

The Psychological Effects of Working as a Night Support Worker in a Homeless Hostel:

A Qualitative Analysis

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Abstract

As homelessness is becoming a growing public issue, staff members working in homeless hostels are often the first point of contact homeless people encounter. This qualitative research aimed to look at the psychological effects and to explore the impact of complex challenges that night support workers encounter in homeless hostels, and how these challenges affect their work and personal lives. There is a gap in literature regarding night support workers and the effects they encounter working in the homeless sector. This research involved 5 participants who are directly employed as night support workers for a homeless hostel provider in Ireland (3 males and 2 females). A purposive sampling method was employed for this research. Participants took part in a semi-structured interview and data were analysed using “thematic analysis”. Some prominent themes such as burnout, secondary trauma, compassion fatigue, housing crisis and the importance of support were identified amongst the night support workers in this study. These findings contribute to the understanding of the complex challenges that are faced by frontline workers in homeless hostels, and the impact they have on the individual. Implications of this research could inform policies and organizations to support their staff members who are working in homeless hostels, and could further guide future research in the area.

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Introduction

Over the last decade, homelessness has become a growing social problem in Ireland (NewsTalk, 2019). In spite of the great deal of attention it received in 2016, when an allied group of housing activists, homeless people and trade unionists occupied an empty National Asset Management Agency (NAMA) office building in Dublin in order to highlight the social housing issues that Ireland is currently facing, there still remains a lot of controversy about the depth of the problem.

We have seen a rise in homelessness by 17% since 2017, and it continues to be on the rise. In Ireland, there were 9,274 people accessing homeless hostels in 2018 and that number has since increased to over 10,000 in 2019 (Kilraine, 2019). Homelessness has affected so many lives including those directly impacted by it, society, the government and those working on the frontline to support those accessing homeless hostels.

The public sector has since introduced innovative programs that have sought to reduce homelessness and help those at risk of experiencing homelessness such as incentives for landlords, housing assistance payment (HAP), emergency shelters and family room occupancy hotels. However, little attention is paid to service providers who deal directly with the homeless population accessing homeless hostels. The author wants to primarily focus on the effects of working in the homeless sector and dealing with clients as a night support worker as there is very little research in this field.

The role of night support worker in the homeless serving workforce is of paramount importance as they are usually the first point of contact homeless people deal with. Their role is to respond adequately to the needs of service users and safeguard the welfare, safety and well-being needs throughout the night. Night support workers are responsible for being liable not only to service

users, but to their staff members and the organisation, coupled with providing a quality filled service and affect change, be it physically, mentally and emotionally.

As one can imagine, working in homeless services can be quite demanding and challenging for the simple reason that the worker is exposed to service users who are experiencing family breakdown, trauma, addiction, mental health, and abuse, just to name a few. Without the adequate training and support from managers and/or organization, staff members can begin to feel psychological effects such as burnout, secondary trauma, and compassion fatigue as a result of working in these environments. These effects can be further challenged by a lack of supervision and support from managers and low salaries which then can result to not providing effective services as a frontline worker (Brushfield, 2017).

This literature review will seek to explore the psychological effects discussed above in social-care/ health-care work settings.

Literature Review

Burnout

American psychologist Herbert Freudenberger (1989) coined the term burnout to describe ramifications of severe stress. Initially the term was used only for helping professions such as doctors and nurses, who were seen to sacrifice themselves for others, and in the end would end up feeling burned out. However, this has since changed as the term can affect anyone in any profession (Informed Health, 2012). Surprisingly, even after a lot of investigation, scientists cannot agree on a definition. According to Wit and Nawaz (2013) burnout is job related stress. Symptoms of burnout may vary from depersonalization, exhaustion and cynicism.

In an article by Hu, Chen and Cheng (2016) the authors studied the correlation between burnout, long working hours and physical inactivity among full time employees. The findings revealed that there was a correlation between working long hours and burnout in females younger than 50 years who were physically inactive. This suggests to the reader that if a person is working long hours (60 hours per week) they have a lower chance in partaking in physical activity due to being exhausted from work. Hence, limiting working hours to 40 hours can prevent the development of burnout.

In a study carried out by Ehring, Razik and Emmelkamp (2011), the researchers wanted to look at the prevalence and predictor of emotional disorders such as post-traumatic stress disorder, anxiety and burnout in Pakistani earthquake recovery workers. This was of particular interest to the authors because no study had looked at recovery workers involved in natural disasters being affected by emotional problems. The results revealed that recovery workers experienced higher levels of post-traumatic stress disorder (46%) and low levels of burnout. This finding suggests that repeated exposure to distressing material does not mean that one is likely to develop burnout.

Toppinen, Ojajärvi , Kalimo , & Jäppinen (2005) showed that burnout was a huge predictor of medically certified sickness leave absences. They collected their data from 3,895 industrial employees from a company and found that burnout increased sickness leave. The study also revealed that burnout was highly linked to increased risk of future illnesses such as mental and behavioural disorders and even affected the circulatory system. This suggests that preventing burnout can lessen future absenteeism and future illnesses.

A psychologist in 2015 carried out research on burnout, and developed the idea that practicing clinicians who work with trauma survivors were at risk of developing emotional effects such as burnout due to the nature of their clients and their past traumatic experiences (Katsounari, 2015).

Secondary Trauma

Secondary trauma and vicarious trauma has been used interchangeably to describe the indirect trauma that faces a worker when confronted with disturbing or challenging images or stories second hand (The Compassion Fatigue Workbook). Although both terms are used mutually, there are authors who believe they hold different meanings.

Secondary Trauma can be defined as the emotional threat that occurs when an individual is informed about the first-hand traumatic experiences of another individual (The National Child Traumatic Stress Network).

