples were randomized to groups, based upon the type of treatment services (Henwood et al., 2014; McGuire et al., 2011; O'Connell et al., 2010, 2012). For instance, the sample was divided into a housed group and comparison group (Appel et al., 2012) as opposed to groups with or without substance use disorder (Edens et al., 2011).

The sample sizes ranged from 29 (Appel et al., 2012) to 48, 853 (Tsai, Rosenheck et al., 2014), although the latter source conducted a secondary data analysis using a veteran database. While gender was not always reported, more males were included in the samples ranging from 61.2% (Henwood et al., 2014) to 100% (O'Connell et al., 2012). Only one study included

females exclusively (Nemiroff et al., 2010). African Americans were well represented (O'Connell et al., 2010, 2012; Tsai et al., 2011, Tsai, Rosenheck et al., 2014), with similar results for Hispanic Americans (Appel et al., 2012, O'Connell et al., 2010; Tsai, Rosenheck et al., 2014). In one study of families, single women with children comprised the sample (Nemiroff et al., 2010). All of the studies reported that participants experienced mental illness including substance use disorder, psychosis, and PTSD with one exception (Nemiroff et al., 2010).

Setting. Collectively, seven studies involved clients who were enrolled in housing programs. Veterans enrolled in one of three transitional housing options including the Health Care Homeless Veterans (HCHV), Grant and Per Diem Program (G & PD), and Domiciliary Care for Homeless Veteran Program (DCHV) (McGuire et al, 2011). While all three groups provided housing and mental health services, variations between groups existed. The HCHV program provided community half-way houses, while the G & PD program supplied nonspecific housing. The DCHV was more comprehensive providing on-site residences at a Veterans Medical Center campus. Similarly, O'Connell et al. (2012) randomized mostly older (55%), African Americans (66%) assigned to HUD-VASH, ICM, or standard service groups. In contrast, Tsai, Rosenheck et al. (2014) explored group gender differences for persons in HUD-VASH.

Two additional studies explored the effect of housing placement for veterans enrolled in the HUD-VASH program (O'Connell et al., 2010, 2012) with differences. Group placement of veterans was reported by service provision. For instance, the HCHV program included housing vouchers and assistance with housing placement (O'Connell et al., 2010), while intensive case management (ICM) was implemented using a modified version of ACT (O'Connell et al., 2012). In both cases, case management services were provided (O'Connell et al., 2010, 2012).

Two housing programs for civilians existed. The Keeping Home Program offered Assertive Community Treatment (ACT) with rapid rehousing and methadone treatment for clients with incarceration histories (Appel et al., 2012). Whereas, the For Home program addressed rapid housing placement but no other treatment was offered (Warnes et al., 2013).

Measures. Several instruments were used to measure the variables of interest, and similarities and differences were found. In particular, the Lehman QoL scale (Henwood et al., 2014; McGuire et al., 2011; O’Connell et al., 2012) was used more frequently than the Easy Analytic Software Incorporated (EASI) QoL (Tsai et al., 2011) or Heinrich-Carpenter QoL (Tsai, Rosenheck et al., 2014) scales. Using objective and subjective questions, the Lehman QoL scale was administered to measure perceptions of overall life, social support, safety, and income in persons with mental illness. Also, dissimilar to Lehman’s QoL scale, a 7-item QoL scale, constructed by investigators, was administered to 410 adults with substance abuse or abstainers of substances (Edens et al., 2011). The self-reported scale ranged from terrible (1) to delighted (7). Validity and reliability were not reported for the QoL scales.

Similarly, no psychometrics were reported for the Addiction Severity Index (ASI), which was frequently used. The ASI assessed the frequency and severity of either alcohol or drug use over the past month (Edens et al., 2011; Henwood et al., 2014; McGuire et al., 2011; O’Connell et al., 2012; Tsai et al., 2011; Tsai, Rosenheck et al., 2014). Higher scores indicated more severe problems. Aside from substance use disorder, mental or physical health status was measured through the SF-12 (Edens et al., 2011; McGuire et al., 2011; Tsai et al., 2011), SF-36 (Nemiroff et al., 2010), or Brief Symptom Inventory (BSI) (Edens et al., 2011).

In contrast to instruments specific to health, housing status (Appel et al., 2012; Edens et al., 2011; McGuire et al., 2011; Nemiroff et al., 2010; O’Connell et al., 2012; Tsai et al., 2011;

Warnes et al., 2013), service use (Appel et al., 2012; Edens et al., 2011), and social support (McGuire et al., 2011; Nemiroff et al., 2010; O'Connell et al., 2012) were also measured. Information was collected with measures or by counting the numerical value of the variables.

Services. Service provisions included housing placement, housing subsidy, group assignment, and/or mental health services. Comprehensive services were provided in varying degrees to three groups of veterans including psychiatric care, treatment for substance use disorder, medical services, and vocational training (McGuire et al., 2011). Similarly, participants in the ICM or HUD-VASH groups received comprehensive care including employment services, substance use disorder counseling, weekly contact with staff, and priority access to housing vouchers (O'Connell et al., 2012). In contrast, the participants in HUD-VASH and TAU groups received fewer services. In one study, only the provision of Section 8 housing vouchers, including the application process and program enrollment, was reported in a group of participants enrolled in HUD-VASH (O'Connell et al., 2010).

Although substance use disorder was frequently identified, treatment, such as methadone maintenance, in combination with housing placement was infrequently described (Appel et al., 2011). For instance, treatment of substance use disorder was elective for participants enrolled with rapid housing placement through HF (Edens et al., 2011; Henwood et al., 2014). However, general support and case management were provided along with frequent assessment of mental and physical health and vocational rehabilitation for veterans in the HUD-VASH program (Tsai, Rosenheck et al., 2014).

Housing satisfaction. Housing satisfaction in relationship to housing stability was infrequently studied. Overall satisfaction with housing, neighborhood, or interpersonal relationships was explored in relationship to housing outcomes (Henwood et al., 2014; Tsai et

al., 2011; Warnes et al., 2013). Eighty adults were queried about housing and interpersonal relationships (Henwood et al., 2014), while 400 adults were questioned about satisfaction and settledness in relationship to housing type (Warnes et al., 2013). In contrast, consideration was given to the biological, behavioral, and community influences in relationship to satisfaction (Warnes et al., 2013). Although housing satisfaction was not specifically explored, satisfaction with housing program assignment was examined (McGuire et al., 2011).

Community integration. Community integration, external to housing satisfaction, was the focus of interest involving persons who recently acquired housing. Information on community characteristics was gathered from a sample of 756 adults (Tsai et al., 2011). Differences between population, location, income, education, race, and rent were analyzed. In contrast, type of residence was compared between two communities in England involving 397 single adults with mental illness (Warnes et al., 2013). Differences between subsidized housing, single unit, “studio flat”, or “bedsit” in varied locations were examined. Using a different outcome variable, community participation in relationship to QoL was explored in 80 predominantly male participants using the External Integration Scale (EIS) (Henwood et al., 2014).

Mental illness. Frequently, participants in longitudinal studies experienced mental illnesses including depression, schizophrenia, or substance use disorder. Clients were classified as High-Frequency, Moderate-Frequency, or Low-Frequency users of illicit substances, and differences in housing outcomes were explored in the absence of specific treatment (Henwood et al., 2014). Clients were also assigned to different housing options, but consistently received mental health services, if desired (McGuire et al., 2011; O’Connell et al., 2010, 2012). Few instances of the absence of mental illness existed, and in some cases, dual diagnosis was a consideration (Edens et al., 2011; McGuire et al., 2011). Mental illness was self-reported,

assessed through instruments, or noted by medical records review (Edens et al., 2011; Tsai et al., 2011; Tsai, Rosenheck et al., 2014).

Randomized trials. Three randomized control trials were found with differences and similarities. All three of the control trial studies investigated housing placement and community integration (Levitt et al., 2013; Patterson et al., 2014; Veldhuizen et al., 2015). Participants in the sample were enrolled in a housing program including Home to Stay (Levitt et al., 2013) and At Home/Chez Soi (Patterson et al., 2014; Veldhuizen et al., 2015) with random assignment to groups.

Levitt et al. (2013) surveyed 138 families with at least one child in the Home to Stay group and 192 clients in the usual care group. The Home to Stay model emphasized rapid reentry to housing to reduce recidivism by supplying a housing subsidy, while the usual care group used the services of a case worker to assist with housing. The variables of interest were episodic and recidivist homelessness, work subsidy, housing subsidy, and number of days living in a shelter.

In contrast, random assignment to groups was based upon level of need (Patterson et al., 2014). For adults with High Need (HN) and mental illness, placement included HF with ACT support or congregate housing group (CONG). For adults with Moderate Need (MN), the options included HF with ICM or TAU. Measures included the Community Integration Scale (CIS), MINI International Neuropsychiatric Interview (MINI), and Maudsley Addiction Profile.

Similar to Patterson et al. (2014), 2,194 adults with mental illness were randomized into HF or TAU group and type of intervention including ACT or ICM (Veldhuizen et al., 2015). Attrition and retention were examined, and predictors of retention were explored including recruitment date, age, length of time living homeless, substance use disorder, group assignment,

education, community integration, and gender. Instruments included the MINI and global appraisal of individual needs short screener (GAIN-SS).

Retrospective. Only one retrospective study was found using data from a previous study (Burgard et al., 2012). Because the aim of the study was to explore associations between type of housing stability and mental health/illness, similarity was found between other quantitative studies (Appel et al., 2012; Edens et al., 2011). Housing instability referred to moving due to cost, multiple moves, doubling up, behind on rent or mortgage, foreclosure, and history of housing instability (Burgard et al., 2012). A sample of 894, mostly African American or non-Hispanic Caucasians, rated their health as either poor/fair or good/excellent. Anxiety and depression were measured through the Patient Health Questionnaire (PHQ), while alcohol abuse was assessed through the Alcohol Use Disorders Identification Index (AUDIT).

Mixed methods. Eight mixed methods studies were found using varied designs, including one exploratory/explanatory (Gilmer et al., 2013), one exploratory (Tsai, Reddy et al., 2014), one descriptive (Holtrop et al., 2013), three case study evaluation (Meschede & Chaganti, 2015; Parsell, Petersen, & Moutou, 2015; Washington, Moxley, & Garriott, 2009), one secondary analysis (Meschede, 2010), and one exploratory descriptive (Gilmer et al., 2014). All of the studies, except one (Parsell et al., 2015), were conducted in the U. S. by medicine, public health, family and child services, social policy and management, and psychiatry.

The samples represented persons with SMI (Gilmer et al., 2014; Meschede, 2010), veterans (Tsai, Reddy et al., 2014; Meschede, 2010), African American women (Washington et al., 2009), providers of service (Gilmer, 2013), Australians (Parsell et al., 2015), and families (Holtrop et al., 2013; Meschede & Chaganti, 2015). Investigators mixed qualitative and

quantitative data during data analysis or when reporting interpretation of the findings. The mixed methods studies are presented based upon specific design.

Exploratory/explanatory/sequential. Two studies examined implementation of Full Service Partnerships (FSPs) to determine variation and fidelity to the principles and services of the FSP model (Gilmer et al., 2013, 2014). The mixed methods' designs, sample, and collection strategies differed. An exploratory/explanatory with a qualitative/quantitative/ qualitative sequential design was conducted by Gilmer et al. (2013). A qualitative focus group was organized to develop a quantitative survey about housing choice, philosophy, service, and program structure. The quantitative surveys were administered to staff in 93 programs, but only 20 programs were selected for qualitative field visits, client focus groups, and further staff interviews. Mixing of data was achieved through convergence, complementarity, and expansion analysis.

In contrast, Gilmer et al. (2014) conducted a descriptive, exploratory study using a qualitative/quantitative design. Quantitative surveys were completed by 86 FSP staff and followed by qualitative focus groups of 20 clients. The aim of the study was to determine the relationship between client outcomes and adherence to the principles of the FSP model, housing preferences, and services. Although the qualitative and quantitative data were analyzed separately, the data was later mixed during interpretation.

Housing services using a different program model were examined by Tsai, Reddy et al. (2014) through an exploratory approach and quantitative/qualitative design. Case management services based upon the group-intensive peer support (GIPS) model were explored in the HUD-VASH program. However, 95 predominantly male veterans, rather than service providers, completed quantitative service satisfaction surveys followed by qualitative interviews about

perceptions of the HUD-VASH program. Comparisons were made between veterans enrolled in GPS and veterans receiving individual services. Non-parametric analysis of quantitative data was supported by qualitative data that was coded, quantitized, and analyzed further.

Descriptive. Using CBPR, challenges associated with transitional housing in families, rather than individuals, were examined using a descriptive, quantitative/qualitative design (Holtrop et al., 2013). Quantitative surveys, including the Center for Epidemiologic Studies Depression Scale (CES D-10), Parenting Stress Index (PSI-SF), Parenting Practices Interview (PPI), and Eyberg Child Behavior Inventory (ECBI), were administered to 69, mostly female, parents. Semi-structured, qualitative interviews about homelessness, parenting practices, and life experiences in housing were conducted. Although analysis of the quantitative surveys and qualitative interviews was separate, data findings were mixed during interpretation.

Case study evaluation. Three case study designs were found using different collection strategies and purposes. A case study convergent, parallel, qualitative/quantitative design was used to evaluate the implementation and outcomes of the Family Home Program, which provided housing for homeless families (Meschede & Chaganti, 2015). Multiple data collection strategies were employed including in-person interviews of 155 clients, three focus groups of 13 staff, and 9 interviews of stakeholders. Interview questions centered on homelessness, housing, shelter living, health, employment, and finances. Two additional surveys were administered one year after placement about general well-being and financial health. Qualitative and quantitative data were analyzed through NVivo, Version 9 and multi-nominal regression and survival analysis respectively. Information from the qualitative data was used to support quantitative findings.

Parsell et al. (2015) also used case study evaluation, quantitative/qualitative design, to explore perceptions of 120 tenants living in supportive housing, but no interviews of staff were

conducted. Both positive and negative aspects of housing transition and services were queried through a quantitative survey followed by five qualitative questions. In particular, researchers were interested in the effects of income, age, and gender on the housing experience. Merging of quantitative data and qualitative transcripts occurred after qualitative transcripts were coded using NVivo, Version 9.

Transition to housing was also explored by Washington et al. (2009). An innovative quantitative/quantitative/qualitative design was used to facilitate Life Management Enhancement (LME). African American women were randomized into an intervention ($n = 40$) and control group ($n = 36$). After 12 sessions of cognitive behavioral training, the Personal Control Scale (PCS), Interpersonal Dependency inventory (IDI), and Mini Mental State Examination (MMSE) were administered at three collection points. Among the 76 participants, eight women were recruited to participate in narrative interviews, quilt training intervention, and quilt construction reflecting recovery.

Secondary analysis. Also exploring the transition to housing after a period of homelessness, one mixed methods study was found using secondary data analysis (Meschede, 2010). Two large medical and public health databases over a period of three years were merged and analyzed for service use patterns, demographics, and client outcomes including mental illness. Qualitative, semi-structured interviews of 36 staff and clients were conducted, and data from the qualitative interviews was used to elucidate the quantitative findings.

Empirical Review

The results of the empirical review of the literature reveals six persistent themes from the qualitative studies and nine key categories from the quantitative studies. The results of the mixed methods studies reflect both persistent qualitative themes and key quantitative categories.

Qualitative. Eleven qualitative studies were synthesized from the literature review. Six persistent themes emerged from eleven qualitative studies including meeting basic needs, overcoming barriers to housing stability, integrating into the community, adjusting to changing life, embodying home, and moving beyond homelessness.

Meeting basic needs. Meeting basic needs was necessary for survival including shelter provision and nourishment (Henwood et al., 2013). Simply having a place to sleep and bathe was a positive improvement in overall QoL (Henwood et al., 2013; Patterson et al., 2015). For instance, having shelter was required to obtain medication for a client with autoimmune deficiency syndrome (AIDS) (Burlingham et al., 2010). While homeless, medication was not taken as directed resulting in drug resistance to treatment. Given a choice, clients opted to live in permanent housing, receive a subsidy, and live in close proximity to family and friends (Fisher et al., 2014). Housing located in a familiar area with transportation and close proximity to schools promoted safety, stability, and adjustment. In contrast, long delays in acquiring housing sometimes resulted in client frustration, refusal of housing when offered, or recidivism to homelessness (Zerger et al., 2014).

Overcoming barriers to housing stability. Barriers threatened housing stability. Although basic needs were met, the need to rely on community resources and support services including food pantries persisted (Henwood et al., 2013). Recall of past problems including teen pregnancy, early marriage, and sexual abuse were difficult to reconcile in older women who were recently housed (Burlingham et al., 2010). Further, declining health, persistent substance use disorder, and impending mortality were realized (Raphael-Greenfield & Gutman, 2015). In some cases, a lack of commitment to housing retention was apparent (Chen & Ogden, 2012).

