



A culture of care: How Lotus House Women's Shelter heals program participants through genuineness, dignity, belonging, individualized attention, high expectations, and space

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Abstract

Aims. The present study was conducted to examine the culture of Lotus House Women's Shelter for the purpose of informing shelter programming and policies.

Methods. Our qualitative research followed a Participatory Action Research framework. Fifty diverse women graduates of the Lotus House Women's Shelter participated in eight focus groups to discuss their experiences with Lotus House and other shelters.

Results. Findings from this study highlight the elements that create a "culture of care" within an organization. Former participants described the shelter culture as genuine, defined by dignity and respect for participants as well as high expectations for independence and accountability, somewhere to rest and recuperate, a place where individual needs and experiences were understood and met, and a place of belonging and sisterhood.

Conclusion. Creating an organizational "culture of care" is an avenue by which any shelter or related organization can enhance the experience of program participants.

Keywords: homelessness; organizational culture; ethics of care; women's shelters; gender; homeless persons

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A culture of care: How Lotus House Women's Shelter heals program participants through genuineness, dignity, belonging, individualized attention, high expectations, and space

Women and girls make up about one-third of the homeless population in the U.S. (Moses & Janosko, 2019), and their experiences of homelessness differ from those of men and boys (Ferguson et al., 2015; Henry et al., 2019; Rew et al., 2008). For example, women experiencing homelessness more often have a history of abuse in childhood and adulthood (North & Smith, 1993; Ritchey et al., 1991; Zugazaga, 2004), and are more likely to be victims of violence while homeless (Roll et al., 1999; Evans & Forsyth, 2004). Women also use unique strategies to survive, such as hiding their bodies and downplaying their visibility (Casey, Goudie, & Reeve, 2007; Huey & Berndt, 2008), as well as using sex and intimate relationships for survival (Walls & Bell, 2011; Warf et al., 2013). In terms of consequences, women experiencing homelessness report enduring and perceiving greater safety issues than men (Jasinski et al., 2005; Milburn & D'Ercole 1991) and, in some cases, more significant health consequences (Muñoz et al., 2005).

Gender differences in the antecedents, nature, and consequences of homelessness persist while individuals reside in the shelter system (de Vet et al., 2019) and in permanent supportive housing (Winetrobe et al., 2017). Longitudinal research finds that women living in shelters are less likely to be educated, more likely to be unemployed, more likely to have been victimized, less satisfied with their health and empowerment, lower in self-esteem, and higher in psychological distress than their male counterparts (de Vet et al., 2019). This research concludes that women in homeless shelters are especially vulnerable and in need of shelter experiences that support their social relationships and quality of life. Therefore, understanding the benefits and downfalls of women's shelter experiences is critical for addressing their needs and supporting their transition out of homelessness.

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Women's shelter experiences

Past research on women's experiences with homeless shelters uncovers both drawbacks and benefits. In many studies, women report feeling "let down" by the attitudes and behaviors of homeless service providers (Phipps et al., 2018). They have described a lack of support and respect from service providers, including feelings of being stereotyped by the staff as "bad mothers" or drug addicts (Cosgrove & Flynn, 2005; Reppond & Bullock, 2020; Sznajder-Murray & Slesnick, 2011). Another study detailed how women in shelters felt talked down to and treated like children (Mayock et al., 2015; Reppond & Bullock, 2020). Other work has found that shelter staff failed to inquire about women's history of violence victimization (Huey, Broll, Hryniewicz, & Fthenos, 2014), missing the opportunity to recognize women as individuals with unique needs and histories. Similarly, women expressed that they were not asked to detail their related mental and physical health outcomes (Huey et al., 2014).

Pertaining to shelter operations, women have described experiencing limited access to services and a lack of coordination among the numerous services offered (Hamilton et al., 2012). Other negative attributes of the shelter system were the bureaucracy and strict system of rules (DeWard and Moe, 2010). Women also described the shelter system as too confusing and chaotic (Davis-Berman, 2011). Program participants described difficulty obtaining information about available programs and resources (Hamilton et al., 2012; Huey et al., 2014). Research also found that shelter program participants wanted shelters to be more comfortable and less institutionalized (McLeod, & Walsh, 2014).