Saakvitne, Gamble, Pearlman and Tabor (2001) defined vicarious trauma as the emotional residue of exposure that counselors acquire from working with clients as they are hearing their trauma stories and therefore become observers to the terror, pain and fear that survivors of trauma have encountered.

Secondary trauma has been widely studied in most healthcare and social-care settings, and has since given practicing healthcare practitioners the tools on how to combat it should it arise.

Collins and Long (2003) completed a study shortly after a car bombing resulting in a loss of life. The study involved 13 healthcare practitioners on a recovery and trauma team. They found that the practitioners reported high levels of lack of support, and their well-being was negatively

impacted from being exposed to anger by bereaved relatives. They reported that dealing with the information of the family's trauma was traumatic. This study supports Figley's definition of secondary trauma, as negatively impacting the healthcare provider through experiencing the client's traumatic experience.

Research has consistently found high stress levels within first-responders, end-of-life practitioners and even disaster workers due to the nature of their work and clientele. Fromm and colleagues conducted a study that utilized nurses who supplied oncology patients with hematological care for patients going through bone marrow transplants. Similarly to the trauma clinicians, the nurses expressed in detail the emotional stress they encountered by having to consistently bear the pain of the patient or family. Exposures to the patients/ family's pain often at times lead the nurse's to existential questions coupled with a deficiency in their emotional energy (Fromm, Andrykowski, & Hunt, 2005).

Figley further went to describe his own personal experiences of secondary trauma when he wrote about the effects of studying veterans. He described his interactions with his clients (veterans) as the birth of his trauma symptoms. His lengthy engagement with trauma patients led him to having nightmares, frustration and emotional stress (Figley, 1995). Continuously seeing and hearing of the patients/ clients trauma experiences submerges even the most alert and self-aware practitioner (Berzoff & Kita, 2010).

Overall exposure to the client's trauma increases the likelihood of a clinician having secondary trauma, however, if the clinician does not have a personal history of trauma they are at a lower risk for developing secondary trauma (Michalopoulos & Aparicio, 2012). McCann and Pearlman (1990) explained that this was due to the fact that practicing social workers who have no trauma

history have the ability to assimilate their patient's trauma information because their inner power and control have not been rattled with. This sense of power affords them the ability to seek support and protection from developing secondary trauma.

Despite having extensive evidence that exposure to clients trauma may lead to secondary trauma symptoms, many studies have found no correlation between the two. Brady, Guy, Poelstra, and Brokaw (1999) studied 446 psychotherapists. The professionals were given a survey and asked questions regarding their demographics, personal trauma history and work related characteristics. The findings from their study showed no correlation between a clinician's secondary trauma and their personal trauma history.

Compassion Fatigue

According to Figley (1995), compassion fatigue is the reactions that arise from the worker's over exposure to the clients suffering. Workers who experience compassion fatigue are at risk of consuming their client's traumatic experience which can have negative effects both on the worker's personal and private lives (Berzoff & Kita, 2010).

Clifford (2014) coined compassion fatigue as emotional, physical, social and spiritual exhaustion that overwhelms an individual, causing a prevalent deterioration in his ability and desire to care and feel for others. It can stem from one traumatic event or multitude cases of trauma (Figley, 1995). As mentioned by Simpson and Strakey (2006), compassion fatigue has been highlighted in individuals who fall victim to secondary traumatic stress due to working closely with clients experiencing trauma as a result of wanting to help a traumatized individual. The psychological and physiological symptoms of compassion fatigue range from sleep disturbances, heightened

irritability to exhaustion and sadness and such symptoms are known to have an impact on the job and increase sickness leave and even job turnover (Newson, 2010).

In an article by Smith (2007), compassion fatigue was observed between an author and the graduates he was teaching as he was practicing psychotherapy with people who were diagnosed with HIV/ AIDS. In the article, Smith disclosed how his graduates were affected by compassion fatigue through working with HIV/ AIDS survivors along with those that died from the disease. He offered his graduates the metaphor of a “sifter” to better deal with the CF faced in the workplace. Sifting is a process in which the caregiver must sift through the complex and heart-breaking traumatic information delivered by the patient so as to stay on top of CF. This article is a clear demonstration of how easily trauma from a client can transfer to the client which then transpires to CF.

Campbell (2007), a licensed social worker recounts her personal experience of Hurricane Ivan and Katrina both from a personal and professional perspective. Having been affected by the Hurricanes, she informs the reader how she faced secondary stress and through that learned that education and knowledge about Compassion Fatigue not only helped to identify but also alleviated the symptoms of CF. Through this study, the author can imply that learning about CF in an educational way can highly benefit mental health professionals when working with people who have experienced trauma.

Perry and colleagues (2011) study informed the reader that anyone working in a healthcare field has a high chance of developing CF than any other career. Evidently, it was oncology nurses that had a higher chance of developing CF than any other occupation. This can be due to the fact that hospitals are currently enduring a lot of organizational changes, budget issues which equate to

few staff, increased workload and work hours. These identified stressors can lead to occupational stress, which can advance into CF (Sabo, 2011).

Training

Winstanley & Hales (2008) studied aggression towards social care workers. He found that regardless the training or qualification a social care worker received, they still experienced some aggression, violence and threatening behaviour in their workplace.

Vamvakas & Rowe (2001) suggested through their research that staff training is essential when working in the homeless sector as it improves staffs ability to respond quickly and effectively when confronted with residents who have mental illnesses, addiction and behavioural problems. In support of this, some studies claim that working professionals, who are trained and qualified, acquire the ability to deal effectively with challenging situations and within service boundaries (Kallio, 2012).

In homeless hostels challenges may arise between the need to protect and provide shelter for all, and to attend to the needs of those suffering with mental illnesses. A growing body of research suggests that this can be difficult for the worker as they have a duty to protect the hostels service users while supporting the needs of those suffering with mental, behavioral and addiction issues (Dwyer, 2007). Maintaining a balance between both can be extremely draining and challenging for the worker.