Rigid rules and regulations in shelters and supportive housing, physical and mental health difficulties, and relapsing substance use disorder were perceived as barriers to stability and daily life (Burlingham et al., 2010; Chen & Ogden, 2012; Mayberry et al., 2014). In particular, strict meal and sleep schedules disrupted typical family routines, which usually revolved around children's needs or time for seeking employment (Mayberry et al., 2014). Common problems included disjointed services, limited housing information, and inadequate healthcare (Peterson et al., 2012). Gender and criminal history restrictions resulted in separation of certain family members (Fisher et al., 2014) increasing anxiety and worry (Henwood et al., 2013). Further, clients reported that although housing promoted personal development, support services were inadequate (Polvere et al., 2013). In contrast, older clients with schizophrenia expressed gratitude for housing despite strict regulations and ambivalent feelings (Ogden, 2014).

Integrating into the community. Living in an unfamiliar neighborhood led to worry about safety and negative influences from the environment or others (Henwood et al., 2013). Interpersonal relationships, as a measure of social support, emerged through shared troubles (Peterson et al., 2012). Similarly, a respectful working relationship based upon trust between case managers and clients resulted in improved client motivation (Chen & Ogden, 2012; Polvere et al., 2013). After establishing a relationship with case managers, clients were more likely to seek help during a crisis. One caveat included the need for proper boundaries between clients and case managers while adhering to humanistic approaches to care.

Location of housing in a neighborhood was an important consideration for families (Fisher et al., 2014; Henwood et al., 2013). Choices were based on familiarity, nearby family and friends, safety, and infrastructure. However, after housing obtained, loneliness was reported (Patterson et al., 2015). Television and radio were used to break the uncomfortable silence at

home, if living alone, and friends were invited in to visit. Social isolation was a daily struggle, particularly in individuals with history of substance use disorder, but employment afforded an opportunity to reconnect with others (Polvere et al., 2013; Raphael-Greenfield & Gutman, 2015).

Adjusting to changing life. Adjusting to new living quarters and neighborhood included experiencing fear and anxiety over maintaining housing stability (Henwood et al., 2013). While some entities related to housing did not change, including the use of support services, having a place to live was associated with order and privacy, unlike the chaos of street living. When barriers were removed and time was provided to adjust to changes, clients were more motivated to maintain housing (Chen & Ogden, 2012). Compared to chronic homelessness, improved life and health resulted when affordable housing was secured (Burlingham et al., 2010).

Access to health care and social support services facilitated adjustment to changes following housing assignment (Patterson et al., 2015). However, access to permanent housing was associated with long wait times resulting in frustration and depression (Zerger et al., 2014). Case workers spent more time managing housing arrangements or problems with rentals rather than providing support services. Also, living alone resulted in social isolation, and time was needed to adjust to quiet and solitude (Patterson et al., 2015; Peterson et al., 2012; Polvere et al., 2013).

Embodying home. Persons expressed the ability to create a home through organization and routines (Henwood et al., 2013). Sources indicated that acquiring a home was perceived as a place to help oneself, preserve the family unit, and imagine the future (Fisher et al., 2014; Polvere et al., 2013). Adding pictures and other decorative items reflected personal style (Ogden, 2014). To foster family processes, including consistent discipline practices, parents reported using secret codes with older children in public, if misbehavior occurred (Mayberry et al., 2014).

Further, a place to live with privacy and autonomy, despite owning few material items, constituted a serene home (Burlingham et al., 2010).

In contrast, clients with SMI complained that being housed did not constitute being home (Ogden, 2014). For example, clients living together did not add personal touches to the interior environment or exchange verbal interactions. Also, a sense of waiting for a home persisted in clients, particularly when housing was associated with stringent housing regulations and restrictions. For instance, one client was unable to smoke indoors, as desired, due to apartment regulations.

Moving beyond. Relying on personal strength and resilience during adversity, a sense of pride was reported along with the realization that survival skills may be useful during new beginnings (Henwood et al., 2013; Ogden, 2014). Once relationships were established, persons made choices about visitors in the home. Leaving behind negative past histories of domestic abuse, violence, or substance abuse was necessary to foster a fresh start (Burlingham et al., 2010). Being treated with respect and positive regard and receiving needed support helped the client to set a healthy pace for forging new relationships (Chen & Ogden, 2012). Reconnecting with family or friends and renewing personal identity occurred after housing was received (Ogden, 2014). Reflecting on individual circumstances, searching for meaningful activities, and practicing altruism through occupation were productive changes (Henwood et al., 2013; Peterson et al., 2012; Raphael-Greenfield & Gutman, 2015).

However, scrutiny from staff about parenting practices or discipline resulted in inquiry from child protective services (CPS) (Mayberry et al., 2014). Sometimes, surveillance and scrutiny was diminished by parents, who focused on positive aspects of the child-parent relationship and reframed negative situations. Yet, negative perceptions, substance use disorder

relapse, and recidivism prevented transformation to a different life (Burlingham et al., 2010; Ogden 2014; Raphael-Greenfield & Gutman, 2015).

Quantitative. Fourteen quantitative studies were synthesized from the literature review. Fourteen studies yielded nine key categories related to housing including sociodemographic factors, housing programs, housing tenure, housing satisfaction, housing instability, support services, community integration, quality of life, and mental illness.

Sociodemographic factors. All of the studies collected data about sociodemographic factors such as age, gender, and race, but few differences were found. More males than females were included in the samples (Appel et al., 2012; Edens et al., 2011; McGuire et al., 2011; O’Connell et al., 2010, 2012; Warnes et al., 2013), ranging from 61.2% (Edens et al., 2011) to 95% (McGuire et al., 2011), but only one study exclusively recruited women for the sample (Nemiroff et al., 2010). Both males and females remained housed over time regardless of substance use disorder (Edens et al., 2011). However, women forged relationships with housing staff sooner and more effectively than males despite having dependent children (Tsai, Rosenheck et al., 2014). Females reported less alcohol abuse (31.5%) and higher PTSD (36.6%) than male counterparts (48.7%, 21.12%).

Employment, education, and incarceration history were infrequently measured (Burgard et al., 2012; Edens et al., 2011). The length of time individuals were homeless was underreported ranging from one day to forty years (McGuire et al., 2011; Warnes et al., 2013). Marital or relationship status was also infrequently reported, although participants were more likely to be divorced in two studies regardless of gender (O’Connell et al., 2010; Tsai, Rosenheck et al., 2014).

For African Americans enrolled in the HUD-VASH program, fewer homeless days, reduced substance use, and less days spent in an institution were reported (O’Connell et al., 2012). Further, when African Americans moved into housing in a community with other African Americans, more social support and less psychological distress was reported (Tsai et al., 2011). However, African Americans enrolled in a methadone treatment program were less likely to be housed over time (Appel et al., 2012) and entered housing programs later than other groups (O’Connell et al., 2010).

Veterans were included in the sample of several studies (McGuire et al., 2011; O’Connell et al., 2010, 2012; Tsai et al., 2011, Tsai, Rosenheck et al., 2014). Tsai, Rosenheck et al. (2014) noted that women veterans entered the HUD-VASH program earlier (9.93 days) than male veterans. Female veterans also spent more time with family and friends, while males remained in housing for longer periods of time.

Housing programs. The HF model was the overarching framework for various housing programs. Five types of HF housing programs promoted housing stability and recovery without mandating abstinence or treatment of substance use disorder. The programs included Keeping Home (Appel et al., 2012); Home to Stay (Levitt et al., 2013), HUD-VASH (O’Connell et al., 2010, 2012; Patterson et al., 2015; Tsai, Rosenheck et al., 2014), At Home/Chez Soi (Veldhuizen et al., 2015), and For Home (Warnes et al., 2013). Aside from specific programs by name, two additional studies used HF with group assignment based upon participation and service provision (Henwood et al., 2014; McGuire et al., 2011).

Each study using the HF model, recruited clients who experienced mental illness including depression, schizophrenia, substance use disorder, or dual diagnosis. Mostly, civilian families and individuals were recruited; however, the HUD-VASH program was only available

to veterans. In five studies, clients were randomly placed into two to four subgroups (Henwood et al., 2014; McGuire et al., 2011; O'Connell et al., 2010, 2012; Patterson et al., 2014). Variation in subgroup was related to type of housing or support services.

Housing tenure. Overall, housing stability, in reference to the amount of time spent in housing, improved (Nemiroff et al., 2010). Veterans remained in the HUD-VASH program 2.6 ($SD = 578$) years, and longer stays were found in older females (O'Connell et al., 2010). However, significant differences ($p = .00$) were found in length of stay for clients by program type and treatment services (McGuire et al., 2011). For example, veterans stayed 306 ($SD = 225.03$) days in the G & PD program compared to 160 ($SD = 111.16$) days in the DCHV program. Better outcomes were associated with the HUD-VASH enrollees (O'Connell et al., 2012), who lived in housing 61.6 ($SE = 1.8$) days in comparison to 45.6 ($SE = 2.7$) days in the ICM group. In contrast, veterans enrolled in the HUD-VASH program declined substantially from 43,853 to 29,203 over one year, but reasons for attrition were unclear (Tsai, Rosenheck et al., 2014).

The average length of stay (376 days) for families in the Home to Stay program was less than the average length of stay (449 days) for families receiving standard care (Levitt et al., 2013). Housing tenure was compared between clients in the Keeping Home program and control group (Appel et al., 2012). After one year, 81% of clients in the Keeping Home program retained housing as compared to 36.7% of the control group. Similar findings were reported after the second year, despite overall decreases in both groups. Differences were also found among participants who were recently housed (Nemiroff et al., 2010). Women in a family with children who were receiving a subsidy had greater odds of being stably housed than women without

children who lacked a subsidy. Instead of housing tenure, attrition rates were reported for clients enrolled in the At Home/Chez Soi program (Veldhuizen et al., 2015). Significant differences ($p < .001$) in attrition were found between the HF (7.8%) and TAU (21%) groups.

Housing satisfaction. More satisfaction with housing placement was reported in clients living in a private residence than those in “bedsits” (Warnes et al., 2013). Despite slight decreases over time, satisfaction was related to the neighborhood environment, transportation availability, and accommodation. Negative features of housing, including rental payment problems and higher crime rates, were associated with less housing satisfaction. However, negative features did not impact the 78% retention rate at 15 months. Similarly, overall satisfaction related to housing, finances, and family relationships improved over time in clients with PSH (Henwood et al., 2014). High satisfaction was reported in veterans assigned to housing including recommending the program to friends and family (McGuire et al., 2011).

Housing instability. Housing instability referred to frequent moves, return to homelessness, or termination of housing (Burgard et al., 2012). Reasons for housing instability included poor accommodation, crime, lack of affordability, and difficulties with the landlord (Henwood et al., 2014; Warnes et al., 2013). Termination from housing was frequently related to persistent substance use disorder, loss of housing subsidy, and intolerance of case management services (O’Connell et al., 2010). Moving was associated with inadequate finances, fair or poor health, and being single (Burgard et al., 2012). Although data were available about the numbers of clients who left housing, reasons for termination and whereabouts were unknown (Appel et al., 2012; Tsai, Rosenheck et al., 2014).

Support services. Several studies provided support services including treatment of substance use disorder, counseling, or employment placement after housing was acquired.

Clients receiving methadone maintenance treatment had higher housing retention and better adherence to methadone treatment (Appel et al., 2012). Similarly, interviews, links to employment, and counseling were provided along with housing subsidies to veterans and families (Levitt et al., 2013; O'Connell et al., 2012). African Americans who reported larger social networks and religious affiliation were more likely to participate in support services (O'Connell et al., 2012). Service use was evaluated in high frequency substance use and abstainers (Edens et al., 2011), but no differences were reported in mental and physical health care or 12-step programs including Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).

Other differences are noteworthy. Case managers provided more employment opportunities and interpersonal encounters with female veterans than male veterans (Tsai, Rosenheck et al., 2014). Work and housing subsidies were evaluated through survival analysis of two groups (Levitt et al., 2013). Clients in the Home to Stay group fared significantly better in outcomes than the standard care group. Further, clients receiving higher amounts of subsidies were able to exit shelters more quickly.

Aside from subsidies, a better working alliance was found between case workers and female veterans, who had greater social support than males (Levitt et al., 2013; O'Connell et al., 2010). However, more time was spent on housing placement than other support services (O'Connell et al., 2010). Female veterans were more willing to double up with others and more likely to have children. Further evidence exists for differences in social support. Younger women with children were more likely to receive a housing subsidy, obtain higher income, and report satisfaction with social support (Nemiroff et al., 2010). Higher social support was also reported in African Americans when placed in communities with a higher proportion of other African Americans and fewer Caucasians (Tsai et al., 2011).

Community integration. Clients with comorbid mental illness had fewer social interactions over time, and differences were found between clients with and without mental illness ($p < .01$) (O'Connell et al., 2012). Social contact with familiar persons was more frequent in persons without dual diagnoses ($n = 41.3$) than persons experiencing comorbidity ($n = 35.3$) over a period of 90 days. Community activities included visits with family and friends, church attendance, shopping, sporting events, and volunteer work (Henwood et al., 2014). The degree of involvement varied considerably ranging from 3.8% (political rally) to 92.5% (public transportation), but no significant differences were found in activities between two different intervals.

In one study, community integration referred only to housing placement, and no other indices of community were assessed (Levitt et al., 2013). Although community integration was not specifically measured, weekly visits and financial support from family resulted in higher satisfaction scores (Warnes et al., 2013). Other sources of satisfaction related to the community and feeling settled included transportation ($p = .000$), helpful landlord ($p = .000$), and nearby shopping ($p = .000$).

Different aspects of community integration were measured including physical, psychological, and social aspects (Patterson et al., 2014). Although physical activities remained stable across groups, an improvement ($p \leq .05$) in psychological integration was noted in the CONG, who reported knowing their neighbors (AOR = 1.54) more than the ACT group (AOR = .065). Neighborhood satisfaction in relationship to location and travel was reviewed by Tsai et al. (2011). A negative correlation was found between Brief Symptom Inventory and psychosis and neighborhoods with higher proportions of African Americans and population density.

Satisfaction with community initially improved as education, proportion of Caucasians, and income increased, but further analysis revealed insignificant differences.

Quality of life. Based upon the Lehman QoL instrument, scores on QoL were reported, and the relationship between comorbid mental illness and QoL was significant ($p < .05$) (O'Connell et al., 2012). Likewise, significant differences ($p < .001$) were noted between veterans who did and did not have substance use disorder. QoL using an unnamed instrument was measured. The findings indicated that worse mental health scores and QoL were reported despite employment stability (Edens et al., 2011). Further, clients with substance use disorder spent longer periods of time in corrections.

QoL in relationship to processing times for housing placement was underreported. Tsai et al. (2014) indicated that both males and females waited 40 days to be enrolled in HUD-VASH, 40 days to receive a subsidy, and 50 days to secure a lease once the subsidy was received. Females were admitted to HUD-VASH sooner and had fewer incarceration histories than males. QoL in relationship to housing, family relationships, and finances was measured over time in SMI clients who recently acquired housing (Henwood et al., 2014). Statically significant differences were noted over time in satisfaction with housing ($p < .001$), family ($p = .03$), overall finances ($p = .018$), and income ($p = .001$). Mental illness did impact QoL, but improved QoL was not associated with community activities.

Physical and mental illness. Treatment of illness through structured programs is frequently studied. Clients with substance use disorder enrolled in a housing program remained in the methadone maintenance treatment (64.5%) longer than the comparison group (33%) at the first assessment (Appel et al., 2012). However, differences due to demographics, homelessness, and illness severity were not considered. Female veterans, more than male veterans, had less

frequent cardiovascular disorders, liver disease, and substance abuse, but also experienced higher rates of depression and PTSD (Edens et al., 2011; Tsai, Rosenheck et al., 2014). Rates of mental illness were 75.5%, and 72.35% also had substance use disorder (Tsai et al., 2011). In comparison, 67% of clients reported at least two medical disorders and 9 out of 10 had substance use disorder (McGuire et al., 2011).

African Americans enrolled in HUD-VASH had significantly less substance use disorder after being housed than Caucasians (O'Connell et al., 2012). However, comorbidity was associated with less improvement over time for all groups. African American veterans received treatment contracts 4.4 days sooner than other groups, but entered housing 7.2 days later (O'Connell et al., 2010). Veterans with dual diagnosis acquired housing vouchers and housing much quicker than veterans with only one illness. Decreased outpatient mental health care services were reported in HF substance use and abstainers once housing was obtained (Edens et al., 2011). Consequently, the total expenditures for mental health care declined. Self-reported health ranging from poor to good was related to type of housing instability (Burgard et al, 2012). Individuals experienced anxiety and depression related to moving several times, inability to pay rent, or doubling up with others.