Some studies, however, hold more hope for the potential of shelters to support the healing and recovery of women experiencing homelessness. In one study of women in "strength-based" shelters, participants expressed that the shelter staff was supportive (Cosgrove & Flynn, 2005).

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3 In these more successful shelters, the staff used feminist models of intervention that emphasized
4 women's strengths and competencies. In another study, abused women's service providers were
5 rated more highly by shelter participants than homeless adult and youth service providers,
6 perhaps because of the targeted nature of the services and community (Asmoredjo et al., 2016).
7
8 Finally, some women have the experience of feeling competent and autonomous in a shelter, as
9 seen in a study of sheltered women who were able to re-frame their experiences from being
10 passive victims to survivors (Glumbíková & Gojová, 2020).
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Shelter culture

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21 Much is known about the pros and cons of specific shelter services, such as child care
22 (Dashora, Slesnick, & Erdem, 2012), mental health counseling (Sleath et al., 2006), employment
23 services (Radey & Wilkins, 2010), health care (Wenzel, Leake, Anderson, & Gelberg, 2001),
24 drug and alcohol treatment (Slesnick & Erdem, 2013), and case management (Heslin, Andersen,
25 & Gelberg, 2003). But the context in which these services exist, or the culture of the shelter, is
26 equally important for women's health and well-being. Indeed, many of the shelter experiences
27 described in the previous section were directly related to organizational culture, such as having
28 supportive staff who spend time finding out about shelter participants' lives.
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41 Organizational culture includes underlying beliefs and assumptions, shared values, and
42 ways of interacting that contribute to the organization's social and psychological environment
43 (Schein, 1992). Organizational culture is enduring, being rooted in fundamental values and
44 beliefs (Chatman & O'Reilly, 2016). These may include things like the importance of customer
45 focus, teamwork and cooperation, or adaptability (Denison & Mishra, 1995). A strong sense of
46 shared values, attitudes, and practices indicates the organization is a bounded unit, and provides
47 it with a distinct identity that influences the behavior of all members (Schein, 1985).
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Several validated measures of organizational culture exist, such as the highly popular organizational culture profile (OCP) measure, which assesses seven organizational culture dimensions. The dimensions included in the OCP measure are: innovativeness, stability, respect for people, outcome orientation, attention to detail, team orientation, and aggressiveness (O'Reilly et al., 1991). These measures have been used for a variety of purposes, including to evaluate and create organizational change (e.g., Gaucher & Kratochwill, 1993).

However, existing measures of organizational culture have typically been developed, tested, and validated on for-profit businesses rather than service organizations such as homeless shelters. The OCP, for example, has been used to understand the culture of government agencies (O'Reilly et al., 1991), public accounting firms (Sheridan, 1992), private consulting firms (Adkins & Caldwell, 2004), and technology firms (Hartnell et al., 2016). These businesses differ from homeless shelters in countless ways, such as their size, mission, funding source, and social status. The qualitative differences between businesses and homeless shelters are likely too varied and vast for typical organizational culture measures to be applied with accuracy and validity to shelters. While some nonprofit institutions have been examined using validated organizational culture measures, such as high schools and universities (Erdogan, Liden, & Kraimer, 2006; Erkutlu, 2011), these also differ tremendously in the populations they serve and the goals of the organization. Therefore, in our investigation of shelter organizational culture, we took a bottom-up, qualitative approach to understanding the culture of one particularly successful women's shelter in Miami, Florida: Lotus House.