There is little to no research on the psychological effects of working in the homeless sector. To address these gaps in research, the researcher hopes to highlight the psychological effects of working in a homeless hostel from a night support workers perspective.

By carrying out this research, the researcher hopes to not only make night support workers aware of the effects they may face and give them the necessary tools in combating them, but also give homeless providers the tools in preventing and dealing with the development of these psychological effects in their workers.

The researcher hopes to complete the following objectives:

- To explore the night support worker's individual responses and experience when working with adults accessing emergency accommodation.
- The researcher hopes that the findings of the study will contribute to the literature and shed light on the psychological effects of working in homeless hostels as a NSW.

Methods

The purpose of this study is to enhance the literature and develop a deeper understanding of how night support workers are psychologically affected when working in homeless hostels. The intention of this section is to form the design of the research methods used in this research project. In this section, the researcher will include the research design, research methods and ethical limitations. The aim of the research question is to explore the effects that are faced by frontline workers when working in homeless hostels. The organisation the researcher is using is DePaul Ireland, who provides low threshold emergency accommodation hostels for the homeless in Dublin City centre. The relevance of my question relates to the night support workers and the effects of working with vulnerable people in homeless hostels.

The researcher hopes to complete the following objectives:

- To explore the night support worker's individual responses and experience when working adults accessing emergency accommodation.
- The researcher hopes that the findings of the study will contribute to the literature and provide a deeper understanding on the psychological effects faced by NSW's working in homeless hostels.

Approach

The researcher decided to complete a qualitative approach with the aim of answering the research question and accomplish the aims and objectives of the study. Ritchie and Lewis (2003, p.3) outline the aim of a qualitative approach as a method that provides an in depth understanding of the social world by informing oneself about a person's material and social circumstances, life experiences and mind-set. This approach accentuates the world of experience

as it is walked through, faced and felt by people in a social situation. Applying this approach will afford the researcher the opportunity to acquire a more personal and comprehensive account of how night support workers are affected when working in homeless hostels with vulnerable adults.

In comparison to quantitative methods, qualitative methods contribute a variety of rich descriptions as opposed to the measurement of variables that are defined by the researcher (Chambliss & Schutt, 2013).

Research Design

The researcher conducted a pilot study. This was done by completing a mock interview with a participant to see if the audio recording material was working. Completing a pilot study ensures that the research process is improved and irons out any potential mistakes (Wright, 2018).

The researcher purposely selected night support workers who are directly employed by a homeless provider (DePaul Ireland) within Dublin. As mentioned by Ritchie and Lewis (2003, p.79) a purposive sample is a sample of participants that were thoughtfully and purposefully recruited in order to fully answer the research question. Also, Bryman (2008:418) suggested that with a non-sequential approach, the sample is well grounded at the beginning of the research with little to no additions to the sample as the research progresses. This guided the researcher's selection of the participants who are employed night support workers.

Participants

To gain access to the employees, the researcher wrote to the Director of Fundraising and Communication seeking permission to use DePaul as a point of research for my under-graduate research project. As part of the research project it was clarified the researcher would not engage with service users of DePaul as it would not be ethical and also outlined that the research study would not be looking at DePaul's policies concerning staff members. The researcher was granted permission to use DePaul as the focus of this research project. The researcher used a purposive sampling method to select the participants for their positions in DePaul. The demographics of the informants were three males and two females ranging in age from the mid-twenties to the late forties. All participants were full-time employees of DePaul, and had worked as night support workers for a minimum of two years. Their educational attainment varied from leaving certificate to bachelor's degree level, with majority of the informants achieving a third level degree. Two of the males were white, and identified their ethnic background as European. One male was identified as black, with his ethnic background as African. Both of the females interviewed were all black who identified their ethnic background as African.

The researcher made contact with the night support workers and informed every participant about the nature and participation of the study. The interviews were conducted at a convenient location and time for each participant.

Procedure

Once contact was made with the participants, the researcher informed the participants about the procedures, and what is required of them in the study, coupled with the process of the study.

The researcher provided an estimated time that was going to be spent on the interview (25 minutes). The researcher clearly specified the eligibility criteria, and thoroughly explained to the participants why they were eligible to take part in the study. After informing all participants about the study, they were each given a consent form to read and sign. Each informant was told that they had the right to withdraw from the study at any point they felt they wanted to.

The interviews took place in a convenient location for each participant after working hours. All informants were asked between 10-15 questions regarding their personal experience and views on working in homeless emergency accommodation hostels. On average, the interviews took 25-30 minutes. After each interview, the participants were debriefed.

Method of Analysis

The method of data analysis the researcher used was “thematic analysis” by (Braun & Clarke, 2006). All six phases of the thematic analysis were executed to ensure that the researcher analyzed the data in an efficient and useful way. The researcher selected this method of analysis as it was the most suitable as it clearly conveyed individual experiences in intensity, and allowed the researcher to describe people’s experiences as opposed to constructing them (Phipps, 2016).

The researcher conducted the study through the use of semi-structured interviews, which is identified as the main method of data collection in qualitative research (Blanford, 2013).

According to O’Leary (2004, p. 165) semi-structured interviews provide the opportunity to *‘pursue a more conversational style of interview’*. Furthermore, the use of semi-structured interviews permits the questions to be answered in a more natural and authentic way (Qu & Dumay, 2011). The researcher chose this interview style as it explored alluring perspectives that

were evident through the interview and did not inhibit the interviewee to answer what is only required of them. The interview was recorded using a “Sony ICD-UX560” audio recorder and later transcribed and stored in a locked file on the researchers password encrypted laptop. Transcribing the interviews allowed the researcher to code the data, and establishes key themes that appeared from the interviews.