Mixed Methods. Eight mixed methods studies related to establishing a home revealed both qualitative themes and quantitative factors. Six persistent themes emerged from the qualitative data including making housing choices, integrating into the community, assuming role and responsibility, moving on, handling challenges to housing stability, and feeling satisfied with housing. Six key categories identified from the quantitative analysis included sociodemographic factors, fidelity to the model, housing choice, housing outcomes, barriers to housing stability, and coping with mental illness. The qualitative and quantitative findings were

mixed in the studies during data analysis or interpretation, which is reflected in the following synthesis.

Housing programs/outcomes. Housing programs were the focus of interest in four studies (Gilmer et al., 2013, 2014; Meschede & Chaganti, 2015; Tsai, Reddy et al., 2014). Implementation of the FSP model including service provision and housing acquisition was examined for clients with SMI (Gilmer et al., 2013, 2014). Data gathered from focus groups of staff, quantitative survey, field visits, and interviews (Gilmer et al., 2013) revealed that fidelity of the FSP principles and philosophy varied among programs. In fact, few high fidelity programs were found. Among the domains of interest, the benchmarks for housing choice and separation of housing and other services were infrequently reached.

Similarly, fidelity to the principles of the Full Service Provider (FSP) model was reviewed to determine the differences between high or low fidelity to the model and housing outcomes (Gilmer et al., 2014). High fidelity programs reached the benchmark for housing choice, structure, and separation of housing services. Clients reported that choice of apartment and location helped to meet personal goals and needs. Higher fidelity was found in programs with staff possessing personal values similar to the FSP's philosophy. For clients in high fidelity programs, the number of days in corrections or homelessness declined.

Different from FSPs, the implementation of Family Home was assessed, which included a housing subsidy and support services for two years (Meschede & Chaganti, 2015). The findings of a survey evaluating program goals indicated that clients reported satisfaction with the program. One complaint was that the subsidy should have been provided for more than two years due to personal challenges and perceived barriers. Using a different model, veterans in HUD-VASH program completed surveys and interviews evaluating satisfaction with group intensive

peer support (GIPS) and case management (Tsai, Reddy et al., 2014). No differences were found in satisfaction between veterans who did attend group sessions and veterans who did not attend group sessions. Similarly, clients and staff reported satisfaction with rapid re-entry and subsidized housing support (Meschede & Chaganti, 2015; Tsai, Reddy et al., 2014).

Sense of community. For persons enrolled in housing programs or simply assigned to a housing unit, a sense of community was frequently reported. Parents residing in transitional housing reported positive and negative aspects of living in a community (Holtrop et al., 2013). Being part of a community came with support as well as scrutiny. Although, the community provided respite from prior adverse circumstances, such as violence, living in a community may be difficult to bear. Rigid rules and regulations associated with subsidized housing units and loss of contact with family were reported (Holtrop et al., 2013; Parsell et al., 2015). Rude or intimidating neighbors who use illicit substances created an unsafe, uncomfortable environment (Parsell et al., 2015).

Nevertheless, clients viewed supportive housing as a home, which fostered a sense of belonging to a community (Parsell et al., 2015). Community also involved support, feedback, and social interaction in various settings including groups (Parsell et al., 2015; Tsai, Reddy et al., 2014; Washington et al., 2009). In one study, clients planned measures to remain in housing even when subsidies were no longer provided (Meschede & Chaganti, 2015).

Unique role and responsibility. Role and responsibility of staff was considered in three studies (Gilmer et al., 2013, 2014; Meschede & Chaganti, 2015). The importance of staff values and prior experience was considered in reference to adherence to FSP model (Gilmer et al., 2013, 2014). Staff who recognized the worth of all clients and desired an improvement in the client's QoL were associated with high fidelity programs. In contrast to staff, improved well-being was

reported in clients once housing was obtained (Holtrop et al., 2013; Meschede & Chaganti, 2015). Being a parent was particularly difficult in transitional housing. Parents reported higher stress levels and depression, despite using positive discipline practices and expectations. Although the joy of parenting was expressed, challenges included interference from staff and neighbors over parenting practices.

Challenges to stability. Multiple challenges were reported after being housed. Recovery was perceived as a process with barriers and facilitators (Parsell et al., 2015; Washington et al., 2009). Perceived obstacles included factors that undermined client autonomy such as housing regulations or living in an unsafe neighborhood (Meschede & Chaganti, 2015; Parsell et al., 2015). For some clients, coping with persistent mental illness and continued stress were difficult challenges (Holtrop et al., 2013; Meschede, 2010). In fact, negative consequences including homelessness, substance use disorder, and death, were associated with high risk male clients who exited treatment or housing (Meschede, 2010). Further, clients reported difficulty when working with staff about housing decisions when staff were uncaring and unsupportive (Gilmer et al., 2013, 2014). Fear over finances and affordability of housing were pressing concerns (Holtrop et al., 2013; Washington et al., 2009). Continued challenges included less education, lack of training, continued poverty, limited transportation, inadequate child care, and unemployment (Holtrop et al., 2013; Meschede & Chaganti, 2015, Washington et al., 2009).

Recovery and beyond. Recovery from homelessness and acquiring a home was associated with a hopeful future, caring community, and resilience despite challenges (Washington et al., 2009). Women recalled building interpersonal connections, socializing, and skill building which facilitated healing from trauma. Acquiring housing and other services afforded new opportunities including employment, health care, and counseling (Holtrop et al.,

2013). Optimism, gratitude, and adjustment were important considerations in moving beyond homelessness to create a better life. Being female and older age was more frequently associated with moving into a residence and accepting assistance than male counterparts (Meschede, 2010). Despite increased stress, the desire to gain an education was reported by clients who were attending college or computer training (Meschede & Chaganti, 2015). However, staff focused on paying rent or building a good relationship with landlords instead of future client goals.

Summary

Thirty-three studies were synthesized related to housing and home. Among the eleven qualitative studies, two phenomenology, two grounded theory, three descriptive, one case study, two exploratory, and one photovoice were found. Data collection strategies included interviews, focus groups, field observations, and photography. Six persistent themes from the eleven qualitative studies included meeting basic needs, overcoming barriers to housing stability, integrating into the community, adjusting to changing life, embodying home, and moving beyond.

The fourteen quantitative studies included ten longitudinal, one retrospective, one modified randomized clinical trial, and two randomized control trials. Among the quantitative studies, nine key categories were identified including sociodemographic factors, housing programs, housing tenure, housing satisfaction, housing instability, support services, community integration, quality of life, and physical and mental illness. Instruments measured variables including addiction, housing stability, mental illness, QoL, and housing satisfaction. Many of the studies focused on housing placement involving persons with mental illness

Eight mixed methods studies were found using varied designs. Among the eight mixed methods studies, qualitative and quantitative findings were merged during data analysis. The

findings reflect persistent themes and key categories including housing programs/outcomes, sense of community, unique role and responsibility, challenges to stability, and recovery and beyond.

Gaps in Research

Among the 34 studies reviewed, gaps in research were identified. Two gaps associated with the qualitative studies included a lack of studies exploring the structure of meaning of establishing a home and few studies including families, single parents with children, or veterans. The qualitative studies explored homelessness and the impact on housing stability, employment, housing choices, personal expectations, and family processes. Although one study of persons experiencing schizophrenia explored the meaning of housing and home through life history, few studies distinguished between housing and home. This proposed study adds the dimension of the structure of meaning of the lived experience of establishing a home from past, present, and future perspectives.

The gaps related to quantitative research include few randomized control trials and samples comprised of families and civilian individuals. Several studies included persons experiencing mental illness with an emphasis on housing placement. More studies are needed exploring the influence of specific types of support, staff roles, and community integration as well as factors related to housing satisfaction and housing stability. Gaps in the mixed methods studies included few studies were found exploring the experience of housing and home. Varied designs were used, although more studies using evaluation, exploratory, or explanatory designs are needed involving clients and staff perspectives.

Chapter 3: Method

A phenomenological study has been proposed to address the research problem. The problem is that little is known about the experience of persons who are re-establishing life in a home after being homeless. In this study, the lived experience of establishing a home is the phenomenon of interest. The theoretical framework includes phenomenology (van Manen, 1990) and story theory (Smith & Liehr, 2014). The aim of phenomenology is to acquire a deeper understanding of the structure of meaning of daily experiences (van Manen, 1990, 1997). Unique personal insights about establishing a home are gathered from collective narratives using the principles of story theory (Smith & Liehr, 2014). This chapter presents the overall research design including theoretical underpinnings used to guide the research, research method, sample, human rights, trustworthiness, and ethical considerations.

Research Design

Hermeneutic phenomenology. Hermeneutic phenomenology is a philosophical approach used to describe the essence of the lifeworld from prereflective narratives (van Manen, 1990). A human science, phenomenological research “is a caring act: we want to know that which is most essential to being” (van Manen, 1990, pg. 5) in order to more fully understand the nature of everyday experiences. Through systematic, explicit, and thoughtful inquiry, the essence of the lifeworld is revealed by staying oriented to the phenomenon. The question, “What is this phenomenon?” is posited, and the answer is revealed in a rich description of the structure of meaning. This “action sensitive knowledge” (van Manen, 1990, pg. 21) is evident in an evocative and poetized written description.

In this study, the research question was “What is the structure of meaning of the lived experience of establishing a home after being homeless?” Six, dynamic activities fundamental to conducting hermeneutic phenomenological research were used to guide the research including (a) turning to the phenomenon of interest; the phenomenon of serious interest to the investigator is establishing a home after a period of homelessness, (b) investigating the lived experience as it exists; while oriented to understanding the meaning of the phenomenon, the investigator gathers the story by posing three questions using a past, present, and future frame of reference, (c) reflecting on identified themes; through rereading and reflection, themes are lifted from the core qualities from all of the stories, (d) writing an iterative, rich description of phenomenon; the investigator captures the essence of the phenomenon by using anecdotes of the participants, (e) maintaining a disciplinary orientation to the phenomenon; maintaining a strong orientation involves writing about the unique reality with depth and breadth, and (f) balancing the parts in relationship to the whole of the phenomenon; the investigator intertwines the description and interpretation of the parts in relationship to the whole during writing (van Manen, 1990).

Story theory. Similar to phenomenology, the story path, along with three core concepts of (a) intentional dialogue, (b) connecting with self-in-relation, and (c) creating ease, was used to gather the story using questions framed in a present, past, and future manner (Smith & Liehr, 2014). Applying intentional dialogue, the investigator initiated a conversation with a participant by posing questions related to the complicated health challenge of establishing a home. The first question was directed to present day living in the home. The past question was related to the experience of homelessness, and the final question queried the future perspective of establishing a home. During purposeful engagement, the investigator used true presence and attentive listening to guide the participant in connecting with self-in-relation during recall of present, past,

and future story moments. Through reflective awareness, the participant shared feelings, thoughts, memories, and experiences leading to clarity about the meaning of establishing a home. As the conversation continued, the investigator remained immersed during storytelling using minimal verbal responses and prompts. Creating ease occurred, and the story of establishing a home emerged as disjointed moments came together in a unified whole of the lived experience.

Sample Selection

The inclusion criteria for the study were developed from information obtained through discourse with local agency staff working with this population and the dissertation committee during the proposal defense. In addition, the inclusion criteria were examined and confirmed in light of the literature review synthesis in Chapter 2. Further, the rationale for the time intervals for homelessness and housing was to capture fresh perspectives of the lived experience of persons who have left homelessness behind and recently acquired housing (Jost, Levitt, & Porcu, 2010). The inclusion criteria (Table 1) included alert and oriented adults (at least 18 years old) who

- reported English as the primary language,
- experienced homelessness at least one month,
- lived in a residence no more than five years, and
- provided written consent willingly.

The exclusion criteria included adults who were not willing to give written consent and youth exiting foster care or less than 18 years old. The rationale for excluding youth was due to feedback from the dissertation committee during the proposal defense and challenges associated with obtaining consent from legal guardians or parents (Kiraly & Humphreys, 2015). Further,

Reilly (2003) indicates that identifying and locating foster youth, foster parents, and biological parents is extremely difficult.

Prior to recruitment and data collection, permission for implementation of the research was obtained from the dissertation committee following the dissertation proposal defense meeting. A letter of authorization to recruit and interview in a private office at a local health clinic was obtained. A recruitment flyer about the proposed study including study purpose, inclusion criteria, protection of confidentiality, and contact information for enrolling in the study was prepared (Table 2). Approval of the proposed expedited study by the Institutional Review Board (IRB) was requested and granted.

Both purposive sampling and snowball sampling (Polit & Beck, 2012) were employed. Initially, participants voluntarily telephoned the investigator to arrange for an appointment. Two early volunteers recommended possible, future participants who contacted the investigator. The actual number of participants recruited for the sample depended upon achievement of data saturation or redundancy in details, meanings, and patterns of the phenomenon. In order to ensure data adequacy, additional cases were included. Even though a sample of ten is considered adequate in phenomenological studies, a decision was made to include four additional persons. Thus, a total of 14 participants agreed to participate and were entered into the study.

Data Collection

Data collection involved a series of steps beginning with direct recruitment from a local health clinic. In order to establish trust with agency staff, the investigator attended three interdisciplinary meetings and described the study purpose, method, inclusion criteria, and recruitment strategy. Questions posed by the staff were addressed, and flyers were provided to members of the committee for distribution (Table 2). The staff offered to assist with introduction

of the investigator, if the participant desired. A recruitment flyer was posted at a local health clinic, local public library, and apartment complex located in north central West Virginia.

Data collection began in September and was completed by the end of October of 2016, when data saturation was achieved. The process of data collection included the following steps:

1. Interested participants contacted the investigator by telephone, and inclusion criteria were reviewed (Table 1).
2. The date and time for an appointment was scheduled with the participant in a private, quiet office at a local health clinic or another office off site.
3. Prior to the interview, the consent form was read aloud including the study protocol and how confidentiality would be protected. An opportunity to ask questions and clarify information was provided. After the signature was obtained, a copy of the consent was provided, and telephone contact was confirmed.

Story gathering began in the present, turning to the past, and finishing with the future using three questions rooted in story theory (Smith & Liehr, 2014). The three questions (Table 3) were:

1. “Tell me about what it is like living in your current home.”
2. “Thinking about the past, talk to me about what it was like to be homeless; how were you able to find a home?” and
3. “How do you see yourself moving forward to establish a home in your present house?”

After each story was finished, a twelve-item demographic survey was read to the participant and completed. The survey items included age, sex, race, veteran, marital and employment status, and other items (Table 4). After the survey was completed, the participant

was given a token of appreciation for participation. Interviews were digitally recorded and ranged in length from 30 to 45 minutes. Interviews continued until data saturation was achieved.

Within 48 hours of the interview, the transcript was reviewed and transcribed verbatim for each of the 14 interviews. A journal entry of the thoughts and feelings of the investigator was written after each interview. After transcription of the interviews, the stories were read initially for overall accuracy and reread to confirm data saturation prior to data analysis.

After the stories were reconstructed, eight participants were contacted for a second interview, and seven participants were willing to meet. The primary purpose of the second interview was to establish credibility of the findings and determine whether the reconstructed stories revealed the true nature of the phenomenon as told by the participants. Both the participant and investigator had a copy of the reconstructed story to read and review. In one case, the story was read aloud because the participant was unable to read. It was also important to determine if the participants wanted to provide additional information. Participants were asked:

1. “What was it like to read your story about establishing a home?”
2. “How does this story match your experience of establishing a home?” and
3. “Is there anything else that you would like to add to your story?”

The results of the second interview are presented after the findings.

Bracketing. Bracketing was employed by the investigator in order to avoid bias and presupposition. Personally, knowledge about the lived experience of establishing a home was limited to review of existing research and exposure to persons who have experienced homelessness. Previously, I instructed a psychiatric nursing course which included clinical instruction. Thus, I have cared for clients admitted to the behavioral health unit in a general hospital or involuntarily committed to a state mental institution who previously experienced

homelessness. Further, as a volunteer at a local shelter, I have interacted with persons currently experiencing homelessness.

Realizing that preconceived notions about homelessness and rehousing may exist, journaling about personal thoughts, theoretical biases, and presuppositions ensued prior to story collection. Further, an audit trail was initiated to ensure rigor. Information contained in the journal was discussed with my dissertation chair. During storytelling, transcription, and rereading of the stories, personal knowledge, opinions, and understanding were temporarily suspended and written in the journal. This process of reflection, writing, and discussion with the dissertation chair continued throughout data analysis and descriptive writing of themes.