We focused on organizational culture as a concrete and actionable aspect of shelters because not all shelter services and affordances may be transferrable to other shelter environments. All shelters, however, have an organizational culture that can be evaluated and

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3 improved (Alvesson & Sveningsson, 2016). Aspects of shelter organizational culture that have
4
5 been described favorably by program participants include a culture of humane treatment,
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7 evidenced by staff that are friendly, nonjudgmental, and considerate (Kerman et al., 2019). On
8
9 the other hand, some shelters lean more toward a culture of social control in policies and
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11 practices are focused on changing the behavior of individual women (Hartnett & Postmus, 2010).
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15 Studying the culture of shelters is a critical next step towards understanding and
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17 addressing homelessness, as shelter policy and program factors are seen as playing a strong role
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19 in participants' outcomes (McDivitt & Blasco, 2015). For example, shelters that use trauma-
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21 informed models have better outcomes than "treatment as usual" for program participants
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23 (Hopper, Bassuk, & Olivet, 2010). Indeed, organizational culture is generally known to influence
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25 the beliefs, attitudes, and behaviors of those in the organization, with strong and positive cultures
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27 leading to improved outcomes for organizational members and organizational performance (e.g.,
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29 Hartnell et al., 2019).
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Lotus House

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35 Lotus House, in Miami, Florida, is one of the largest women's shelters in the U.S.,
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37 sheltering over 490 women, youth, and children nightly. Lotus House employs evidence-based,
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39 trauma-informed practices, and innovative and holistic approaches to ending child and family
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41 homelessness that range from long-term therapeutic support to medical, dental, and eye care to
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43 meditation and yoga spaces to programming for LGBTQ shelter participants. Lotus House is
44
45 nationally-known for providing superlative services to women and children experiencing
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47 homelessness, made possible through a large private endowment, as well as for its building and
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49 facilities, which have been recognized with a Structures Awards from South Florida Business
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51 Journal and a Project of the Year Award from the South Florida and Caribbean Urban Land
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Institute, praising their non-institutional design (Lotus House, 2018). Most relevant to this study, however, is Lotus House's reputation in the local community and among those experiencing homelessness in South Florida as having a supportive culture.

The present study was conducted to examine the experiences of a diverse group of women program participants in Lotus House Women's Shelter, for the purpose of informing future programming and policies specific to women's shelters in general. We focused specifically on perceptions of the organizational culture at Lotus House among Lotus House "graduates" who successfully transitioned from the shelter to stable housing. In 2019, 87% of program participants successfully exited Lotus House.

Methods

Participants

Fifty women graduates of the Lotus House Women's Shelter participated in eight focus groups. Of these, 40 completed paper-and-pencil demographic surveys. Participant ages ranged from 27-66 ($M = 53.28$, $SD = 10.03$). Seventy percent ($n = 28$) identified as Black or African American, 17.5% as White ($n = 7$), 10% as Hispanic/Latina ($n = 4$), and 2.5% as Black/Hispanic ($n = 1$). Of those who responded to the question about their sexual orientation ($n = 27$), 88.89% self-identified as heterosexual ($n = 24$), and 11.11% self-identified as Lesbian/Openly Gay ($n = 3$). Of those who provided a numerical response for "Current Income" ($n = 18$), the average amount of monthly current income was \$595.32 ($SD = \649.56). All participants had resided at Lotus House after a period of homelessness and graduated from the program. Participants' average length of stay at Lotus House was 11.21 months ($SD = 5.97$).

Participants were recruited through the Lotus House Project Coordinators, who placed individual calls to known graduates inviting them to participate. Focus groups took place at

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Lotus House. Participants were given \$25 Target gift cards as incentives, as well as provided breakfast or lunch, depending on the time the groups took place.

Procedure

The focus groups lasted on average one hour and 25 minutes. Groups were facilitated by the first or second author. After obtaining participants' consent, the discussions were recorded on digital voice recorders. The groups were conducted in English, although participants occasionally used Spanish or Creole phrases or terms.

Our research followed a Participatory Action Research framework (PAR; Chevalier & Buckles, 2013) in which Lotus House community members, including leadership and former shelter program participants, worked collaboratively and iteratively with the researchers to shape the research questions, methods, measures, and findings, including co-authoring the current paper. PAR is distinct from other approaches in its centering of democratic, equitable, liberating, and life-enhancing focused research (Baum, MacDougall, & Smith, 2006; MacDonald, 2012). In addition to centering participants and key stakeholders' views in the research process, PAR also explicitly prioritizes engaging in research for social change (Baum et al., 2006; Corbett, Francis, & Chapman, 2007). Specifically, throughout the process there is an understanding that the research should aim to enhance, improve and sustain equitable life outcomes related to the project topic (Corbett, Francis, & Chapman, 2007; MacDonald, 2012). The first step in doing this was the creation of discussion guides. These were initially developed using existing research on women's experiences with shelters in the U.S.; these were then modified through a series of in-person meetings with the Lotus House Executive Director, Health and Wellness Director, and Project Coordinator. After this, the focus group questions were pre-tested on a sample of Lotus

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House staff who were former program participants of Lotus House, and additional adjustments to language and content were made.