Materials

The researcher followed an interview guide from Fogel (2015) research paper titled “Effective Ways Social Workers Respond to Secondary Trauma”. All questions that were asked were centered on topics of the research question. All the participants received a consent form which obtained permission to participate in the study and a brief overview about the nature of the study. The researcher used a “Sony ICD-UX560” audio recorder to collect the data. The researcher then transferred all recordings to a password encrypted file on the researchers password protected laptop. Silverman and Marvasti (2008, p.227) suggested that audio recorded interviews afford the researcher to revert back to the data in its purest form. All the transcriptions were kept in a locked file on the researcher’s laptop. All the consent forms were stored away in the researcher’s home in a cabinet that required a key to open it.

Ethical Considerations

While conducting this study, the researcher adhered to the NCI Ethical Guidelines (2007) and The Code of Professional Ethics of the PSI (2010) to ensure that the dignity and rights of the human participation were maintained and kept at a high standard.

Whilst conducting this piece of research, the following ethical concerns were considered by the researcher:

1. The researcher acknowledged the fact that speaking about the participants personal experiences was likely to evoke some emotions that were unwanted and/or not dealt with. In order to combat the potential emotional distress from arising, the researcher ensured that all participants knew about the nature of the study and their participation, and that they could withdraw from the study at any point. The participants were given information on free counseling services offered by (Health Services Executive, 2010). After each interview, a debriefing session occurred between the researcher and participant. In the debriefing session, the researcher asked the participants about their experience and how it made them feel.
2. The researcher ensured that confidentiality was maintained. The researcher did this by making sure that anything the participants said during the interview was not disclosed to anyone except if there was disclosure of potential danger to oneself or another person and child protection.
3. Informed consent was sought from every individual that participated to obtain permission to be recorded. Prior to signing the consent form, the researcher read out everything regarding the study and the participants' contribution to the study. The informants were told that they did not have to partake in the study and could withdraw from the study at any point they wanted to do so without any penalization. Anonymity was ensured by assigning all participants with a pseudonym. The researcher notified all participants that safety measures were applied by safely storing all data concerning them on a password protected computer.

Results

The sole purpose of conducting this research was to explore the psychological effects that were faced by night support workers working in homeless hostels. This was achieved by carrying out five semi-structured interviews which presented the opportunity for NSW's to freely express their beliefs, experiences and expertise. A thematic analysis was conducted, and the data exposed five themes; Burnout, Secondary Trauma, Frustration at Housing Crisis and Lack of Support.

Burnout

All throughout the interview process, the theme of burnout was one which was most prominent through the whole interview process in all 5 participants. All participants expressed feeling burnout at some stage of their professional life whilst currently working in homeless hostels. The participants felt that burnout was triggered by a number of factors that they were exposed to. Four sub-themes emerged from this theme such as long unsocial shift hours, exposure to mental illness clients and substance abuse, sick leave and self-care strategies.

Long Unsocial Shift Hours

All the interviewed participants professed how working long unsocial hours was a huge contributing factor to their development of burnout. Every participant believed that the reason they felt burnout was because they felt socially excluded from the outside world and had no sense of realism due to their long working hours. One participant further developed this by saying:

“You know, the shifts are the really bad part of this job. Because you're constantly working 12 hour night shifts 3 times a week and then back to day shifts, that makes you

feel really exhausted and takes a toll on your body. You feel like you're no longer a part of society.”

Another participant went on to say:

“This week I can definitely say that I've been burned out to the max. I took on extra shifts because I wanted to make the extra cash, but I'm having to do six 12 hour night shifts in a row... It's taken a toll on me.”

Exposure to Mental Illnesses

All five of the participants that were interviewed all explained that they were suffering from burnout due to being exposed to clients that had severe mental illnesses. Though they all acknowledged that they could not choose who walked in their doors, they felt that not knowing a service users background history definitely would have made a difference and made them less drained emotionally. One participant stated the following:

“Sometimes you get a service user referred for one night. You haven't got a background story on them or mental illness diagnosis. You only get to deal with a chaotic service user the minute they blow up. It's a lot on staff because we're not trained to deal with this. We might say or do the wrong thing unconsciously, and that might just be a trigger for the service user. You're almost walking on egg shells and that can be very exhausting mentally”.

Another participant further went on to express his frustration at receiving service users with no background history or handover as it multiplied the pressure in trying to figure the service user, while neglecting the other service users in the building.

“I remember doing the wellbeing checks, and a service user who had never been to the service was in the midst of a psychotic episode. I didn’t even know what a psychotic episode was until I saw it when I knocked on their door they had a knife and they started chasing me with the knife... I don’t think it’s fair to not know the background of a person. After multiple of times being exposed to someone with severe mental illnesses you begin to shut down and you’re of no use to the service, colleagues and other service users when you’re like that”.

“Often at times DePaul gets referred to as the dumping ground, because it accepts people that nobody else is willing to accommodate. So you can imagine the pressure that comes with that title. This time last year I got so burned out from working with behavioral issues from clients who suffered with mental health, that before I came into work I would get anxiety. I’d be anxious about what the shift awaited for me. When you’re working with mentally ill people they can be really unpredictable and you have to be ready at all times. And that can be tiring.”

Sick Leave

NSW’s were asked whether exposure to this clientele and long shift hours had an impact on sickness leave absence. During the interview process, the researcher was informed that NSW’s were granted 70 hours of paid sick leave per year. Each NSW interviewed revealed that they had each taken sick leave even when they weren’t sick on several occasions, simply because they felt

they needed some time-out due to experiencing burnout, and this was their form of treatment.

One NSW gave his account:

“I’ll hold my hand up and say that I definitely used most of my sick leave last year despite feeling well, just because I was tired of being in work. I planned to take 1 day of sick leave every month just to get away from the work environment. It wasn’t right but I felt I needed to do it for my own sanity.”