Data Analysis

van Manen (1990)'s approach to data analysis was used to extract themes after stories were gathered using the story path (Smith & Liehr, 2014). Data analysis involved four phases. First, following transcription, each story was read to determine an overall sense of meaning and salient points. A reconstructed story including a beginning, middle, and conclusion was composed using the participant's words (Smith & Liehr, 2014). Comparisons between the transcripts and reconstructed stories were made to determine congruence. Second, van Manen's (1990) line-by-line approach was employed. Each sentence in the story was thoughtfully read while considering, "What is being revealed about the true nature of establishing a home?" During this phase, descriptive statements essential to the phenomenon were identified for each story through selective reading. During the third phase, the descriptive statements were reviewed to identify core qualities for each participant's story. A core quality is property that defines a phenomenon (Smith & Liehr, 2014). A listing of the descriptive statements and the corresponding core qualities was created in preparation for thematic analysis. In the fourth phase,

interpretative synthesis involved lifting the core qualities to abstraction to explicate themes. A theme is a construct which describes the meaning of core qualities collectively and reflects the essence of the phenomenon. The themes were synthesized into a structure of meaning to describe the lived experience of establishing a home after experiencing homelessness.

Trustworthiness

To insure trustworthiness of the phenomenological study, four constructs were considered including credibility, transferability, dependability, and confirmability (Lincoln and Guba, 1985; Shenton, 2004). Credibility refers to the quality of truthfulness of the findings in congruence with what is actually experienced by participants (Shenton, 2004). Strategies to promote credibility included developing appropriate research questions and establishing a working relationship with staff. Member checks, or review of the reconstructed stories, by participants, was conducted to determine data accuracy. A journal of personal reflections, including bracketing biases and presuppositions, was maintained by the investigator during data collection and descriptive writing. Frequent debriefing sessions (Polit & Beck, 2012) including journal review were scheduled with the dissertation chairperson, considered an expert in qualitative research.

Transferability includes extrapolating the findings provided that the contextual factors are similar (Shenton, 2004). One measure used to ensure transferability included composing a rich description of the structure of meaning so that the reader may fully understand the findings. In order to enhance transferability of themes to studies with similar design and context, the investigator ensured data saturation during sampling and provided necessary context as well as details about the research design.

Dependability or stability of the data is closely related to credibility or trustworthiness (Polit & Beck, 2012; Shenton, 2004). Strategies to enhance dependability included a thorough description of the research protocol including details about the interview process and data collection. Following reconstruction of the stories, participants confirmed the findings during the second interview. Also, the investigator used iterative reflection and writing throughout the research process, including writing the description, with guidance from the dissertation chair.

Confirmability is defined as objectivity, meaning the findings of the study truly reflect the phenomenon through the lens of the participants (Shenton, 2004). The context and meaning of the transcripts must accurately represent the participants' voices (Polit & Beck, 2012). The investigator confirmed accuracy of the transcription by comparing the written and digital recordings of the conversations. One method to protect confirmability included identification of investigator bias through bracketing presuppositions in a journal and periodic debriefing with the dissertation chair. An audit trail of the concepts identified in the research question was also used to track the research progress.

Human Rights and Ethical Considerations

Human rights and ethics were given careful consideration to protect participants, promote beneficence, and prevent malfeasance. As indicated in the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979), a balance between minimal risks and potential benefits of the proposed study is paramount.

The primary benefit of the study may increase knowledge about the phenomenon of establishing a home after living in a homeless condition. Information gained from the analysis may guide nursing practice and local policy development. The main benefit to the participant

was sharing one's personal story allowing expression of negative feelings or decreasing stress. An added benefit was sharing past, present, and future stories, which may enhance the participant's personal understanding (Iaquinta, 2015).

The research protocol for an expedited study, including a consent form and full financial disclosure, was submitted to the IRB for approval prior to data collection. Once IRB approval was obtained, an informed consent was provided to participants. The consent indicated the risks of harm and included an option to decline or withdraw participation in the study at any time. Further efforts to ensure informed consent included a verbal explanation of the study, opportunity to ask questions, and written information explaining the study purpose and protocol.

Disclosure of personal problems may precipitate negative emotions (Morse, 2007). Sharing difficult problems and negative histories may result in re-experiencing painful circumstances. A data safety monitoring plan (DSMP) was developed in advance of data collection, which included a list of mental health professionals and community resources.

To foster beneficence and protect confidential information, the conversation was scheduled in a private office and safe, convenient location. Following completion of the digitally recorded interviews and transcription of the data, an identifying number was assigned to each transcript rather than the participants' names to ensure privacy and confidentiality. The files were erased, and transcripts were stored in a locked filing cabinet in the dissertation chair's office at West Virginia University for a period of three years. After three years, the tapes and transcripts will be destroyed.

Summary

A phenomenological study addressed the research question, which was, "What is the structure of meaning of the lived experience of establishing a home after being homeless?"

Following defense proposal and IRB approval, a sample was recruited based upon inclusion criteria from governmental, housing, and community agencies. Story theory (Smith & Liehr, 2014) framed the data collection querying past, present, and future perspectives, while van Manen's (1990, 1997) analysis was used to explicate themes from the reconstructed stories. Specific strategies were used to safeguard credibility, transferability, dependability, and confirmability. Activities to foster beneficence, reduce risk, and protect human rights were ensured through specific measures including identification codes, informed consent, and locked filing cabinets.

Chapter 4: Presentation of Findings

A phenomenological study was conducted to address the question, “What is the structure of meaning of the lived experience of establishing a home after being homeless?” The theoretical framework included phenomenology (van Manen, 1990) and story theory (Smith & Liehr, 2014). Phenomenology (van Manen, 1990) attends to meaning and interpretation of the life world, while story theory is used to guide the collection of conversations about the lived experience (Smith & Liehr, 2014).

This chapter presents a description of the 14 participants, comprehensive analysis of the stories, and findings of the study. Data analysis was conducted using four of the six strategies, according to van Manen (1990) including (a) reflecting on identified themes, (b) writing a rich description, (c) staying oriented to the phenomenon, and (d) balancing the parts in relationship to the whole. The structure of meaning of the lived experience of establishing a home after being homeless is presented including identified themes and supporting anecdotes using the participants’ own words.

Description of Participants

Fourteen participants completed sociodemographic surveys, which were hand-tabulated. The participants were assigned a number starting with number one and continuing in the order of when they were interviewed. Nine males and five females with ages ranging from 23 years old to 69 years old participated in the study. Among the participants, there were ten Caucasians, two African-Americans, one Native Indian, and one Puerto Rican. Five participants were divorced, and the remainder included one widow, one separated from spouse, and seven never married. Ten of the participants lived alone; two participants lived with two other persons, and two participants lived with four other persons.

Although all of the participants currently reside in West Virginia, nine were born elsewhere and relocated during the period of homelessness. The length of time that participants were homeless ranged from six weeks to 15 years. Seven participants experienced homelessness for less than one year, and the remainder experienced homelessness for two years ($n = 2$), 5 years ($n = 1$), ten years ($n = 3$), and 15 years ($n = 1$).

Participants searched for a home from one week and up to five years, and 11 participants found a home in less than one year. All of the participants acquired housing through the help of various agencies in the community, and nine reported housing assistance from the local shelter staff. Eleven participants were not working, while three participants worked from 24 to 40 hours per week. When queried about whether income adequately met their needs for food, medication, and rent, ten participants responded, “yes”, while four participants replied, “no”.

The final question on the sociodemographic survey addressed the existence of mental or physical illness. Among the participants, 12 participants responded affirmatively. The types of mental illness reported included paranoid schizophrenia ($n = 2$), bipolar illness ($n = 2$), post-traumatic stress disorder ($n = 1$), substance use disorder ($n = 11$), and two participants acknowledged continued but decreased substance use including alcohol and marijuana. Physical illnesses were reported including cancer ($n = 1$), diabetes mellitus ($n = 2$), heart disease ($n = 2$), hypertension ($n = 1$), emphysema ($n = 2$), cellulitis ($n = 1$), arthritis ($n = 1$), and back problems ($n = 1$).

Individual characteristics. The first interview was conducted with a man who experienced homelessness for nearly 15 years. The participant reported current sobriety for substance use disorder and criminal history. To supplement his primary employment, he started a business cooking barbecue and has remained in his home for two years. The second participant

was a woman, 55 years old, who had been homeless on and off for ten years. Currently single and not working, she reported no health problems and has lived in her apartment with her two cats for one month. The third participant was a 23-year-old woman who had been homeless for six months due to drug dependency. She recently found employment, reported sobriety, and has been living in her apartment for two months. The fourth participant was a 64-year-old retired veteran who had been homeless for two years. Experiencing paranoid schizophrenia and alcohol dependency, he has lived in his apartment for three years, reported sobriety, and was a collector of clocks, die-cast cars, and Jesus artifacts. The fifth participant was a 63-year-old woman who experienced homelessness for three months due to alcohol dependency and divorce. Having lived in an apartment for the past three years with her cat, she was not working, reported sobriety, and was reconnecting with family. The sixth participant was a 69-year-old man who experienced homelessness for three months due to poverty and alcohol dependency. Reportedly sober, he has lived in his apartment for three years and has participated in church activities. The seventh participant was a 45-year-old, man with substance use disorder and criminal history. Although homeless for six months after released from prison, he has remained in his home for four years along with his cat, substance free. The eighth participant was a 65-year-old woman who enjoyed dog sitting. Her six-week period of homelessness resulted from multiple losses including employment, housing foreclosure, and husband's death. She has remained in her home for three years. A 44-year-old woman is the ninth participant who experienced homelessness for three months. She reported bipolar illness and schizophrenia, was not working, and has lived in her home for one year, which she decorated with canopies. Experiencing homelessness for ten years, alcohol dependency, and bipolar illness, the tenth participant was a 69-years-old man, currently sober, who has lived in his apartment for four years. He worked as a volunteer to help others and

enjoyed writing his autobiography. The eleventh participant was a 64-year-old man who experienced homelessness sporadically for ten years due to unstable employment and poverty. He has resided in his apartment for four years, worked part-time in a restaurant, and enjoyed making stained glass ornaments and fishing lures. The twelfth participant was a 45-year-old man with hypertension and substance use disorder who lived without a home for two years. He has resided in an apartment for one year, has a cat, and reported sobriety and hobbies including painting and gardening. The thirteenth participant was a 63-year-old man who was homeless for eight years and has lived in his apartment for one and one-half years. A collector of sports trivia, he enjoyed watching sports on television and did not work due to mobility issues and physical health problems. The fourteenth participant is a 32-year-old man who experienced homelessness for five years. He experienced post-traumatic stress disorder and major depression and has lived in his apartment for one and one-half years. Not working, he enjoyed playing video games and cooking for his roommates.

Data Analysis Method

Gathering stories. Beginning with identification of the phenomenon of interest, establishing a home after a period of homelessness, the phenomenon was investigated by using a story-centered approach with core constructs of story theory (Smith & Liehr, 2014). A sheet of paper with the words, “establishing a home” was placed on the table during the digitally recorded conversation so that the investigator and participant remained oriented to the study phenomenon. Next, the investigator gathered stories from participants by remaining attentive, present, and nonjudgmental. Using intentional dialogue while connecting with self-in-relation, participants were queried, “Talk to me about what it is like”, beginning with the present state of living in their homes, moving to the past experience of homelessness, and ending with the future

perspectives of living in their homes. As participants shared their stories, the investigator guided reflection about thoughts, feelings, and experiences using minimal verbal responses.

Demonstrating caring, vague story features were clarified as the investigator attempted to understand the participant's perspective. Ease occurred as the stories unfolded, and participants became more comfortable with disclosing information about establishing a home. The investigator recognized that the disjointed story moments came together as a whole story. Satisfaction and release was expressed during story telling with a desire to share stories with others.

Reconstruction of stories. After the stories were gathered, the investigator listened to the digital recording and transcribed the conversations verbatim. Listening and reading was repeated along with thoughtful reflection. According to Smith & Liehr (2014), "Stories express who people are, where they've been, and where they are going" (pg. 225) in a given context. To bring the story moments together, the investigator wrote a reconstructed version of the stories using the participants' words beginning with the past, followed by the present, and ending with future perspectives. Stories reflected the participant's manner of speaking, and only editorial changes to grammar were made by the investigator.

Validation of reconstructed stories. To validate the reconstructed stories and add rigor to the research, the participants were contacted for a second interview. Seven participants were given a copy of the story to read, while the investigator reviewed the story quietly with one exception. Only one participant could not read; thus, the investigator read the story aloud. After reading, three questions were posited:

1. "What was it like to read your story about establishing a home?"
2. "How does this story match your experience of establishing a home?" and

3. “Is there anything you would like to add to your story?”

The results of the second interview are presented after the findings.

Essential statements. According to van Manen (1990), the next steps of data analysis include reflecting on themes, writing, and rewriting. Each story was read and reread for essential meaning. The selective reading approach was used to isolate descriptive statements. The investigator dwelled with what was being disclosed about the lived experience of establishing a home. Essential statements that were particularly revealing about personal thoughts, feelings, behaviors, or experiences related to establishing a home were highlighted.

Descriptive statements lifted to core qualities. The investigator met with an expert qualitative researcher and engaged in thoughtful discourse. The iterative process of reflecting, writing, and rewriting began with the query, “What does this statement reveal about the phenomenon, establishing a home?” During this time, the highlighted statements were reviewed, and those not related to establishing a home were omitted from further analysis. The remaining descriptive statements were reread and assembled into a list. Then, the descriptive statements were lifted to abstract core qualities capturing the essence of the participant’s thoughts and feelings. Each core quality was placed into a beginning, middle, or future category. A thematic statement was identified related to each core quality. Thematic statements along with the core qualities were placed in chronological order for each respective category.

Synthesis of core qualities to uncover themes. The final step of data analysis included interpretive synthesis of themes characterizing the structure of the phenomenon. Thematic statements were reviewed with an expert qualitative researcher to determine essential and incidental statements (van Manen, 1990). Considering the research question and using thoughtful reflection and discourse, essential thematic statements were lifted to abstract themes. According

to van Manen (1990), essential themes constitute what a phenomenon is and without which the phenomenon would not be. The explicated themes reflected the essence of the phenomenon, establishing a home after being homeless from a past, present, and future perspective (Smith & Liehr, 2014). Thus, the seven explicated themes address the query, “What is being said about the phenomenon of establishing a home?” revealing the structure of meaning.

Findings of the Study

The structure of meaning of the lived experience of establishing a home after a period of homelessness includes (a) journeying on a downward path from having a home to being homeless, (b) mustering resourcefulness to move from the street to a home, (c) creating a home that is secure and personal, (d) grappling with responsibility to hold on to home, (e) building relationships that are affirming while setting boundaries, (f) recognizing gratitude for life in the present that is peaceful, joyful, and fulfilling, and (g) yearning for a future life of promise. This structure of meaning is derived from the core qualities and descriptive statements for men and women who had experienced homelessness and are presently living in a home. The themes are described and represented through participant exemplars.

Journeying on a downward path from having a home to being homeless. All of the participants described a downward trend from having a home to experiencing homelessness. This descending movement from one place to another was related to persistent substance use disorder, other types of mental illness, foreclosure of a home, relationship discord, unemployment, incarceration, and financial difficulties. Participants shared feelings of loss, fear, isolation, despair, and loneliness. Other concerns included hunger and physical or mental illness. One participant explained how the descent into homelessness began:

I was living with my mom while pregnant. After a C-section, the doctor prescribed pain pills. That started me down a pretty bad path, because it turns out, I like pain pills. I went over to my friend's house and got high. My mom found out and kicked me out, and I had nowhere to go. So, that's what started me living on the streets. Then, I started using needles, and that's really where it all went downhill. It was a really big step in the wrong direction. I'd find ways to get high, because I wanted to forget just how bad my life was at the moment. I didn't do anything to better my situation. I didn't try to find a job. I just worried about getting high. I ended up in a relationship with an older man; that was pretty bad, getting with him.

Another participant described journeying downward after the loss of her parents. She discussed emotional trials and illness during the wretched experience of homelessness and shelter living:

It wasn't easy losing my parents, and after they died, I moved here. I had a hard time with my boyfriend. So, I left him and moved to another state with my brother and his girlfriend. The only person I had left was my brother. That didn't work out, and I returned here with no place to live. Being homeless was emotionally trying. I ended up living in a tent with my brother in the woods. It was pretty miserable, and I got really sick because I didn't have my medication or any money. It was scary, because there was a bear above the road where the tent was. Finally, I had enough of the bugs, snakes, and raccoons. So, I started staying at the shelter at night, and it was worse. Everybody was rambling and running all night long – different people with different problems.