The focus group discussions explored women's experiences and attitudes with shelters in South Florida, including but not limited to their time as program participants at Lotus House, and their experiences of street homelessness. In a total of 12 questions, participants were asked about their experience at Lotus House, their time spent at other shelters (if any), the challenges they faced while homeless, their coping and safety strategies while homeless, what the ideal shelter would look like, and how Lotus House could improve. Given the sensitivity of the topic, several steps were taken to protect participants' privacy and create an atmosphere of comfort and trust. Drawing upon PAR examples, this including having trusted Lotus House staff members lead the recruitment and introductions between staff and research team members to increase the credibility and importance of the work for benefiting women experiencing homelessness (Corbett et al., 2007). The use of pseudonyms on large name tags to avoid personal name identification and holding the meeting in a commonly used program room for trainings to avoid identification of the study purpose to outsiders were also steps taken to ensure additional levels of privacy. Additionally, sessions began with a buffet lunch with participants and team members in a circular seating set up; this allowed for informal conversation and equitable interactions in the space (Corbett et al., 2007; Ross, 2017). Finally, research team members also shared their level of knowledge about the study topic, including their gaps in knowledge, to ensure participants were centered as the experts of the topic of interest (Baum et al., 2006).

Analyses

Thematic analysis was conducted on the interview transcripts using guidelines established by Braun and Clarke (2006). Thematic analysis is a well-established qualitative

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3 method that enables a flexible analysis of complex data by reducing the data into themes (Braun
4 & Clarke, 2006; Crowe, Inder, & Porter, 2015). The purpose of thematic analysis is to delineate
5 participants' subjective feelings, thoughts, or behaviors with accuracy. Consistent with thematic
6 analysis, we identified themes related to organizational culture that strongly emerged from the
7 data, and did not try to fit them into a pre-existing framework for organizational culture (Braun
8 & Clarke, 2006; Patton, 1990).

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17 The data were coded by two coders, the third and fourth authors, trained by the first
18 author, using the following steps; First, two focus group transcripts were selected at random and
19 read individually by the two coders and the first author. These authors separately identified
20 initial codes related to organizational culture that emerged from the transcripts. These initial
21 codes were discussed together, and an initial code book was created. Each of the two coders then
22 separately read and coded two additional focus group transcripts using the initial codebook. In a
23 second meeting, this coding was compared and contrasted, and the codebook was updated based
24 on insights from discussion. The final, updated codebook was then used by the two coders to
25 code two more transcripts. The coding from these transcripts resulted in an interrater reliability
26 of $\kappa = 0.83$. All disagreements were resolved through discussion. Given that the high interrater
27 reliability at this stage (Belotto, 2018), the two coders moved to code the remaining 2 transcripts,
28 and then returned to code the first four transcripts using the final codebook. Inconsistencies
29 between the themes were addressed together until there was 100% agreement, resulting in 6
30 organizational culture themes.

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49 Ethical clearance was granted by the Institutional Review Board of the PI's university.
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51 Additionally, two organizational staff members served as cultural consultants to ensure that the
52 procedures and research tools were culturally appropriate, and to assist the researchers with their
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own reflexivity regarding their roles, power, and influence as outsiders to this community and experience (Corbett et al., 2007). This was achieved through regular team meetings throughout the study design, implementation, and data analysis phases.

Results

Analyses revealed a “culture of care” from within the organization. The “culture of care” was comprised of six themes, each of which highlighted aspects of interpersonal treatment: (1) *Genuineness*, (2) *Space to rest and recover*, (3) *Expectations for independence and accountability*, (4) *Being treated with dignity and respect*, (5) *Individualized attention and care*, and (6) *Sense of belonging*.