One interviewee who has been employed by DePaul for over 5 years explained that initially when he first started working in the homeless sector, there was a particular clientele (substance abusers) that would access the homeless hostels on a regular basis. However during recent times, the clientele had broadened, to service users with mental illnesses, incarcerated people and so forth. Exposure to this type of clientele definitely put a strain on him hence he felt the need to call in sick frequently. Despite being spoken to by senior managers, this behavior persisted because the strain did not leave.

“Back when I started, we provided beds just to drug/ alcohol users. But now we get people suffering with mental health a lot more, and that affects you. So to ease myself of the anxiety, I usually call in sick every month. Though I have been called up on this by my manager but they can never really understand because they don’t see it when a client with bipolar has an episode and gets physically or verbally violent with you....So I take matter into my hands, and take time away from the job to replenish”.

Sharing the same experience, another NSW saw the disadvantage of doing this in the long run, and the potential harm it may have on the individual.

“Overtime, calling in sick frequently and not dealing with the issues directly can build up and cause you to get worse, and get physically sick. So when you do in fact get sick for real, what do you do when you’ve used up all your sick leave?”

Self-Care Strategies

All five NSW’s shared a common view of what they thought helped to combat the burnout. This was evident in all the interviews. Every NSW expressed how having self-care strategies was an essential part of the job:

“Being in this emotionally, mentally demanding job, it’s important to have something fun to do outside the job. For me it’s going out every other weekend with my mates”

“In order to not let the job run your life, you need to engage in something outside work that makes you happy and forget about work. It’s important to look after yourself. Because if you don’t, who will? ”

Secondary Trauma

The theme of secondary trauma was consistent in four of the participants. All four participants shared their own personal experience of secondary trauma working in a homeless hostel. One sub-theme emerged from this theme such as Clients Traumas.

Clients Trauma

Throughout the interview, participants described how they felt that secondary trauma was induced by listening to their clients' trauma. A huge part of being a NSW is to listen to service users, and that involves listening to them share unpleasant experiences they have encountered in their walk of life. The interview process revealed that NSW's often hear about the traumas of their service users such as sexual abuse, child abuse, domestic abuse, neglect. One participant expressed what hearing about these traumas felt like for him:

“You almost get submerged in the service user's life. It's like re-experiencing the trauma, but from a listener's perspective.”

Another participant referred to how he reacted to this experience as being “human”. He went on to further suggest that at times it may be harder to switch off than to feel the emotions and feelings shared by the service user.

“I remember when a service user confided in me and told me that they were raped by their partner and sent to go sleep with other men everyday just to get money for a hit (drugs). Hearing this affected me so much to the point where I couldn't sleep at night. I became very distressed and angry at her partner. Almost as if it had happened to me.”

While one participant shared that they don't experience secondary trauma because they have learned to detach themselves from a situation when being informed about it, as this helped their personal life when they got home. The participant also acknowledged that having the ability to detach was possibly due to their own experience of trauma

“For me, I don't dwell too much on the stories I hear because they can really affect you. And if care is not taken, you'll end up taking that stuff back home.

Which is not fair on you and your family. However this also has to do with whether you have experienced personal trauma in the past....Being in this line of work has taught me detach the minute I walk out that door.”

Compassion Fatigue

Two of the five participants interviewed stated that in their time working in the homeless hostel, they had experienced compassion fatigue. Compassion Fatigue was not a prevalent theme, but it was one that appeared. Desensitization occurred as a sub-theme during the interview process.

Desensitization

NSW's described how they both went through a process of feeling desensitized to their surroundings. The participants believed that this process was birthed by the consistent exposure to negative situations that reduced their emotional response to emotionally demanding situations. It was revealed in the interview that NSW's are often exposed to substance users who overdose on a frequent basis. One participant shared their experience of having to revive somebody back to life using CPR and Naloxone, and how having to do this has “numbed” him.

“I remember back in 2018 when spice (drug) took over like a storm, and many of the service users would present under the influence on arrival. I got so used to administering CPR and Naloxone that it became second nature... You see someone overdose one day, and the next they'd be on a higher dose of spice forgetting they almost died. Seeing that everyday definitely made me numb and I became desensitized to death, which should never be normal.”

Frustration at the Housing Crisis

All five participants expressed their frustration at the housing crisis facing in Ireland. All participants revealed that in their experience of working in homeless hostels, they have gathered that the housing system was set up in a way that people are set up for homelessness before being born (Stewart, 2018). In addition to this, the average rent in Dublin per month is 1,304 euros (Irish Times, 2018).

Though homeless hostels are considered the present day “quick-fix” for housing families. The interviewed participants helped shed some light on the disadvantages of living in a homeless hostel from the service-users viewpoint. Three sub-themes surfaced within this theme such as Emergency Accommodation, Low-Threshold Hostels and the Vicious Cycle of Homelessness.

Emergency Accommodation

All five interviewees expressed frustration at the emergency accommodation system. Participants stated that working in an emergency accommodation hostel ignited feelings of deep sadness and hurt within them. They shared their routine of having to open the doors at 5.30pm every evening and “throw” out the service users at 9.00am every morning despite the weather conditions. All NSW’s mentioned that asking service users to leave in the morning was the hardest part of their job.

One NSW shared their experience:

“I always feel terrible in the morning when we ask all service users to leave the hostel. Especially knowing that I’m going to a nice, warm house, while they are out in the cold, wandering the streets till 5.30pm... and you usually get a few

service users asking you ‘does it make you feel good throwing people out in the lashing rain’... And you feel like a terrible person”...It’s an unfair system.”

Another NSW spoke about how she felt that even though it was necessary to have emergency accommodation hostels, especially for those that cannot access 24 hour access accommodation due to many reasons such as being a single male, departing the care system and being illegal in the country, it was necessary to have 24 hour access hostels across all homeless hostel providers.