Similarly, a participant shared personal struggles with substance use disorder and the effects of outdoor living including hunger. Negative emotions, including feeling insignificant, were disclosed:

I've always lived with girlfriends. I've been kicked out of whatever, never staying anywhere more than a year. I got hooked on OxyContin and Lortab, drank at times, and used to love to fight. The last girlfriend I was with, I'm not sure what happened, but I got the five-minute police eviction. I threw everything in my pack that I could carry. That was it. I lived outside, and it was very depressing, because I had burned every bridge. You're at the bottom of life's dip and put to the test with almost everything. You would think about stealing a jacket or baloney because you're cold or hungry. Each time, I'd ask myself, "What are you thinking?" Jail would be worse in my mind. It was very humbling. Multiple losses were described including spouse, pet, and personal possessions along with the challenges of physical illness. Emotional upheaval leading to uncertainty was shared:

I used to work in food service and the mines, but couldn't do it anymore, because I got hurt and had back problems. My husband bought our house in the 80's, and we didn't have any mortgage on it. We decided to do some work on it. Instead of doing it like we did previously, borrowing so much and paying that off, somebody talked us into doing much more. My health got worse, and that just shut us down. I didn't have any insurance, because I had been off work due to my heart, and that took care of that. Then, my husband died from cancer in May, and I had to move out in September. We had no children, but we had a little dog, and she died too, right before my husband did. I had no idea where to go and what to do. I lost a good many personal items, a good many, and tried to give them away, but of course, nobody came. I was very distraught.

Overall, participants shared their feelings, thoughts, and experiences about losing their homes, jobs, families, friends, and personal possessions. Candid descriptions about experiencing homelessness revealed feelings of vulnerability, fear, and loss. Descriptions revealed lack of

personal possessions, hunger, and limited finances. Negative emotions were expressed related to inadequate food, lack of shelter, and limited finances. Their stories reflected moving in downward trend from having a home to experiencing homelessness.

Mustering resourcefulness to move from the street to a home. After bearing the struggles of homelessness, participants mustered inner resources and decided to begin the search for a home. Obtaining external resources was challenging because participants didn't know what questions to ask and lacked information about community supports. Enlisting assistance from others experiencing homelessness resulted in contact with local agencies. Interactions with shelter staff or other agencies led to trust in acquiring resources such as a home, clothing, food, and health care. Moving into an apartment after living on the street was a trying passage that came with frustration, impatience, and loneliness. One participant shared the impact of staff assistance in meeting basic needs as well as treatment of illness:

I did six months in jail here, and when I got out, I was told to come to a local health clinic to get some idea about where to go for housing, food, and clothes. So, I came to the local health clinic and met the staff. I'll tell you something, I've never met a finer group of people. They introduced me to certain people at an agency who helped me to get a house. I met other people at another agency who helped me to get clothing. I started coming to the local health clinic every day for counseling, for medications, for therapy – you know just to have a friend to talk to. They assisted me from the time I came to this town when I got out of jail to the time up to this day.

Another participant discussed challenges while searching for a home, which precipitated negative emotions like impatience and discouragement. Learning to trust the agency staff, he

found an apartment with assistance, although he had meager household furnishings. The participant explained:

I started with two counselors at a local health clinic. I was going through the motions, and it seemed like forever finding a place. They told me not to give up, keep calling, and checking in with them. One counselor made me look at a place. I didn't really want to, because I never thought I would find a home. It took one year looking, but I had faith in the counselors and thought that they might know something that I didn't know. Now, I'm sleeping in a chair, because I don't have a bed, and I'd like to get my place ready for when my mom can come for a visit. I am getting HUD approved, and hopefully, that will leave me with some money at the end of the month. I still visit the staff at three agencies every day – the staff and supports are pretty wonderful.

Gathering inner strength, participants were resourceful, persistent, and hopeful when searching for a home and acquiring basic furnishings. For those with a previous criminal history, opportunities were limited. In one case, overcoming personal pride was necessary to acquire a home, furnishings, and resources as one veteran explained:

When I got to this area, I was on social security, but couldn't find a place to rent. So, I set up a camp in the woods, where I had access to clean water. I came to town on the bus every day to get essentials but couldn't find housing. I had a bad criminal history and was turned away at an apartment, despite my age, even though I had changed. I came to the local health agency to take showers, where they supplied me with what I needed. I kept trying to find a place, and finally, humbled myself and went to the shelter, but it took a fall off of a bridge and broken back. One staff member visited my camp, and he pulled me into the office at the shelter, and asked if I was interested in getting an apartment. I

said “yes”. The staff took me in their vehicle to look at it. They told me if I signed the paperwork, that I could move in right away. I had the money and paid the next month’s rent, and they let me stay two weeks for free. They supplied me with everything I needed, a refrigerator, stove, bed, and couch; I’ve been there ever since.

Obtaining a home and furnishings was made possible through local community agencies and supportive, knowledgeable staff. Participants demonstrated resourcefulness, purposefully asked for assistance, and compromised when necessary. Although participants indicated that personal belongings were scanty, basic needs of shelter, food, clothing, and health care were met. Having a home was a stepping stone in acquiring possessions that had been lost when homeless.

Creating a home that is secure and personal. Creating a home is a state of becoming over time that includes managing health, leaning on community agencies, and adding personal effects. Personhood was expressed through symbols in the home. For instance, each participant arranged household furnishings to reflect individual desires and taste. Daily routines were established that may or may not include going to work. A sense of pride and personal identity was expressed for possessions and basic items. One participant reflected:

When I wake up in the morning, I can go to the refrigerator and see food. I look in the room and see a chair. I have pictures of my family on a desk. When I wake up in the morning, I look around my apartment, and I can see walls and stuff that says, “me”. I pride myself on the things I have, and I take care of those things. I buy groceries and form a way of living, which I wasn’t use to for quite some time. My home is like a big kitchen, because I want to work out of it. I am comfortable, this is home, and I feel good.

Acquiring possessions and creating a home to reflect individuality was important. Exhibiting determination and willingness to learn new skills and develop a hobby, a veteran shared:

I was determined to make it my home, because I really wanted a home. I just began accumulating things. I collect clocks and have hung 40 clocks all over my wall. I started buying food, but didn't know how to cook. So, I got books on recipes. I added spices and made things I always wanted. I have everything I need. I started purchasing things I wanted like my Black and Decker coffee pot and Black and Decker mixer, same color, because I like to match things. I also collect die-cast cars and Jesus artifacts. I go to flea markets and yard sales and know what to look for. I started making it my home and was very determined, because I was very nomadic before that.

Personal identity and individuality were reflected in an apartment by arranging trinkets, plant, and other items. Feeling pride in the unique arrangement of her home, a participant expressed:

My apartment is just a little bit different than the rest of them, and I think that my apartment is the best one here. I have furnishings arranged differently. I have an area rug. Everybody's got bar stools, but I have an extra one. I have tiny things setting around. I have little things up for Christmas, they're glass, like ornaments you would put on a tree. Some friends said that I should get some flowers. So, we got a plant, but it's fake. I have a variety of things setting around as you first go in my apartment. Right now, it's paperwork. This makes people know that this is where I live.

For one participant, creating a home included enjoying hobbies, activities, and volunteer work in the community. A sense of altruism was demonstrated as well as initiative in creating a daily routine, which included belonging to organizations. The participant described:

You've got to start somewhere. I'm from the old group, but anything can occupy your time. I read my bible and crochet too. Right now, I'm working on an afghan for my couch and since I've lived here four years, I've given ten of them away. I go to the men's league

on Thursdays; plus, I go to church down there. I am also writing the story of my life. One day when it snowed, I called a local agency, but no one answered the phone. So, I went there the next day, and the phone was ringing off the hook. I asked the supervisor if there was any objection to me answering the phone. Well, he said, no, and today, it's been a year that I have been on that phone, and I love it. I told him I would volunteer for two years. It's wonderful – very therapeutic.

Participants shared that having a secure and personal home was important and included arranging furniture, establishing a daily routine, and adding personal touches. Creating a home involved safety and privacy and an opportunity to explore interests and develop new skills. Only one participant indicated a breach in home security, which was quickly remedied. Creative use of items to reflect personhood was apparent. Participants expressed pride in their homes and indicated that they never wanted to be homeless again. Although furnishings and possessions varied, each participant demonstrated progress in creating a comfortable home environment.

Grappling with responsibility to hold on to home. Participants described the challenges of maintaining a home including ongoing health problems, recovery from substance use disorder, adherence to rules and regulations of agencies who provided support, and limited finances to pay rent and other bills. These challenges were similar to what was experienced initially when mustering resources to find a home. Participants followed medication regimes for physical and mental illnesses, utilized home health care services, and required transportation for grocery shopping, medical care, and employment. Enduring challenges precipitated varied feelings of concern, uncertainty, and relief. One participant voiced concerns while acknowledging responsibilities and demonstrating determination:

When I first got into my apartment, I didn't have food stamps or money for food. My roommates shared their food and asked me if I wanted to go to a meeting with them. So, I have a way to go to meetings. I've managed to get a job, which is going to help me pay my rent and continue to live in my apartment. That's the biggest thing – to stay clean, knowing that I have this job, this is my responsibility. I have to go to work and pay my bills, and if I get high, that's it – I would throw away my home, job, and relationship with my mom and son. I don't want to lose all of that – what I worked so hard to get. I'm going to do everything in my power to keep this place, and I can stay as long as I pay my rent.

Responsibilities also included household maintenance, adherence to rules and regulations, and management of health problems as indicated by one participant:

I have to be careful, because I have rules and regulations to live in my apartment. The staff checks my place and says to keep it clean, but I don't decorate because of my religion. If you make one mistake, they will put you out back onto the street. So, you have to save a little bit of money in case some bad thing happens. When I go for a walk, I stay here, because of consequences – you can be with people, but don't have to follow them. I have to take my medicine. I have to; I hear voices. I go to another clinic for my back twice a week. It's exercise, and it's tough. I go shopping twice a week to buy the things I need. I also have money on the side for my burial, and the staff takes care of it. The only thing is – don't get into trouble and don't argue with people. You have to be strong and know what you're doing.

One participant explained what she learned from being homeless and how that experience has helped her to become more financially responsible:

Being homeless taught me to be really careful about what I do. It's taught me to make sure all my bills are paid. I must take care of any business that needs to be done. The staff here knows that I am usually really good about paying my rent. As soon as I get paid, I give them the money for my rent. I need to keep paying for everything and make sure I keep a level head just about anything that comes about.

Reduced income and lack of possessions was a burden for all of the participants. Desiring a way to increase income, one participant discussed financial struggles, marginalization, and the dilemma of working verses collecting a subsidy:

I have two chairs and a little table, but a big television set, of course. Oh, and a cat – she's wonderful. My other room is totally bare; there's nothing in there. It's a big room, but I'm not supposed to rent it out, although it would be nice to have the money. You're at a point where you have a place to live and can pay bills, but if you go to work or try to improve your situation, they start hacking away at stuff. So, you either have to live it like they want you to live it or give it up and go to work. There's nothing in between. Like now, it's the end of the month, and I'm getting broke. I'm thinking about working, but my therapists tell me not to find a job and mess this up. I don't want to risk losing my place. This is what I'm dealing with.

Having minimal possessions and feeling stuck in cycle of poverty and dependency on government agencies, participants discussed maintaining responsibilities and adherence to agency regulations. Paying rent first was essential, followed by paying other bills, which left little money for other needs. Despite grappling with responsibilities, participants were committed to keeping their homes.

Building relationships that are affirming while setting boundaries. Participants disclosed that building relationships with others was a central part of daily life while establishing a home. These relationships included past friends met while experiencing homelessness, new friends discovered during recovery, staff working at local agencies, and renewed association with family. Regardless of the source, relationships affirmed a sense of belonging, required limit setting in interactions, and served as a bridge to further contact. However, reconciling loss of relationships including family and friends was also apparent. One participant shared the need for contact with others for work, socialization, and support as well as setting limits with friends who were still experiencing homelessness:

I'm a vendor. I put up signs, and people come and buy my barbecue and love it. I have a really good clientele now, a following, and people know what I do. When I go around town, people recognize me for selling barbecue. I still stay in touch with my homeless friends. I have a home now but was once less fortunate than them. It's hard when you don't know anyone but these individuals, and you want to associate with them, but not be a part of what they are doing. Sometimes, absence is the best. I don't answer my phone calls, or I just stay to myself. When I am weak or distraught, I go to an agency, and the staff talk to me or give me a hug to keep me going. I go there for compassion, love, and friendship. That is my network.

Remembering the past experience of homelessness was important, as well as continued contact with friends who were still homeless and agencies providing support. Setting boundaries, and in some cases, letting go of friends experiencing homelessness was necessary. One participant discussed relationships, loss, and how she has set boundaries:

I'll never forget where I came from when I was homeless. I've been coming across the bridge to see my homeless friends, because everybody needs somebody sometime. I had to let my boyfriend go, and to this day, we are the best of friends and live two doors down from each other. I go through adversity now. My friends are dying like flies, just dying. I can't deal with it anymore. I just have to do what I need to do for me. I have two children, and I travel north to see them. I have two cats, and that's all I live for. People at the agencies helped me by paying rent until I could get on my feet, and they are still helping me out.

Being incarcerated resulted in development of a friendship, which continued after release from prison. Appreciation and the positive benefits of preserving that friendship were expressed by one participant:

I got really lucky, and one of the people I was a cell mate with was a lawyer from another state. I got to be really good friends with him, but he was released from prison before I was. When I got out, he and his wife sent me clothes and a knapsack, because I didn't have any. They also put money in my account so that I would have that when I got out. I kept in touch with them and would call three or four times a week. Last summer, they actually sent me plane tickets to go see them. I went and stayed for a week. We went to the beach and barbecued. I don't know how I got so lucky; I've never met anybody like them in my life.

Setting boundaries was necessary due to excessive requests from neighbors. Being cautious when meeting new people, an older, female participant shared her views about canine therapy and establishing relationships while setting boundaries:

I used to take people places like the grocery store, shopping or the doctor's, because I have a car. I stopped doing that, because I was on the road more than I was at home.

Everybody tries to help out as much as they can. I did certain things like cooking, and I stopped that too, because they were always wanting something to eat. Everyone pretty much speaks to one another, but there are a few people you don't talk to because they don't like to be bothered. You try to take your time and not push yourself on anybody.

There's certain rules to follow. We try not to get on each other's nerves. We have therapy dogs here, and sometimes I bring them to my apartment. I can take them for a walk, they lay right beside you, and you can pet them.

Reconnecting with family occurred after a home and sobriety was realized. Visits were planned and rules about hygiene were followed. A participant explained:

My mom got custody of my son, and I am thankful for that. Of course, at the time, I was hurt and upset. I never thought that I could regain my mom's trust or be in a position to have a relationship with my son. After I moved into my apartment, my mom called and invited me to her home for lunch. Since then, I've been going there every couple of days and spending time with my son. I have to keep myself physically clean or my mom wouldn't let me be around him. Now, I get to hold and play with him, and it's amazing – wonderful.

In one case, caution was exercised when developing relationships or reconnecting with family. Setting limits and realizing similarities in others resulted in a changed life including less conflict. A participant experiencing paranoid schizophrenia explained his progress:

When I moved into my apartment, I started seeing that we (residents) were all pretty much in the same direction. I'm still more of a loner. I don't like being around a lot of

people at one time. I like people to be invited before they come to my house so that I know what I'm dealing with. The nurses come and visit with me once a week and check to see if I'm on the right track. I have a lot of peer pressure, and I try to set a good example for my peers. My life has changed while living in my apartment. I got away from the turmoil where I used to live. Now, I just talk to my family on the phone, and I don't have to deal with them anymore.

Forming new friendships and developing a sense of community within an apartment complex included participation in shared activities and hobbies. Consideration was also given to obtaining a pet as one participant disclosed:

I spend a lot of time down at my neighbor's. We watch sporting events together and used to play chess. We watch the World Series, Super Bowl, and all the playoffs. We go fishing at different times of the year. We're getting ready to go again, because they've recently stocked the lake. They do so in the middle of October, and then in the spring, we'll fish for trout. Every year, we get our gear together, buy things, and get ready to go. Having a fishing buddy or chess buddy – that's more like normal life. I'm thinking about getting a cat or a dog, makes it more like something else in there other than just yourself.

Forming new relationships, preserving previous friendships, and reconnecting with family members was a process that required setting limits while remaining open to the possibility and hope of having further contact. These relationships as well as staff from local agencies and pet therapy were a vital source of support. A sense of loss and letting go of old ways, old friends, and old relational patterns were evident in order to sustain a home.