Genuineness.

Genuineness was defined as shelter leadership and staff having authentic and transparent interpersonal motives that were non-transactional. Participants specifically mentioned that Lotus House was different from other shelters because Lotus House staff did not want anything from the participants.

You know I was given a startup bag which is a bed in a bag, personal hygiene, clean towel- pretty colors, pretty washcloth and I'm like “they want something”. But at the end of the day didn't want nothing they didn't want nothing except for me to rest and get my life in order and they actually was truthful about it. (Lola)

Participants also reflected on how Lotus House genuinely cared about their well-being and recovery:

So basically the difference between other shelters and Lotus house is that they give you a little bit more time and they value you. When I first came to Lotus House the biggest difference was that I felt that they cared...” (Kim)

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At other shelters, involvement in religious events, following strict rules limiting independence, or quick full-time employment, are required of participants in order to access services (Dickinson et al., 2017). For example, faith-based programs, which constitute a substantial portion of the services system for people experiencing homelessness (Heslin, Andersen, & Gelberg, 2003), can be controlling and demanding, requiring members to profess a particular faith and/or attend religious events in order to qualify for services (Mulder, 2004). The culture of Lotus House, however, was not “exchange oriented,” in which benefits were given with the expectation of returns (Clark & Mills, 1993), but based on genuine care and a felt responsibility for meeting the needs of participants.

Ability to rest and recover.

The *ability to rest and recover* theme was defined as the institution providing sufficient space and time for program participants to heal. In the following quote, Kim reflects on how the organizational culture of Lotus House gave her the freedom to take care of herself and psychologically and physically relax.

Because that's what you need after it's like you take a sigh of relief it's like I was holding my breath for so long and I could relax and just de-stress for a few days; that is very important you know, those two things, being valued and actually feeling like people care and being able to actually relax like you are in a good safe space. (Kim)

Dominique, meanwhile, pointed to Lotus House's long-term shelter stay as providing sufficient time to rest and recover from her experience of homelessness.

...you know like both of the ladies said, truth is, unlike most shelters, you're there roughly 2 months they may give you 3, depending on your case. But that's it. You're talking about an unrealistic idea that "okay, within these 2 months, or 3 give or take,

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3 you're gonna find a job, find a place, save some money along the way, and go. And, it
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5 wasn't ideal so when I got to Lotus House back then it was a year. Or roughly up to a
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7 year. (Dominique)
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10 Supporting this experience, the average length of stay at homeless shelters in the U.S. is only
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12 about 2 months (McDivitt & Blasco, 2015). In fact, the Florida Council on Homelessness
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14 recommends short-term shelter stays and quick transitions to housing (Florida's Council on
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16 Homelessness, 2020). While "housing first" and rapid re-housing programs may help some
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18 families and individuals avoid future homelessness and maintain stable housing (Greenwood et
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20 al., 2020; Spellman et al., 2014), many participants in our sample explained that their lengthy
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22 stay at the Lotus House shelter helped them prepare for independent living:
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26 Interviewer: And you said, uh, what were you saying, would it have been better going
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28 into an apartment? How would it have been different or the same?
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30 Set it off: It was better going through Lotus House
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33 Interviewer: Why?
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35 Set it off: Because I didn't have any other options. I couldn't go to my people, and I
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37 wanted, like she did, she did everything on her own, and I wanted to do everything on my
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39 own.
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42 Interviewer: So that was important for you to do everything on your own?
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44 Set it off: Yea, it don't make no sense to go do something if you're not ready to do it some
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46 of those times. Then you're not ever going to succeed.
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Expectations for independence and accountability.