“The sad reality is that some hostels have to operate as emergency accommodation so as to accommodate people whose housing application is not updated, or people who are illegal in the country...But that leaves people to worry about where they’re going to sleep for the night. Something no one should ever have to worry about”.

Low Threshold Hostel

Three interviewees expressed they were happy to be working in a hostel that incorporated a low threshold element as it allowed them as individuals to see past the addiction and chaotic behavior of a client, and see service users according to their needs. A low threshold hostel is a hostel that consists of a harm reduction approach. NSW’s mentioned how attitudes have changed over the past decade throughout society, and since then the needle exchange provision has been introduced in the hostel.

“I think times have changed. Before people used to think if you give drug users needles to use or methadone, you’re condoning their behavior. But with the introduction of low-threshold accommodation, you’re creating a welcoming, non-judgmental and compassionate environment that reduces harm for the service

user. And your views towards them change cause you're now seeing their efforts instead of judging them for using drugs.

While one NSW argued that the introduction of low threshold allowed people who have been on the right path and abstaining from drugs, paved the way to go back into addiction.

“It’s unfair because you get people who have been clean for 5 years, and they’re placed in the same room as a heavy heroine user who injects. The temptation becomes too much for the other person, so they relapse. So putting people in that position is unfair....It’s a bit tough because you don’t want to seclude drug users from the general population, but then that falls at the disadvantage for the person who’s trying to get clean”

Vicious Cycle of Homelessness

All NSW’s indicated how frustrated they were at the Housing Crisis and the government for not actively doing more to house people. The interviewees spoke about how working in homeless hostels had opened their eyes to the vicious cycle of homelessness. Four NSW’s mentioned how in the period of working in the homeless sector, they had seen multiple of people accessing the hostels repeatedly with no progress of getting out.

“Since I have been working here, I have seen the same faces over and over again. I was talking to someone who had been accessing emergency accommodation for 27 years.”

“The system is set up in a way that forces people to remain homeless. Looking at the rent prices, how can one afford to pay 1,300 per month without working?”

Landlords do not accept HAP (housing assistance payment. No one is willing to look at you because your reference address is a homeless hostel address. That stigma alone is enough to keep you homeless”.

Importance of Support

Throughout the interview process, the theme of support was one which was evident throughout the research process. Staff members felt that they were not supported by senior management to their best knowledge concerning service users presenting with chronic mental health issues, chaotic and aggressive behavior and especially their own personal mental health. Three sub-themes emerged from this theme such as supervisions, counselling services and lack of training.

Supervisions

Two of the NSW's that were interviewed expressed their concern regarding supervision. They each spoke about how supervisions had transcended from an opportunity to talk about how one is dealing and coping with work to micromanaging their work performance. NSW's spoke about how the success of supervision with their line manager was dependent on the relationship they had.

“We had a manager a while back who was unprofessional in every manner. When it came to supervision time, he would nitpick on everything wrong that you did, whereas that's the time where he's supposed to see how I'm doing.....when you don't have a good relationship with your line manager there's just no point”.

Another NSW mentioned how the time difference between each supervision decreased the effectiveness of it.

“Sometimes an incident might happen today, and you might not get the chance to talk about it till your next supervision which is 5 weeks away. Fair enough the organization says that we can ask for supervision whenever we want but its not the same”

Counselling Services

One interviewee spoke about how during his time working in the organization, he felt was not supported during the darkest period of his life.

“I was going through a dark time and was depressed. I spoke to my manager about trying to get counselling provided by the organization as the depression stemmed from exposure to negative things from work. I was told that an incident had to be work-related in order to avail of the counselling service provided by them”.

All five of the interviewed NSW's felt that it was the organizations role to support and offer any supports such as counseling services. Being exposed to substance abusers on a daily basis coupled with supporting clients suffering with severe mental health can have a detrimental effect on the individual, as previously mentioned by the interviewee above.

Training

A huge part of being a night support worker involves dealing with clients of all backgrounds, experiences, traumas and mental illnesses. The most predominant clientele NSW's revealed to

have in their homeless hostel are clients with mental illnesses. All the NSW's mentioned the many incidents they encountered after being exposed to situations they were not trained to deal with, and incidents that could have been avoided by the organization by providing training to their staff members about mental disorders. They mentioned how providing this training to their staff would release the pressure of dealing with such extreme situations. One NSW accounts his experience below

“We had one service user we later found out was diagnosed with PTSD, bi-polar, psychosis and self-harm. One day he was triggered by something I had said and he had an episode. We as staff members were scared for our lives and he had to be incarcerated. Had we known the symptoms or what triggers a person with psychosis, a lot could've been avoided that night. The man instead had to stay in custody, despite it not being his fault.”

One NSW reinforced this:

“If we were to get mental health training that would give us an advantage because we would identify potential issues, whilst protecting the service user and ourselves.”

Discussion

The aim of this study was to identify the psychological effects of working as a night support worker in a homeless hostel. The researcher achieved this by completing five semi-structured interviews with night support workers who are employed by a homeless provider in Dublin. The researcher set out to explore the views, beliefs and experiences of night support workers working in a homeless hostel.

Subsequent to the interviews, the researcher conducted a thematic analysis of the data, and the results revealed five main themes; Burnout, Secondary Trauma, Compassion Fatigue, Homeless Crisis and The Importance of Support. The themes that appeared devoted to answering the research question; the psychological effects of working as a night support worker in a homeless hostel. The identified themes will demonstrate how they relate to the existing literature, the implication for future research and will be followed up with the limitations of the study, recommendations and the final conclusion of the study.

Burnout

The findings of the current study indicate that night support workers working in homeless hostels do experience burnout in many forms. Each NSW shared their individual experiences of when they felt burned out due to the long unsocial hours and clientele exposure they faced. Referring to the literature review, Hu and colleagues (2016) reminds us that working long hours increases a person's chance of developing burnout. The only way to prevent burnout from progressing is to work the normal working hours and engage in physical activity.