Recognizing gratitude for life in the present that is peaceful, joyful, and fulfilling.

Participants reported feeling grateful, content, peaceful, and joyful. Gratitude was expressed for having a home, furnishings, and assistance from agency staff. Participants were content working on hobbies, enjoying nature in the backyard, and sharing with others in need. Home was also a place of security, not to be taken for granted. One participant shared his perspectives:

There are times when I walk into my apartment and thank God for somewhere to go, because I lived that life of not having. Every day, when I can sit down, watch TV, and read a book, or just open the door, and say that I'm home – it's the greatest gift in the world. I thank the staff at the local health clinic for guiding me, giving me the network. My home is a place of solitude, and I am comfortable. I've created an environment that says peace, a home atmosphere.

Despite lack of furnishings initially, another participant disclosed gratitude and hope for progressive improvement in establishing a home:

When I first moved in to my apartment, I was sleeping on the floor. You have to crawl before you walk, but it was mine, and it felt great (laughed). It didn't matter too much anymore. I have stuff now and a roof over my head. I can cook for myself and not sleep in shelters anymore, and that's a blessing. I've been getting on my feet, and I'm going to be alright. You have to keep progressing to get better. I'm living in my little spot now. It's a start to a new beginning. I have a place now where I can meditate and gather my thoughts.

Feeling thankful for sobriety and having a home, one participant shared the joy of nature while divulging fear over losing her apartment. She expressed contentment and hope that her apartment was a permanent place to live:

It's been really good to be here, and the staff helped me through the alcohol. When I got the apartment, it's so (pause), I'm so afraid it's going to go away. My home is a dream.

It's just a dream. The staff has worked to provide me with a place, and I thank the Lord. I really do; I say my prayers every morning and every night. I'm not leaving here; I like it here. There's always something different. I live on the side of the building next to a cow field. Last year, the cows had babies, the babies played in the snow, and chased the turkey and geese. I enjoyed watching them and listening to birds in the morning.

Having a home in a different community than family provided needed physical boundaries. One participant described joyful feelings and appreciation for his home, community, pet, and nature:

I have a place to live. I've got a good location. Yes, I love it where I live because I'm next to a large creek. My back porch looks right down the creek; the dog park is across from me, and all the trees. I'm on the end, so the back and whole sides are the woods. I'm staying here. I love it, and it's far enough away from family, where I get a buffer zone from them. My home is very peaceful. I enjoy being by myself. I enjoy my cat; she is now a part of my family, and today is her birthday. This community is wonderful, just the people and supports, and the agencies work together.

Forming new friendships and personalizing the home environment created a place of refuge that resulted in positive feelings as one participant remarked:

I like it here; I've made friends; it's a lot better than it was. I've pretty much made it feel like home as much as I can. I've been making my room my little sanctuary. I don't have posters up, but I have video games and other things to keep me occupied. I'm comfortable here, and I live with three other roommates, and they're okay to be around.

This feels like my place; yes, it does. It makes me feel pretty good to cook for my roommates and have them compliment me on it.

As participants expressed, having a place to live despite meager furnishings created a different and improved life. Agency staff were integral to stability, particularly when participants experienced challenges. Gratitude, hope, and joy was expressed for home, environment, and community. Home represented peace and security providing a place to relax and reflect.

Yearning for a future life of promise. Participants considered their home as a place of reflection bringing clarity and calmness when mulling over the past experience of homelessness, present day living difficulties, and recovery from substance use disorder or mental illness. Safety and security in a home led to personal fulfillment, development of skills, enjoyment of hobbies, altruism, and employment. The importance of believing in oneself and having hopes and dreams was revealed despite continued challenges. Having a home included experiencing a more balanced life and hope for “more and better days”. One participant indicated that having a home was experiencing normalcy including working as a means to rebuild or acquire more possessions:

Now, I have a good job in a different restaurant, and my supervisor is positive, enthusiastic, and compliments my work every day. I finally have a car, and I drive other people to job appointments or the doctor. Having a vehicle is more like a normal life; it's your home away from home. After surgery, I may be able to work full-time, and it will be nice to make more money. I'm looking forward to getting older. This place is a nice place to stop and rest and imagine something better; something more like a normal home. Part of the dream is having more things. I have a little fishing equipment, and I'm starting to get things back again. I thought I might go back to school and finish the degree.

Maintaining a positive and hopeful attitude was apparent despite continued struggles with poverty and limited finances as disclosed by another participant:

The future is going to be good. I'm not sure why or how, but I just have faith – a really strong faith. Yes, I'm sure life's going to throw me some curves (laughs), but I'm okay. I don't have the stress like I did before. I do have stress about my bills – that's a big one, but I have a place to live. I have to remind myself daily that nobody is going to kick me out. I got all my electric, water, and everything is paid, and I don't have any lingering bills. I definitely seek out counseling and wisdom before I make a big or small decision now. Yes, life just gets better and better.

Despite limited personal possessions, the importance of giving to others was evident in participants while establishing a home. Altruism included anticipating others needs while reaching out to agencies as described by one participant:

I'm always on the lookout for somebody. A lot of times, I see things that other people might like. So, I help to get clothes and things like that. If I know somebody can use something, then, I pass it on. I try to be helpful in any way I can. If I have a few dollars with me; I'll just pass it on. I've bought a lot of stuff at different agencies like bikes and clothes for people. That's what I do.

Realizing the progress made, one participant dared to dream of the possibility of a better home, increased income, or further skill. His thoughts about the future and acquiring more possessions were shared:

I am part way out of the pit of homelessness. This place is a nice place to stop and rest and dare to dream a little bit so that you can imagine something better than this. What this place is to me – it's a place where you can dare to dream again, put things on the wall

that you're used to seeing, put up a Christmas tree if you want, or make Christmas decorations. Making more money is part of the dream because I dream of having a workshop again, to putts around with this, that, or the other thing – Mr. Fix It. I like to tie fishing flies or make lures. The transition out of being homeless is the transition from having nothing to having something, and part of that something, is having more things – the American dream.

Similarly, another participant shared hope for an improved life including getting married, raising children, and recovering from substance use disorder. Having a can-do attitude and belief in self was paramount to continued progress including owning a home as described:

The recovery part of being responsible is that I want to continue to build – to have something. I have a car, yes mam, I have a car. Thank you, Jesus. Five years ago I had nothing – nothing. No shoes, clothes, food, no place to call my own. Now, I have some things, but still less fortunate than others. I am dating a God-fearing woman who is good to me. I want to marry her and be able to get house. I have a step daughter and son, and I can have my kids with me now. I have to be a good father and set an example for them. I want to share my testimony with other people and let them know that anything is possible. You have to have faith and believe in yourself.

Once participants acquired a home, a path of recovery, hope for a promising future, and faith in oneself developed. Part of that future included building relationships, acquiring more possessions, obtaining employment, and assisting others in need. Participants shared their dreams about the future including getting married, purchasing a house, going back to school, or simply, staying put in the present home.

Analysis of Member Checks of Stories

In order to ensure trustworthiness of the data, participants were contacted to review the reconstructed stories. Seven participants agreed to meet for a second interview. First, each participant was asked to read and reflect on the reconstructed story. Second, two questions were queried including: “What was it like to read your story about establishing a home?” and “How does this story match your experience of establishing a home?” Third, participants were given an opportunity to add information if desired. Distribution of the reconstructed stories to participants was not included in the IRB protocol. Thus, the reconstructed stories were not given to the participants, and none of the participants requested a copy of the reconstructed story.

In response to what it was like to read the story, participants described their feelings and reactions. One participant indicated that reading the reconstructed story prompted him to stop and give thanks after remembering how difficult it was to experience homelessness including the loss of personal possessions. The investigator read the story aloud to a participant who was unable to read. Afterwards, he smiled and said, “Yeah, that’s me. It’s good. It’s true. I don’t know how you got it so right. If I knew how to write it, it’s the same way I would write it.” Another participant shared how reading his story inspired him to improve:

It means a lot. I see where I came from now; it’s like reading my autobiography. It brings a sense of more motivation, looking at where I came from and the things I’ve gone through. It’s about what happened in my life. It makes me feel encouraged. I can do better.

Gratitude was expressed in reference to a changed life and circumstances. The participant reflected, “I haven’t thought about being homeless since our last meeting. Reading that story

reminded me. I just kind of forgot how grateful I was and have become comfortable. This makes me grateful even more again.”

The second question addressed accuracy, and each participant responded affirmatively in regard to capturing the essence of the lived story. One participant reflected that the “staff accepted a lot of bad from me. They allowed me to try and keep getting better every day. I took advantage of it. I like it in my apartment and call it home”. The essence of the story was affirmed by another participant, who discussed gratitude for his home and personal possessions. Further, he indicated that sharing his story assisted efforts to remain focused on recovery and be a role model to others:

You captured it. You brought it out, because I was in the streets. Like I said, when I get up in the morning and look around my apartment, I see things I never had. Now, I can come home from a hard day’s work in the community, go into a building, see food, watch TV, and it is mine. You didn’t leave anything out, but I want to say that the focus is me and my addiction, and trying to maintain my home. I try to maintain my image of going down the right road. Stories like this and work like this makes me stay focused on the right path.

Two participants provided additional information about establishing a home. In one case, a sense of accomplishment related to successfully managing additional responsibilities in the home was described. There was continued renewal of relationships, but employment was an ongoing struggle. The participant described these changes since the first interview:

I’m the senior resident now in our house. I have a lot of responsibility and have to make sure that all the new residents know how things are supposed to work, how the chores are supposed to be done, how important it is to be home by curfew, how important it is to

clean up after yourself, which you think grown women would understand that (laughs). My son is amazing, over 21 pounds, and starting to get his third tooth. He is starting to scoot backwards when he's in his walker. Sometimes, I have to remind myself to be grateful for my job because I'm not getting a lot of hours. I'm trying to find another job, and I've got one that's looking like a really good possibility. I don't want to quit my present job until I have another job. There was a time in active addiction when I would have just said, forget it; I don't need this, and would have been without any income.

Another participant expressed satisfaction in the reconstruction story because "it's hard for me to put things into words, but you caught the essence of it really well". Looking forward to future plans and expressing continued challenges involving relationships with friends and family, he added:

I couldn't go to see my friends this summer in another state because of all of the hurricanes, but they're having me there for Christmas. They have already logged me on a plane. I leave on the 21st of December. It will be a different holiday. I text my two sons every other day, but still haven't heard anything from my daughter. I finally got my birthday presents delivered to my granddaughter, and they sent me pictures of her riding her new bike with all the gear on.

Reading the reconstructed stories provided pause for reflection about meaning and purpose in life including altruism. One participant wanted to share his story with others to improve attitudes and provide information about the experience of homelessness through his autobiography. He shared:

I'm glad to get my story out there. It might help somebody else out. We need to change people's attitudes about being homeless. People are not stereotyping the homeless a lot

like they used to. People need to realize that anybody can be homeless. It can happen. I still see homeless people every day down by the agency where I volunteer. I'm hoping to reach somebody, and as long as we can help somebody else, we're doing what's right. I'm still writing my autobiography, and my book is coming in due time.

As revealed when the reconstructed stories were confirmed, participants wanted to share their stories with other persons experiencing homelessness as a testament of recovery, opportunity, and hope for a changed life.

Summary

This hermeneutic phenomenological study used the story path approach to gather stories from 14 participants including nine men and five women using van Manen's (1990) four strategies and story theory (Smith & Liehr, 2014). Following story collection from digitally recorded interviews, the conversations were transcribed. Reading and reflection were used to write reconstructed stories. Essential statements were identified, and core qualities were lifted from the descriptive statements using the participants' own language. Further data analysis resulted in raising the core qualities to abstraction identifying seven themes, which serve as the building blocks of the structure of meaning of the phenomenon.

The structure of meaning of the lived experience of establishing a home includes (a) journeying on a downward path from having a home to being homeless, (b) mustering resourcefulness to move from the street to a home, (c) creating a home that is secure and personal, (d) grappling with responsibility to hold on to home, (e) building relationships that are affirming while setting boundaries, (f) recognizing gratitude for life in the present that is peaceful, joyful, and fulfilling, and (g) yearning for a future life of promise. Validation of the

themes was conducted during a second interview which addressed meaning, accuracy, and opportunity to provide additional information.

Chapter 5: Discussion

The purpose of this phenomenological study was to develop a structure of meaning for establishing a home with persons who had experienced homelessness. The theoretical underpinnings of the study included hermeneutic phenomenology (van Manen, 1990) and story theory (Smith & Liehr, 2014). The research question, “What is the structure of meaning of the lived experience of establishing a home after a period of homelessness?” guided the exploration of the phenomenon.

As described in the previous chapter, the structure of meaning of establishing a home after a period of homelessness includes seven themes. Establishing a home is (a) journeying on a downward path from having a home to being homeless, (b) mustering resourcefulness to move from the street to a home, (c) creating a home that is secure and personal, (d) grappling with responsibility to hold on to home, (e) building relationships that are affirming while setting boundaries, (f) recognizing gratitude for life in the present that is peaceful, joyful, and fulfilling, and (g) yearning for a future life of promise. This chapter presents a discussion of the findings supported in the literature and related to van Manen’s (1990) four existential lifeworlds and the theoretical underpinnings. Further, implications for research, policy, and nursing practice along with limitations are also presented.

Literature on Establishing a Home

Journeying on a downward path. The theme, journeying on a downward path from having a home to being homeless represented a downward trend as participants moved from having a home to experiencing homelessness. Homelessness resulted from a socioeconomic disadvantage including unemployment, foreclosure, poverty, legal issues, and inadequate social support. Further, 11 of the 14 participants suffered from some form of mental illness including

bipolar disorder, schizophrenia, depression, anxiety, and substance dependency involving alcohol or drugs. During the period of homelessness, participants endured weather extremes, hunger, health problems, and lack of safety, privacy, and security. Loss of personal possessions was apparent as one participant disclosed carrying a duffle bag “to carry around his fishing equipment, but even that was stolen”. Although shelters provided respite from weather extremes, stays were problematic including lack of privacy and safety and continued exposure to persistent substance use.

The theme, journeying on a downward path from having a home to being homeless, is congruent with existing literature. “Being without a home” (Allen, 2015, pg. 181) is equivalent to living marginally and represents both economic and circumstantial failure. While shelter represents a basic need, persons without a home experience emotional vulnerability and extreme distress including physical illness, mental disorders, and infections (Alliance, 2015; Gerber, 2013; LePage et al., 2014). Legal problems, violence, and subsistent income level lead to couch surfing and ultimately, homelessness (Burlingham et al., 2010; Weinreb, Rog, & Henderson, 2010). Lack of housing security is related to poverty, foreclosure, high cost of housing, lack of social network, and mental illness (26%) including substance abuse (64%) (Allen, 2015; Alliance, 2015). Homelessness is a high stress condition riddled with disease, poverty, substance dependency, and lack of health care that may lead to an untimely death (Hawkins & Abrams, 2007). Positive alcohol or drug screen and lack of housing subsidy are predictors of shelter stay (Burlingham et al., 2010; Meschede, 2010), while relapsing substance dependency and rigid rules during shelter stays perpetuate homelessness (Burlingham et al., 2010). Financial, social, and health-related factors as well as declining public assistance, lower educational level, and lack

of adequate health care not only contribute to homelessness but also influence housing acquisition (Eyrich-Garg et al., 2008; Shamblin et al., 2012).

Mustering resourcefulness. The theme, mustering resourcefulness to move from the street to a home, revealed that participants became tired of the struggles associated with being homeless and initiated a search for a home by reaching out to staff at the local shelter or health clinic. Staff from community agencies provided assistance while requiring the participants to be actively involved in the search for a home. Several challenges existed including persistent poverty, limited affordable housing units, poor physical and mental health, and past criminal history. Acquiring subsidies and government support was a timely process. Once a home was acquired, challenges persisted including lack of furnishings, adjustment to living indoors, continued poverty, ongoing mental illness, and limited social network. Initially, the rules and regulations for curfew and housework were difficult to follow, but adjustments were made.

Consistent with the theme, mustering resourcefulness to move from the street to a home, evidence exists that participants reached a turning point, largely due to physical health problems, that precipitated the search for a home (Jost et al., 2010). Obtaining essentials, including housing, food, money, and clothing, is the incentive to leave the street (Drury, 2008). Individual factors (health and education), cultural influences, and regional issues like housing availability and training programs affect housing acquisition and stability (Shamblin et al., 2012). Further, lack of transportation, unfamiliar location, and limited resources affect housing decisions and stability (Fisher et al., 2014). Participants coming in from the street desire a home that provides safety, shelter, individuality, and a normal life (Burlingham et al., 2010; Lincoln, Plachta-Elliott, & Espejo, 2009). When coming in from the street, an improved quality of life is expected including adequate food, better sleep, and improved hygiene (Burlingham et al., 2010; Henwood

et al., 2013). Having a home in a convenient and familiar location near family and friends for practical support is desired (Fisher et al., 2014).