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50 *Expectations for independence and accountability* was defined as leadership and staff
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52 holding program participants to high but achievable standards, including following basic rules
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3 and developing independent living skills. Nikki explained that being expected to follow rules
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5 prepared her for living in her own apartment:
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8 And one of the things that Lotus House taught me, which I'm so grateful for, is how
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10 more, how to follow rules. I mean really truly you gotta follow the rules and new
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12 direction. I was just beginning to learn to follow rules. Lotus House, they instill it into
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14 me. So then I was ready to go to my own apartment. (Nikki)
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17 Lola explained that the culture of Lotus House supported her in being more accountable, a trait
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19 that she internalized and now takes pride in.
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21 "You made a commitment" (Rai)

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23 "You made a commitment you need to honor it. That's what it gave me too. I am like a
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25 woman of my word. If I said I'm going to be there, I'm going to be there. If I say I'm
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27 going to do it, I'm going to do it." (Lola)
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31 Research on homelessness finds that Lola's increase in self-efficacy and self-esteem is related to
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33 readiness for independent living (Epel, Bandura, & Zimbardo, 1999) and active coping
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35 (Nyamathi, Stein, & Bayley, 2000), making self-reliance an important step in these women's
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37 transition from homelessness.
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40 Another participant explained that the services Lotus House provided supported her
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42 independence:
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44 "I mean, they tried to establish you so when you leave Lotus House you can stay self-
45
46 sufficient.... I'm totally self-sufficient now and I live in Independent Structures
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48 Living... They taught us how to budget our money, I took a food class and graduated, I
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50 got a certificate, we had what was the thing? Body talk is that what it was called? body
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52 talk? Yeah, we had Body Talk, we had aerobics, we had arts and crafts." (Lisa)
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Being treated with dignity and respect.

Being treated with dignity and respect was defined as leadership and staff treating program participants with respect and humanity. While participants did not explicitly use the terms “respect” and “dignity” in recounting their experiences with the shelter environment, several specific examples made these clear. First, Betty described being listened to deeply by the staff, and not interrupted in telling her personal story upon intake:

When I did get the interview with her, and she said tell me about yourself and I hate talking. God. And I went to talking and so she- she just look and she never interrupt me she would let me run my mouth, and she said: “do you need to tell me anything else?”
(Betty)

Another example came from Renee, who recounted a time that staff members apologized to her after they made a mistake:

My drug test came up positive for methamphetamine. It was my fault. Because she gave me Zantac, it was a false positive. The psychologist figured it out. So the psychologist and director apologized to me. (Renee)

This respect from staff and leadership is contrary to other accounts of shelter systems, which describe strong power differences between participants and staff and demeaning treatment (DeWard & Moe, 2010). Indeed, research finds that people experiencing homelessness are among the most frequently dehumanized groups, being denied humanity and treated like objects or numbers (Harris & Fiske, 2006). At Lotus House, however, Kim remarked:

“I wasn't just a number. It was a different experience.” (Kim)

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The respect Lotus House showed to participants was also mutual, with participants expressing a great deal of respect for staff leadership:

...it brings tears to my eyes cause like [leader name] is really, really awesome... I remember one time I asked her, I said, what made you decide to open a shelter? Because she was a lawyer. Like she, she's like corporate lawyers and everything, and I like, I had the utmost respect for her ever since she said because it was, I was 13 years old and I went on a trip to New York with my friend and her family, and we were walking along the street and I saw a woman, you know, digging in the trash and people who are just passing by her, but she didn't matter. She was cold and she, you know, she was just really, really just, no, she just looked out of it. I just, it stuck with me all of these years...(Yubraska)

Individualized attention and care.

The *individualized attention and care* theme was defined as staff providing one-on-one support to program participants. Beyond treating participants with dignity/respect and authenticity, staff took the time and effort to engage with and support the specific needs of each shelter participant. With Sweet Peaches, this took the form of shelter leadership writing personalized letters on her behalf to the court system:

Seriously, I really respect her for stuff she has done for me. You know, while I'm away, helping me. You know, writing letters to the judge, trying to help my attitude in here...
(Sweet Peaches)

Another participant explained that Lotus House staff made appointments for her in her job search:

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3 ...and by the time and I never forget looking for a job and Chef would be helping me
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5 looking for a job and Miss Rai would be getting me into the appointment and stuff like
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7 that... (Lola)
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10 Lisa explained that she could still rely on her individual relationships with Lotus House staff
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12 even now that she is an alumna:
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14 I feel like I can always come to Lotus House If I ever need it. Like if I need to talk to
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16 somebody, I mean, you know, mentoring or counseling or something, I can go to [leaders
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18 and staff members] or anybody and say, listen, I need to talk to somebody. You know,
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20 before, I don't want to make a bad decision. I'm scared. You know what I'm saying.
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22
23 (Lisa)
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26 Finally, Caveman Mama explained that she was personally looked after by the Lotus House
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28 founder and CEO:
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30 You know, when I came here, [leader name] made sure that I went to rape treatment
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32 counseling at the hospital, she made sure that I ate, she made sure that I wasn't eating
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34 junk. She just made sure I was going to my appointments, stuff like that, you know.
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37 (Caveman mama)
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40 Individualized consideration is a key component of transformational leadership.
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42 Individualized consideration means demonstrating high concern for followers, treating them as
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44 individuals, getting to know them, and listening to their concerns and ideas (Judge & Piccolo,
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46 2004). Research over the years has shown that transformational leadership is related to a number
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48 of positive organizational outcomes, including motivation, performance, and satisfaction of the
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50 organizational members, especially towards their leader (Bass & Avolio, 1994). In this sample,
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3 the Lotus House program participants consistently expressed their admiration for staff
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5 leadership, whose leadership style strongly influenced the shelter culture.
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Community orientation.

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10 *Community orientation* was defined as program participants feeling included and part of a
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12 community. Participants described Lotus House as being a place where they felt deep and life-
13
14 long belonging.
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17 Thank you! Okay. This is what, this is what Lotus House is. A place where you can go to
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19 and where you can redeem yourself. A place where you can go when you need help. A
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21 place that's not just a shelter, it's home. Inside it has walls and its beautiful women and
22
23 children. There is not place on earth that I would rather be, with no offense to Mister
24
25 Walt Disney, although I really love Mickey Mouse. Lotus House. The best place on earth
26
27 is Lotus House. (Lisa)
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29

30
31 Participants also mentioned that the all-women nature of Lotus House allowed for close female
32
33 bonding:
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35
36 That's where I crashed because what was going on should not have occurred. Then once I
37
38 came here it was like I said, it was sisterhood for me. It was the sisterhood. (Deborah)
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42 But they made me feel welcome and the hospitality was off the charts! By the time I was
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44 going and meeting people, I said I'm in the shelter down the street, you know Lotus
45
46 House? They dropping me off and coming to see me. They- I don't know how that
47
48 dissipated that embarrassment, that feeling. But I was glad to be part of Lotus House.
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50
51 Lotus House girls! (Sharonne)
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(Following this, the entire focus group spontaneously chanted in unison “Lotus House girls!”)

Taken together, these quotes demonstrate that program participants felt a “psychological sense of community” at Lotus House (Nowell & Boyd, 2010). A psychological sense of community is defined as including a feeling of belonging or relatedness, a sense of mattering to the group, a feeling that group members’ needs will be met, and a shared emotional connection (McMillan & Chavis, 1986). Psychological sense of community correlates with many positive outcomes for organizational and residential members, including community participation (Talò, Mannarini, & Rochira, 2014), intention to stay in the residence (Perkins et al., 1990), and increased health and well-being (Coulombe & Krzesni, 2019). Program participants’ feeling that they were a part of a prideful sisterhood, one that they could call home and always return to, communicates all the elements of a psychological sense of community.

Discussion

Findings from this study highlight the essential elements that create a “culture of care” within an organization. In the case of the Lotus House Women’s Shelter, this culture enabled program participants to heal from trauma and return to lives of independence and civic participation. Former participants of the shelter described the shelter culture as genuine, defined by dignity and respect for participants as well as high expectations for independence and accountability, somewhere to rest and recuperate, a place where individual needs and experiences were understood and met, and a place of belonging and sisterhood.