Ehring, Razik and Emmelkamp (2011), further developed the findings from this study by explaining that repeated exposure to traumatic events and clients suffering with trauma and

mental health problems contributed to the development of burnout. As can be seen in this study, the workers were exposed to clients who had chronic mental disorders which put them at risk of developing burnout (Katsounari, 2015).

Participants interviewed disclosed to using their sickness leave multiple of times throughout the year because they were burned-out. Though they did not inform the employer this was their reason for using sickness leave, as they felt the job would not recognize it as a physical sickness. For many of the NSW's, this was their way of coping and taking preventive measures. As previously mentioned by Toppinen et al (2005), burnout was a huge predictor of medically certified sickness leave absences. This informs the reader that if care is not taken, workers are at risk of developing future mental illnesses and behavioural problems.

Each NSW revealed the importance of having self-care strategies and having the ability to “leave work at work”, especially when working in stressful environments such as a homeless hostel. Volk, Guarino, Grandin, & Clervil (2008) reiterated that in order for an employee to be effective in their work, they need to have self-care tools which act as a protective gear. The authors claim that not having these tools can be damaging and have long detrimental effects on one's emotional health.

Secondary Trauma

Findings of the current research indicated that NSW's were in agreement with Figley (1995) and Berzoff and Kita (2010) who both claim that hearing of patients traumatic experiences qualifies the employee to experience their clients trauma. In addition to this, the authors clearly explain that even the most alert and self-aware practitioners are not exempt from experiencing trauma so

long as they are exposed to hearing and seeing their clients trauma. One NSW that was interviewed explained that for him it was hard to not let their clients traumatic experience not affect them, and this was all part of the process of being human.

Another NSW disagreed with this, and believed that re-experiencing the client's trauma was inflicting hurt and pain to oneself. From the interview process it was evident that for this participant, he had trained himself to detach from another person's trauma without becoming insensitive, which lowered his risk of developing secondary trauma (McCann & Pearlman, 1990). According to relevant literature, this afforded the participant the power to protect himself from secondary trauma.

Compassion Fatigue

Compassion Fatigue appeared as a theme, but was not prevalent among all participants. Two participants reported to have experienced CF in their career as a NSW. Results showed that NSW's felt that CF was triggered by continuous exposure to a negative stimulus which reduced their emotional response to emotionally demanding situations such as trauma and overdoses. Referring to the relevant literature, Timm(1977) stated that desensitization does not necessarily have to be a bad thing as it allows the individual to become productive in certain areas of their life. In his example, he used people who had a phobia of flying. Introducing desensitization in the individual's life allowed for them to live life without any limits. In the NSW role, desensitization can be useful when staff members are constantly being exposed to negative situations such as overdoses. This helps them to act accordingly in an emotionally demanding situation.

Frustration at the Housing Crisis

The findings of the current study revealed that NSW commonly shared frustration towards the Housing Crisis in Ireland. The participants revealed that the housing system was set up in a way that forced people to remain homeless. With barely half of families owning their own home this makes it virtually impossible to save for a mortgage (Judge & Corlett, 2016).

The NSW expressed anger at the government; that they are willing to spend money on public visits, however when it comes to building new housing there is no money. According to Hutton (2018), Ireland reportedly spent €32million on the Papal visit and over €200,000 during the “Royal Visit” in 2018.

This knowledge sparked more anger as one NSW mentioned that there are over 30,000 vacant homes but yet nothing is being done to house the people living on the streets or those that have been on the housing list for over 20 years (The Guardian, 2018). This would support the claim that on average it takes a person 10 years to be socially housed. This number varies depending on the circumstances of an individual (Harris, 2018). A single parent with children will be of higher priority than a single male.

Importance of Support/ Training

Receiving adequate training was a recurring theme that was shared by all participants. NSW’s revealed that gaining the adequate training would not only give them confidence in carrying out their duties, but would also afford them the opportunity to detect and diffuse any potential issues from arising. Vamvakas & Rowe (2001) found that mental health training in emergency homeless shelters was necessary as it equipped workers to support residents with mental illnesses and behavioural problems as opposed to penalising them for having a mental or behavioural

problem. Educating workers about mental health not only empowers them to effectively run the homeless hostels well but to also identify potential incidents/ risks and make appropriate referrals for clients presenting with chronic mental illnesses.

One NSW expressed that he felt neglected after being informed that he couldn't avail of the organisations counselling service, despite the fact that he was diagnosed with depression.

Considering the stressful and challenging environment workers are exposed to in hostels, it would highly benefit the workers if they received free counselling services as they would carry out their work duties to the best of their abilities.

Implications

As homelessness is becoming more of a public issue, and many more people are accessing homeless hostels, this research study can assist homeless organizations by providing them with the knowledge and understanding of what it takes to hold the title of a night support worker. The findings from this research study imply that NSW's working in homeless hostels have few supports available to them. The researcher suggests that training programs such as mental health training, coping strategies, workshops and frequent supervisions be enforced to tackle secondary trauma, burnout and compassion fatigue.

Management need to give greater consideration into how NSW's are supported by applying consistent supervisions. This researcher hopes that the findings from the study will encourage DePaul and other homeless providers to create a policy that offers counseling services and supports to its workers.

Recommendations for Future Research

After conducting this research, the researcher would suggest including participants (NSW) from different homeless providers as opposed to one, to grasp an understanding of the clientele and effects they may face and how the service is run.

As a recommendation, the researcher would suggest increasing the sample size so as to increase the study's transferability.

Limitations and Strengths

Although the sample included night support workers, the sample size was not representative of those who serve the homeless in other homeless hostels.

The study comprised of night support workers who worked in one homeless hostel. The hostel is a one night only hostel which consists of 16 service users. This reduced the transferability of the study as this is not a representation of other homeless hostels.