The role of agency staff at shelters is to enhance motivation to obtain a home (Chen & Ogden, 2012). Self-help and individual readiness to change is essential, but a lack of information about possible assistance exists (Peterson et al., 2012). Thus, staff are invaluable during the housing search, adjusting to living indoors, accessing resources, and adhering to rules such as curfews and scheduled meals (Jost et al., 2010; Peterson et al., 2012). Applying a person-centered approach is necessary when acquiring a home and involves identifying personal strengths, teaching independent living skills, and inquiring about personal preferences about housing (Ashcraft et al., 2008). Staff may also assist with barriers encountered while searching for a home including eligibility criteria and past criminal history which may restrict housing entry (Fisher et al., 2014). Once a home has been obtained, adequate community support, continued reliance on support services, and reduction of barriers is needed (Allen, 2015; Chen & Ogden, 2012; Fisher et al., 2014; Henwood et al., 2013).

Creating a home. Participants created a home that was secure and personal over time including setting the stage for daily life, establishing routines, and adding items that reflected personal style and interests such as clocks, sports trivia, and canopies. Mastery of skills occurred as participants honed cooking techniques, tested recipes, and invited others to enjoy a meal together. Other instances of skill development included formal classes for painting on canvas or carving stained glass. Routines for daily life included visiting with friends, housework, enjoyment of hobbies, exercise, church, men's league, and employment. Travel included fishing trip, vacation, and dog sitting. Transportation was provided by agency staff to department stores, grocers, or medical care as needed, while owning a vehicle enabled others to be independent in

activities. Safety and security in the home was reported except in one case, where the home had been burglarized. After the incident, a plan was devised to improve security and change entry locks.

The theme, creating a home that is secure and personal has application to the literature. Every person has a right to a decent standard of living including housing to support health (United Nations [U. N.], 1948; WHO, 1982). However, housing is not simply a functional shelter. Molony (2010) describes home within the context of a physical or existential place. The physicality of home is defined as a place of refuge that promotes mastery, meets personal needs, and nourishes relationships, while the process of home refers to the transition to a new facility with links to the environment. Home also represents a myriad of activities, personal identity, stability, potential personal development, and a sense of belonging (Moore, 2000). Living a normal life includes regular routines of sleeping, showering, and eating as well as the provision for privacy, safety, and positive health (Burlingham et al., 2010). Daily routines also included activities, housework, and employment (Mayberry et al., 2014). Home provides a sense or degree of control over personal space, which is equivocal to control over one's life (Parsell, 2012). In this sense, home promotes relaxation, autonomy, freedom, and comfort. Having a home is also a positive feeling or state of mind that includes a sense of attachment, safety, and security.

Grappling with responsibility. The theme, grappling with responsibility to hold on to home, refers to coping with the challenges associated with managing a home and lifestyle. Participants wrestled with the consequences related to substance use disorder and the experience of homelessness. Personal accountability included managing challenges including limited finances, lack of transportation, and health problems. The main concern was to pay the rent and bills, complete household chores, and hold on to home. To balance needs with limited income,

participants purchased items at consignment stores, shopped at local agencies, and enjoyed meals at a soup kitchen. One participant, who was more financially fit, purchased items, like clothing or children's toys, for others, while others shared food, furniture, or afghans. The network of multiple agencies was vital to sustenance providing resources like food, transportation, or clothing as well as counseling and support. Transportation was provided to shopping centers or doctor's appointments for those who lacked a vehicle, and home health care was available for those with physical limitations. Relief and gratitude were expressed when community groups donated furnishings or clothing, or left a gift bag with toiletries on the doorknob. Few participants were employed due to age or health-related disability. For those who were physically able, employment provided relief from marginal living.

The literature reveals that the theme, grappling with responsibility to hold on to home, includes typical challenges such as medical, legal, financial, and transportation issues (Peterson et al., 2012). Community supports like subsidies and services enhance recovery and stability especially for persons experiencing substance dependency (Fisk et al., 2007; O'Connell et al., 2008). The need to be responsible and accountable, set priorities, and acquire information rests with the participant. Expectations of agency staff include a commitment to change including abstinence for substance dependency and asking for assistance (Chen & Ogden, 2012). Providing housing supports, financial and employment services, and case management advocacy are integral to recovery and stable housing (Meschede & Chagnati, 2015; Zerger et al., 2014). In subsidized housing units, support may also include regular inspections and more intensive support (Patterson et al., 2014). Receiving tangible assistance through government agencies was invaluable in restoring personal respect, but material objects pale in comparison to aid received from personal support systems (Fisher et al., 2014).

Although subsidies provide assistance with rental costs, low wage employment and limited finances remain serious challenges (Meschede & Chaganti, 2015). Persistent struggles include substance use disorder, mental illness, limited finances, and inadequate housing maintenance (Fisher et al., 2014). Also, difficulty adjusting to living indoors and alone in a different neighborhood is reported (Patterson et al., 2014). Simply remembering to pay bills, manage housework, and find meaningful ways to pass time is difficult in some cases. As a result, continued interaction with social systems for services is vital (Drury, 2008).

Building relationships. The theme, building relationships that are affirming while setting boundaries involved agency staff, who provided unconditional regard and resources while supporting healthy behavior and lifestyle and abstinence from substances. Renewed relationships with family or newly formed relationships with neighbors or friends in recovery programs were also affirming and provided acceptance, caring, and belonging. New relationships involved the affectionate use of nick names, teamwork in completing a project like tying ties or making lures, and sharing possessions like afghans or furniture. Pet relationships included pet ownership or interaction with therapy dogs or a resident cat in one apartment complex. Setting boundaries was necessary when interacting with friends who were experiencing homelessness and persistent substance use disorder. However, these relationships were preserved as one participant shared, “It’s like you’ve gone to war with them”. The soup kitchen was a focal meeting point, but caution and judgment were exercised when extending invitations to home requiring notice by telephone. Participants were aware of triggers for substance use and used avoidance and withdrawal from situations when necessary.

The theme, building relationships that are affirming while setting boundaries, is supported by the literature. Having a home includes feelings about the self and others (Allen,

2015). Home provides readiness for meeting the challenges of the world and an opportunity for recovery and relationships. Exploring personal identity, achieving social belonging, and feeling empathy for another in similar circumstances are parcel to home. For persons living in an apartment building, relationships are forged resulting promoting a sense of community and belonging with an opportunity to relate with one another (Holtrop et al., 2013; Parsell et al., 2015). Relationships become like family providing support and insight. Bonding provides emotional support, but personal information is shared cautiously due to trust issues and past history of betrayal (Hawkins & Abrams, 2007). Perceived social support is associated with decreased levels of depressive symptoms and stressful life situations (Irwin, LaGory, Ritchey, & Fitzpatrick, 2008). Being a loner and experiencing psychological pain is eased with the formation of new relationships or reuniting with family (Patterson et al., 2014). Although relationships provide a source of hope, strength, and motivation, in some instances, persons may not reunite with family due to an unsupportive past or unwelcome attitude (Henwood et al., 2013). Leaving behind negative influences is important to building positive, future relationships. Although home is related to autonomy and control of relationships, which reduce stress levels and improve well-being (Moore, 2000), lack of resources and persistent physical and mental illness result in continued negative relationships to avoid social isolation (Hawkins & Abrams, 2007).

Staff relationships are essential, and a key ingredient includes a humanistic approach during interaction (Chen & Ogden, 2012). This approach establishes trust, promotes motivation for change, encourages communication, and enhances the working relationship. Relationships with staff may be complicated due to the long-term nature, complex requirements of housing, and need to preserve personal autonomy (Ogden, 2014). Gratitude is expressed for

knowledgeable and consistent staff assistance despite continued dependency (Ogden, 2014; Tsai, Reddy et al., 2014), and positive outcomes are associated with adherence to the principles of agency program models (Gilmer et al., 2013, 2014). An optional relationship, pet ownership provides an alternate method of exchanging information that may be difficult to share directly with another person (Peterson et al., 2012). Speaking through pets using different intonations distances the speaker from the discourse, providing a nonthreatening strategy for sharing reflections. Existing human relationships are valuable in providing support for pets when owners are unavailable (Parsell et al., 2015).

Gratitude for life. Participants recognized gratitude for life in the present that is peaceful, joyful, and fulfilling in their homes. Home was considered an environment of peace, a place of reflection, a treasure not to be squandered. Participants considered home as a refuge or sanctuary away from the stress and pressure of daily life. Home was a reminder that they did not have to endure the hardships of homelessness any longer. Part of the contentment experienced included spirituality and connecting to God by reading the bible and attending church or recovery meetings. Gratitude was expressed openly for home, relationships, and furnishings as well as having basic needs met such as food and clothing. Further, gratitude for the opportunity to recover from substance use disorder or mental illness, rebuild lives, and acquire possessions was voiced.

The theme, gratitude for life in the present that is peaceful, joyful, and fulfilling, is realized over time, when a place of residence becomes home, a comfortable oasis with cultural fluidity and emotional underpinnings (Allen, 2015). Ogden (2014) reported that the context of home was different than housing; home was a hopeful place (Borg et al., 2005; Ogden, 2014), a place of autonomy, privacy, and peace of mind (Lincoln et al., 2009). The reality of home is

considered a foundation for roots and personal identity, while the ideal of home includes the notion of paradise and meaning (Somerville, 1992). Home is associated with preserving dignity (Johnson, 2014) and a reflection of culture including mode of self-expression, individual perceptions, sense of togetherness, and vital space (Shupletsova, Solodov, Samoilov, Polyakov, & Pyankova, 2016). Relief and sense of security are expressed after a home is obtained, where ordinary moments, like taking a bath, are savored, and joy and fulfillment are realized (Patterson et al., 2014; Peterson et al., 2012). Having a personal place provides the freedom to live life as desired (Burlingham et al., 2010), increasing positive feelings, self-worth, and confidence (Patterson et al., 2014). Despite restrictive rules and scrutiny, home is affirmed as a personal space that includes feeling positive, pleased, and living according to one's own volition (Parsell et al., 2015).

Yearning for a future life. The theme, yearning for a future life of promise, had varying meanings. One future plan included “staying put”, because life had significantly improved; home was affordable, and daily needs were met. Satisfaction and plans to remain in the present home for the remainder of life was expressed. One participant had planned for burial, while another hoped for better days in the future while facing cancer. Home represented a place to dream reflecting religious beliefs and personal culture. Hope was expressed in acquiring more possessions including furniture, building inventory for hobbies, and reuniting with estranged family members. However, three participants indicated that the present home was a temporary residence. The dream of a larger and independent structure was voiced but depended on finances. Finding more permanent employment, higher wages, and returning to school were verbalized goals. Altruism was important to participants including volunteer activities, sharing or purchasing items, providing transportation, or cooking. Leaving a legacy to future generations

included writing an autobiography of one's life. Participants wanted to share experiences with others and be a role model to possibly prevent another from experiencing similar trials.

Continuing recovery from mental illness, including substance use disorder, was also verbalized.

The theme, yearning for a future life of promise, is linked to existing literature of home as a pathway to a fresh start and hopeful future (Henwood et al., 2013). Obtaining a home leads to a different life with opportunities to explore options and dream about the future (Polvere et al., 2013). Having a home propels persons forward like returning to school or improving personal growth. The vision of a different life provides motivation to push through difficulties, rebuild relationships, volunteer, or search for employment (Patterson et al., 2014; Polvere et al., 2013; Raphael-Greenfield & Gutman, 2015). Altruism, considered therapeutic, is also realized by sharing personal information with others and being a role model through example (Raphael-Greenfield & Gutman, 2015). Helping others may contribute to emotional healing, and volunteerism provided an incentive to remain free of substances. Positive future hopes include reuniting with family, further education, and travel (Patterson et al., 2014). Optimism and ability to overcome obstacles was associated with thinking about the future (Holtrop et al., 2013). This includes achieving abstinence from substances through recovery programs to prevent additional problems (Raphael-Greenfield & Gutman, 2015). However, progressive medical problems, aging, and premature mortality are also future concerns. Adjustment difficulty and personal struggle may stymie personal development and reduce optimism about the future (Polvere et al., 2013). A main concern includes fear of living independently free from substance use.

Support exists for the structure of meaning of the lived experience of establishing a home. The seven themes explicated from the stories are congruent with existing literature.

Existential Lifeworlds

Consistent with van Manen (1990), the phenomenological structure of meaning may be explored through the four existential lifeworlds of spatiality, corporeality, temporality, and relationality. Dwelling on these distinct and integrated existentials provides further interpretation of the descriptive themes.

Lived space. Spatiality, or lived space, refers to the nature and context of the space being occupied including associated emotions and experiences of the person (van Manen, 1990). Feelings are also affected by the cultural and social norms within a space. Home as a lived space is the landscape of the dwelling where daily life occurs. Lived space may be viewed through the lens of three themes including (a) journeying on a downward path from having a home to being homeless, (b) mustering resourcefulness to move from the street to a home, and (c) creating a home that is secure and personal.

Journeying on a downward path from having a home to being homeless resulted from different circumstances. Although participants initially had a place to live, living on the street and lacking a specific space came with challenges of weather extremes, exposure to wild animals, and ill health. Devoid of the lived space of home led to negative emotions and increased vulnerability. Participants expressed feeling miserable, depressed, lonely, and afraid. Although shelter stays provided respite from extreme conditions, lived space at the shelter limited privacy, safety, and individuality. Recognizing the wretchedness of lived space on the street and in the shelter, was a catalyst for change as exemplified in the second theme of mustering resourcefulness to move from the street to a home. This second theme reflects a changing space as participants searched for a home either independently or through assistance from agencies. Feelings of frustration and despair surfaced while waiting for a permanent space, and delay was

associated with limited selection, restrictive entry criteria, inadequate finances, and lack of information. Once a home was acquired, the third theme, creating a home that is secure and personal, became a chief concern. Participants created a lived space of home by arranging furniture and adding personal touches. The space occupied by participants reflected individual desires and personal interests such as clocks, sports trivia, and trinkets. For others, decorating with canopies or fake plants, or lack of decorations due to religious beliefs, was reported. The positive feelings associated with having a space in home included contentment, joy, and gratitude. Participants expressed pride in ownership, and having a home created a space of reflection, solitude, peace, and sanctuary.

Lived body. Corporeality (lived body) involves the revealed and concealed information through physical aspects of the person including behaviors, carriage, and appearance (van Manen, 1990). Corporality includes both conscious and unconscious aspects of being bodily in the world while relating to another such as motion or facial responses. Two themes may be interpreted with regard to lived body including (a) journeying on a downward path from having a home to being homeless and (b) recognizing gratitude for life in the present that is peaceful, joyful, and fulfilling.

In the first theme, while journeying on a downward path from having a home to being homeless, physical illness like diabetes mellitus and mental disorders like schizophrenia and substance dependency led to bodily decline. One participant survived a steep fall off of a bridge and sustained multiple fractures requiring surgery and extensive rehabilitation. Participants described the physical pain associated with back pain and arthritis, and challenges of living with emphysema and severe cellulitis, which created frustration and limited bodily activity. Lived body was both concealed and revealed as participants described hallucinations and worsening

mental illness while living on the street without medication. Once a home was acquired, the theme, recognizing gratitude for life in the present that is peaceful, joyful, and fulfilling, was realized. Bodily improvement was noted when an exercise program was initiated, and weight loss occurred. Further, nine participants reported sobriety, and two participants admitted decreased substance use. Emphysema was managed with medication and oxygen leading to less dyspnea. Facial expressions and bodily posture reflected positive feelings and well-being.

Lived time. The temporal way of living in the world is known as temporality or lived time (van Manen, 1990). Lived time is a subjective experience embracing past, present, and future dimensions of being, including personal history, which influences present and future living. Three themes are linked to lived time including (a) journeying on a downward path from having a home to being homeless, (b) grappling with responsibility to hold on to home, and (c) yearning for a future life of promise.