Our concept of an organizational “culture of care” has overlap with the concept of an “ethics of care” from social work, nursing, and philosophy (Edwards, 2009); indeed, work on an “ethics of care” (also known as “care ethics”) inspired our nomenclature. The concept of an

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“ethics of care” grew out of feminist philosophy as an “alternative moral epistemology” (Walker, 1989, p. 15) in which moral action and thought was centered around relationships rather than rights. Demonstrating this, participants did not describe Lotus House in terms of the rights it afforded them, the justice it served, or principles maintained; instead, participants described their interactions with Lotus House in terms of nurturance, community, mutual respect, and genuine connection. Indeed, the rights and obligations afforded Lotus House participants were accepted and internalized because they came from a place of caring. Consistent with care ethics, members of a culture of care are attuned to others in their professional environment, and care for others as both a social and political practice as well as a virtue and habit (Leget, van Nistelrooij, & Visse, 2019).

Practical Implications

Creating an organizational “culture of care” is an avenue by which any shelter or related organization, irrespective of size, infrastructure, and financial resources, can enhance the experience of program participants through positive and genuine interpersonal treatment from leadership and staff. Our definition of a “culture of care” has implications for staff and leadership hiring and training, as well as for the creation of shelter policies, programs, and philosophies. First, shelter leaders and staff should be selected and trained on transformational leadership principles, including idealized influence, inspirational motivation, individualized consideration, and intellectual stimulation (Bass & Avolio, 1994; Northouse, 2016). These leadership dimensions are especially aligned with the culture of care elements of *genuineness, sense of belonging, individualized attention and care, expectations for independence and accountability, and being treated with dignity and respect.*

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3 Second, shelter policies, programs, and principles should adopt a person-centered
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5 approach in which program participants are treated with unconditional positive regard,
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7 empathetic understanding, and congruence (Hazler, 2016)- the core conditions of person-
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9 centered therapy. Specifically, staff and programming should take an accepting and non-
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11 judgmental approach to program participants, should communicate their desire to understand and
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13 appreciate the participant's perspective, and should be willing to relate to participants
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15 transparently without a façade. These conditions highlight the inherent dignity, autonomy, and
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17 value of participants, consistent with the elements of the culture of care.
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21 Third, while “housing first” programs may be best practices for many families and in
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23 many situations in the U.S. and across the globe (Greenwood et al. 2019; Spellman et al., 2014),
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25 some individuals experiencing homelessness may benefit from long-term shelter stays, provided
26
27 that the shelter culture is supportive and caring, and gives participants space and time to heal.
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29 Lotus House participants described being deeply grateful for their long-term stay at Lotus House.
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31 Unfortunately, the number one reason that individuals experiencing homelessness do not seek
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33 shelters is lack of available beds (McDivitt & Blasco, 2015). In 2019, the total population of
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35 people experiencing homelessness in the U.S. exceeded the number of available beds by over
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37 257,000 (Statista, 2020). Thus, investment in the basic infrastructure of shelters is still needed.
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Limitations

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42 There are a series of limitations to address. One limitation is that direct causal inferences
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44 about the effects of “culture of care” implemented by Lotus House cannot be made based on this
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46 study. Causal inferences are fostered by a study design with randomization and temporal
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48 precedence between constructs and outcomes of interest (Campbell & Stanley, 2015).
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52 Additionally, selection bias may be present in the study since participants self-selected into the
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3 study (Norris, 1997; Robinson, 2014). Another limitation inherent to qualitative methods is that
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5 the sample is not representative of all women experiencing homelessness; therefore, findings are
6
7 not generalizable to different samples of women who experience homelessness (Maxwell &
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9 Chmiel, 2014). In fact, the sample represents program completers who transitioned into stable
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11 housing after utilizing a unique shelter service in a specific geographic location.
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Future Directions

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17 The ongoing study of the organizational culture of shelters is critical for the development
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19 of inclusive, effective and safe shelter environments. Future directions should include the
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21 development of a scale that measures “culture of care” and integration of the idea of a “culture of
22
23 care” into organizational literature. In addition, future studies should examine the antecedents
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25 (e.g., leadership) and consequences (e.g., successful re-housing and psychological symptoms) of
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27 culture of care through quantitative and longitudinal methods, comparing across shelters. The
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29 discovery of a “culture of care” in shelters should also inspire the examination and
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31 implementation of a “culture of care” in other nonprofit settings and other settings in which the
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33 individuation, dignity, healing, and belonging of organizational members is of primary
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35 importance.
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