The theme, journeying on a downward path from having a home to being homeless, reveals the length of time participants experienced homelessness ranging from six weeks and up to 15 years. During homelessness, participants indicated that time was static as they went through the motions of daily life, repeating patterns of behavior like substance use and meeting basic needs. Recalling the past experience of homelessness provided wisdom and appreciation for present day living. Participants recalled the past with an eye to recovery and rebuilding in the future. Lived time also is related to the theme, grappling with responsibility to hold on to home. Participants disclosed memories about past painful experiences including living a life of not having prior to being homelessness. Past history served as a springboard for persistence in maintaining a home despite limited finances, mental or physical illness, and meager furnishings. The third theme, yearning for a future life of promise, is also linked to lived time. The past

experience of homelessness shaped future life goals and expectations. Participants passed the time in their homes reflecting about the past while dreaming about the future including marriage, reunion with children, employment, and relocation. Further, participants used their time to learn or refine skills like cooking, painting, coloring, gardening, and stained glass. Lived time also included future plans such as a vacation at Christmas time, fishing trip in the spring, and shopping at a consignment store. Participants projected optimism and hope about future time, admission of possible “curves” in life, and desired a legacy of sharing stories with others.

Lived other. Lived other or relationality refers to interpersonal relationships and the existential sense of meaning and purpose in life including spirituality (van Manen, 1990). Lived other involves sharing physical space, forming impressions, and engaging in conversations. One theme is associated to relationality including building relationships that are affirming while setting boundaries.

Lived relationships were integral to participants including family, previous homeless friends, agency staff, new acquaintances, and spiritual being. Three participants disclosed that they were living alone for the first time. Although solitude was calming and peaceful, human relationships were desired to reduce feelings of isolation and loneliness. As a result, participants prayed, attend church, or reached out to friends who were still experiencing homelessness to ease loneliness. Maintaining these past relationships was essential, but appropriate boundaries were established including requesting a telephone call prior to visits and limiting contact due to known triggers for substance use. Reuniting with family relationships also occurred in person or through telephone contact providing an opportunity for healing and forgiveness. Establishing trust and rapport in relationships with staff was vital to participants. These relationships were known as “network” or “friend” and described as wonderful, therapeutic, and helpful. Staff relationships

were grounded in caring practices, considered critical and permanent, and enabled participants to grow personally and develop a sense of responsibility, self-confidence, and trust.

The structure of meaning of the lived experience of establishing a home after a period of homelessness is linked to the core constructs of the existential lifeworlds of space, body, time, and relationships. The existentials provide a framework for interpretation of the findings of the study.

Story Theory

The middle-range theory, story theory (Smith & Liehr, 2014), is consistent with the neomodernist (Reed, 1995) and unitary-transformative (Parse, 1981) views holding that human beings are continually transforming within the environment, creating meaning, with the potential for healing and health. Story is a recollection of one's experience in the present moment while holding to the past and future. According to Smith and Liehr (2014), story is a "narrative happening of connecting with self-in-relation through intentional dialogue to create ease" (pg. 228). These three interrelated concepts, connecting with self-in-relation, intentional dialogue, and ease, were applied during story collection. Purposeful engagement and true presence guided exploration of the complicating health challenge of establishing a home after a period of homelessness, and ease occurred through caring and reflection while connecting with self-in-relation.

Central to story theory, three processes were examined in view of the findings. These include (a) complicating health challenge, (b) developing story plot, and (c) movement toward resolving (Smith & Liehr, 2014). The complicating health challenge, establishing a home after a period of homelessness, is represented by two themes including a) journeying on a downward path from having a home to being homeless, and b) mustering resourcefulness to move from the

street to a home. Participants chose to participate in the study and openly described events that led to the downward trend into experiencing homelessness. Aside from agency staff and health care professionals, who were aware of participants' specific circumstances, this was the first encounter for participants to share their story in a structured manner. Without hesitation or embarrassment, candid descriptions of the experience of homelessness were shared including extreme weather conditions, living outdoors, hunger, and negative emotions. Relief was expressed for the opportunity to tell their stories about the descent to homelessness as well as the beginning ascent to acquiring a home. Mustering internal resources, participants became weary from experiencing homelessness and reached out to agency staff for assistance. Staff were instrumental in helping participants acquire a home, clothing, food, and health care to meet basic needs.

The story plot brings the meaningful events of the stories together as a whole (Smith & Liehr, 2014). During the conversation, the investigator queried participants to share past, present, and future perspectives. Themes related to the story plot include (a) creating a home that is secure and personal, (b) grappling with responsibility to hold on to home, and (c) building relationships that are affirming while setting boundaries. Participants described the importance of managing health problems, staff support, and community resources in creating a home. Further creating a home included arranging furnishings, acquiring personal possessions, and establishing daily routines. Once a home was acquired, challenges to maintaining a home were discussed including financial difficulties, lack of furnishings to bring comfort and rest, and difficulty complying with established rules for living in subsidized housing. Relationships were critical supports to establishing a home and easing loneliness. Participants explained how they built relationships with others where they lived, reaching out to family to bridge connections, and set

limits so as to avoid jeopardizing security and housing stability. Interestingly, six participants had devised affectionate nick names for one another.

Story plot includes high points, low points, and turning points (Smith & Liehr, 2014). High points included finding an apartment, obtaining a better job, developing a hobby, being a collector, or reconnecting with estranged relatives. Low points were limited finances, need for furniture, diagnosis of cancer, disconnection with family, persistent substance use disorder, or mistreatment by another. Deciding to leave homelessness and substance dependency behind were key turning points in improving one's circumstances.

Movement to resolving occurs during flow and attention to the story. Resolving to never be homeless again was expressed by each participant. A sense of ease was apparent in two themes including (a) recognizing gratitude for life in the present that is peaceful, joyful, and fulfilling, and (b) yearning for a future life of promise. Participants had formed a new way of living in their homes that embraced living in harmony with nature, self, and others. Appreciation was expressed for shelter and the ability to take a shower or use a toilet. Aside from meeting basic needs, home was a secure, safe place, where personal interests and skills could be explored and developed such as learning to cook for the first time, creating stained glass ornaments, paying bills on time, crocheting afghans, and learning to paint or garden. Participants dared to dream about a different, future life. During the second interview when the stories were read, participants shared further progress made in meeting responsibilities, achieving a goal, managing challenges. Following review of the reconstructed stories, participants indicated that they were glad to share their stories in the hope of helping another.

The theoretical framework for the study included story theory (Smith & Liehr, 2014) to gather a conversation from 14 participants about the phenomenon of interest. The seven themes explicated from the stories are congruent to the three concepts and three processes of the theory.

Implications for Nursing, Research, and Policy

Nursing. This study addressed the question, “What is the structure of meaning of the lived experience of establishing a home after a period of homelessness?” Through caring and true presence, the investigator led 14 participants to share a story about their experiences related to the phenomenon. From these conversations, seven themes about the structure of meaning were explicated from the core qualities during data analysis. The thematic findings of this study contribute to the knowledge base of nursing, link concepts to nursing practice, and advance the discipline of nursing (Reed, 1995).

Consistent with the unitary-transformative world view (Newman et al., 1991), personal knowledge and pattern recognition is presented as understood by the investigator and participant. This study contributes knowledge about the structure of meaning for participants who have experienced homeless and establishing a home reflecting a unique line of inquiry and reducing reduce a gap in the existing literature. For instance, in the theme, yearning for a future life of promise, participants shared future hopes and dreams like finding employment, returning to school, and acquiring more possessions. Similarly, the theme, grappling with responsibility to hold on to home, revealed personal insight about limited finances or continued struggles with substance dependency. This information may provide insights, concerns, and rich details about participants’ health, well-being, relationships, culture, and coping skills that may not be obtained through standardized measures.

Previous qualitative studies examined shelter living, housing programs, and the role of adversity and adjustment related to previous homeless experiences (Burlingham et al., 2010; Chen & Ogden, 2012; Fisher et al., 2014; Henwood et al., 2013; Mayberry et al., 2014; Ogden, 2014). This study is unique because the phenomenon was explored through the lens of story theory illuminating meaning from past, present, and future perspectives. Nurse practitioners and nurses in primary care practice may gain insight and perspective about the person by gathering a story. Information embedded in story may impact recovery and healing and identify ongoing challenges that can have negative health consequences such as high stress, mental and physical illness, and complications from existing conditions. Consideration should also be given to home visits and gathering a story, particularly during the first year, when persons are adjusting to a new home, to provide support, determine needs, and assess for mental or physical illness, social isolation, and adequate resources. As indicated in responses during the member checks, storytelling was beneficial to participants resulting in gratitude, “more motivation”, feeling of encouragement, and improved focus to stay on the right path. The stories were autobiographical essences of “what happened” promoting insight into present day living in the home in relationship to the past experience of homelessness.

Knowledge gleaned from the study may be used to inform nursing assessment, including gathering a story, using standardized tools in primary care or home health visits for prevention, early detection, and treatment of illness. Two themes point to the need for assessment of mental illness and substance use disorder due to persistent struggles including (a) journeying on a downward path from having a home to being homeless, and (b) grappling with responsibility to hold on to home. Three measures that may be useful to administer assessment include the Patient Health Questionnaire (PHQ-9) (Kroenke, Spitzer, & Williams, 2001) and Alcohol Use Disorders

Identification Test (AUDIT) (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001), and Drug Abuse Screening Test (DAST) (Skinner, 1982), which screen for depression and suicide, alcohol, and drug use respectively. The themes, (a) creating a home that is secure and personal, and (b) building relationships that are both affirming and limiting, indicate the importance of a healthy environment and relationships with consideration of affordability. A tool to measure overall quality of home environment is indicated such as the Quality of Life survey which measures living conditions, finances, recreation, and family (Greenley, Greenberg, & Brown, 1997).

Nursing practice may also include development of an educational program for participants who are establishing a home. The themes from the study may inform content of an educational or prevention program including (a) creating a home that is secure and personal, (b) grappling with responsibility to hold on to home, and (c) building relationships that are affirming while setting boundaries. Thus, education is needed about household maintenance, budget management, boundary setting in relationships, and communication and social skills. Information may be beneficial to participants in developing strategies to maintain balance in daily life while establishing a home.

Theme identification embedded in the structure of meaning of establishing a home also points to the need for an interdisciplinary approach to care. The complexity and dynamic interplay of themes includes (a) journeying on a downward path from having a home to being homeless, (b) grappling with responsibility to hold on to home, (c) creating a home that is secure and personal, and (d) building relationships that are both affirming and limiting. Early intervention is needed to hold on to home and prevent recidivism to homelessness.

Research. The willingness and enthusiasm expressed during the study by participants suggests that they want others to understand the phenomenon of establishing a home after being homeless. In fact, participants desired to share stories with others in the hope that others avoided similar mistakes and became knowledgeable about existing challenges. Aside from sharing stories, altruistic actions included providing a ride to the doctor, cooking a meal, or supplying personal possessions. The notion of altruism may be explored in future research as a variable of influence in relationship to establishing a home. Also, while the study included a racially diverse population, questions were not directed toward culture, and future research may focus more directly on cultural differences with consideration of educational and income levels while establishing a home.

The theme, building relationships that are affirming while setting boundaries, points to the need for further research. More knowledge is needed about the impact of affirming relationships and boundary setting on establishing a home. As a result, a descriptive study exploring the impact of varied relationships, including family, staff, and friends, on social isolation, health, and substance use disorder related to establishing a home after being homeless is proposed. Further, none of the participants in the study were married, and the influence of marriage or cohabitation on establishing a home may be fruitful. Findings from the study may yield information about housing stability as well as clarify individual, family, or community needs and roles when establishing a home.

Two themes, including 2) creating a home that is secure and personal, and b) grappling with responsibility to hold on to home, may provide direction for further research. A mixed methods study is proposed including qualitative focus groups and a quantitative survey using standardized measures. The purpose of the study is to query participants about factors that hinder

or contribute to successful establishment of home beginning with the exploration of the experience of homelessness. Other factors include sociodemographics, individual adjustment, employment, income, personal and community relationships, household management, marital status, and personal accountability for substance use disorder. Knowledge about specific preferences, needs, options, barriers, and challenges related to establishing a home may be revealed. Future research exploring the intersection of policy, the organization and delivery of health services, and the health of persons experiencing homelessness may yield important information about the full cost of regulatory barriers to housing.

Policy. Local policy implications exist based upon the findings of this study. Receiving subsidized housing and other benefits proved to be lifesaving for participants when establishing a home. However, one conundrum was adequacy of benefits verses gainful employment. As one participant shared, “you’ve got to live it like they want you to live it”. Thus, reviewing the guidelines for subsidized housing policy may be indicated. While, permanent supportive housing exists for persons experiencing mental illness including substance use disorder, mechanisms are needed to supplement subsidies with gainful employment to improve quality of life.

The structure of meaning may also be useful for discussion at local round-table interdisciplinary meetings. While findings may or may not come as a surprise, the findings may provide further insight into the vulnerabilities, concerns, and challenges faced by participants. For instance, in the theme, grappling with responsibility to hold on to home, lack of furniture was a repeatedly expressed, and few resources exist in the local community to supply this need. Although discarded furniture by students filled a void for a few participants, this was limited by location of the home or ability to transport furniture.

The structure of meaning of the lived experience of establishing a home may also guide local organizational policy when assisting persons with application for housing and other services including using a patient-centered, friendly approach with caring practices as identified in the themes, a) spinning on a downward path from having a home to being homeless, and b) mustering resourcefulness to move from street to a home. Reducing the stigma of homelessness and mental illness is sorely needed on a local, state, and national level. Further education is needed on prevention strategies, risk identification, and early intervention. While this study may not assist broadly, it nevertheless may assist with social change as information is disseminated locally.

Summary

This study revealed the structure of meaning of establishing a home after a period of homelessness. Establishing a home includes (a) journeying on a downward path from having a home to being homeless, (b) mustering resourcefulness to move from the street to a home, (c) creating a home that is secure and personal, (d) grappling with responsibility to hold on to home, (e) building relationships that are affirming while setting boundaries, (f) recognizing gratitude for life in the present that is peaceful, joyful, and fulfilling, and (g) yearning for a future life of promise.

This study was grounded in the theoretical underpinnings of phenomenology (van Manen, 1990) and story theory (Smith & Liehr, 2014). The findings of this study reduce the gap in the literature and advance the discipline of nursing. Further, the essence of the structure of meaning may inform nursing practice, nursing assessment, or local policy initiatives while reducing the gap in the literature. Further research is implicated addressing relationships, resources, and challenges when establishing a home.

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Figure 1. Flow of Information for Literature Search

Table 1. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
English speaking	Language other than English
At least 18 years' old	Less than 18 years' old and youth exiting foster care
Homeless at least one month	Homeless less than one month
Living in a residence no more than five years	Living in a residence for more than five years
Alert and oriented	Disoriented to time, place, and person
Willing to consent	Lack of willingness to consent

Table 2. Flyer

West Virginia University School of Nursing

Establishing a Home after a Period of Homelessness

Have you recently been homeless and found a new place to live? Would you be interested in sharing your story? The purpose of this research is to understand what you have gone through in establishing a home. Your story is valued. All information will be kept confidential. To participate in the study you must be:

- At least 18 years' old
- English speaking
- Previously been homeless for at least 1 month
- Currently living in housing up to 5 years
- Willing to sign a consent

In this study, you will be asked to do the following:

- **Participate in two interviews. Both interviews will take place in a quiet, private location of your choice. The first interview will last about 30 to 45 minutes, and the second interview will last about 20 minutes.**
- **Receive a token of appreciation for your participation after each interview.**

Monica Iaquina, co-investigator, is working to satisfy PhD requirements under the supervision of Mary Jane Smith, PhD, Primary Investigator from West Virginia University School of Nursing.

If interested in sharing your story, please call 304-266-8691 to set up an appointment.

This study has been reviewed and approved by the West Virginia University IRB.

Table 3. Questions

Interview Questions

1. “Tell me about what it is like living in your current home”,
2. “Thinking about the past, talk to me about what it was like to be homeless; how were you able to find a home”? and
3. “How do you see yourself moving forward to establish a home in your present house”?

Table 4. Survey

Survey

Tell us a little about you.

1. Are you male or female? _____Male _____Female
2. Are you a veteran? _____Yes _____No
3. What year were you born? _____
4. What is your race? _____African American
 _____American Indian/Alaska Native
 _____Asian American
 _____Caucasian
 _____Hispanic/Latino/Spanish
 _____Native Hawaiian/Pacific Islander
5. What is your marital status? _____Married
 _____Divorced
 _____Widowed
 _____Separated
 _____Never married
6. How many people live with you? _____
7. How long were you homeless? _____(Months or years)
8. How long did it take to find a home? _____(Months or years)
9. How did you find a place to live? _____
10. Are you currently working for pay? _____Yes _____No
 If yes, How many hours per week? _____
11. Do you have enough income to meet your needs for food/medication/rent? _____Yes _____No
12. Do you have an illness being treated by a health care provider? _____Yes _____No
 If yes, name of illness _____

Thank you for your participation.