There are several strengths that add to this study's success. The researcher conducted the study using employees of DePaul Ireland (a homeless provide in Dublin). This allowed the researcher to gain access into the workers mind, beliefs and experiences.

Another strength of this study was that a pilot study was completed, which permitted the researcher to examine the feasibility of the approach that was used in the actual study and to make improvements.

Conclusions

Findings from this study suggest that NSW's working in homeless hostels require more support as they deal with some of society's vulnerable people. This topic is important and relevant as more and more people are accessing homeless accommodation, and little attention is paid to the frontline workers providing these services.

In reference to the purpose of this study, the findings reveal that burnout, compassion fatigue and secondary stress are some of the psychological effects faced by night support workers working in homeless hostels. Despite the body of literature in the social/ health-care setting, the researcher feels that this study has largely donated to the gap in the existing literature of night support workers working in homeless hostels. It is the researcher's hope that the findings from this study will inspire homeless providers to create a policy that offers counseling services and supports to their workers such as mental health training, frequent supervisions and workshops.

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Consent Form

The National College of Ireland

The Psychological Effects of working as a Night Support Worker in Homeless Hostels: A Qualitative Analysis

I am conducting a study about the psychological effects that support workers working in homeless hostels encounter. I invite you to participate in this research. Please read this form and ask any questions you may have before agreeing to be in this study.

This research is being conducted by Naledi Charles Kumalo as part of my requirement as a student in the School of Business, BA Hons in Psychology at The National College of Ireland. My research supervisor is Dr. Andrew Allen

Background Information:

The purpose of this study is to interview Night Support Workers working in Homeless Hostels about the psychological effects they may face when working with the vulnerable part of society and traumatized service users.

Procedure:

If you agree to be in this study, you will be asked to do the following:

Participate in a semi-structured interview that will last approximately 45 minutes and will be audio recorded so the researcher can transcribe the interview.

Risks and Benefits of being in the study:

The study may present a possible risk to the participants in that speaking about the participants' personal experiences, thoughts and feelings may evoke some unwanted or undealt with emotions. In order to address this emotional distress, the researcher will inform acting participants about free counselling services available. A debriefing session will also take place after the interview to take participants away from this emotional experience.

There are no direct benefits received for participating in this study.

However, conducting this research will give DePaul Ireland the right tools in dealing with the psychological effects that Night support workers may encounter, thus implementing interventions that will help the workers and enable them to achieve their full potential.

Confidentially:

The records from this study will be kept strictly confidential. In any sort of report the researcher will publish, she will not include information that will reveal your identity in any way. The types of records the researcher will create include: audio recording and a transcript. The audio recording will be kept in a password encrypted file on the researchers password protected laptop. All transcriptions will be kept in a locked file on the researcher's password protected computer. This consent form will also be kept in a locked drawer in the researchers house. The researcher is the only person who will have access to these items and they will be destroyed at the completion of the research project.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with The National College of Ireland. If you decided to participate, you are free to withdraw at any time with no penalty. Should you decide to withdraw from the study, data collected about you will not be used. You are also free to skip any questions the researcher may ask.

Contacts and Questions:

My name is Naledi Charles Kumalo. You may ask any questions you have now. If you have questions later, you may contact me at x15000206@student.ncirl.ie or my supervisor Dr. Allen at Andrew.Allen@ncirl.ie

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. I consent to participate in the study. I declare that I am over the age of 18 years. I consent to the interview being audio recorded and transcribed by the researcher.

X

Signature of Study Participant

X

Print Name of Study Participant

X

Signature of Researcher



National College of Ireland

Mayor Street

IFSC

Dublin 1

November 1st 2018

RE: Ethical Approval for study

To Whom It May Concern:

This letter is to confirm that **Naledi Charles Kumalo** has received conditional approval from the Ethics Filter Committee at NCI to carry out her study:

“Psychological effects of working as a Night Support Worker in Homeless Hostels”.

Full ethical approval will be granted upon receipt of a letter of agreement/consent from DePaul Ireland. The study is being carried out under the supervision of Dr Andrew Allen.

If you have any further questions, please contact me at the address below.

Best Regards

A handwritten signature in black ink, appearing to read "Conor Nolan", written over a horizontal line.

Dr Conor Nolan (on behalf of the Ethics Filter Committee)

Lecturer in Psychology

National College of Ireland

Tel: + 353 1 6599256

Email: conor.nolan@ncirl.ie

Interview Questions:

- 1) What do you find most rewarding about your job?
- 2) What is your understanding of secondary trauma?
- 3) Do you feel that you experience or have experienced secondary trauma?
- 4) Does being exposed to clients who have or are experiencing trauma affect your work?
- 5) Having worked as a Night Support Worker, what have you found to be the most effective tool in dealing with the exposure to trauma clients?
- 6) Have you ever felt underappreciated in your workplace by clients, staff or manager?
- 7) If so, does being underappreciated impact the service or supports you provide as a Night Support Worker?
- 8) How do you think compassion fatigue impacts one's work in their workplace?
- 9) Having worked as a night support worker, have you ever experienced burnout?
- 10) If so, how have you dealt with it?

11) Do you do anything outside work that helps you de-stress and “leave work at work”?

12) Why is supervision important?

13) What could the organisation do to assist caregivers like you in dealing/ coping with the psychological effects discussed above?



ie.depaulcharity.org

Date: 10th December 2018

Re: Ethical Approval for Study

To Whom it May Concern:

This letter is to confirm that Depaul has reviewed Naledi Charles Kumalo's research proposal along with your letter regarding her conditional Ethical Approval. On the basis of these elements I have liaised with the relevant internal departments and we are in agreement that Naledi Charles Kumalo can conduct the research, as outlined in the proposal, in Depaul.

If you need any further confirmation please let me know.

Best regards,

Mairéad McGinn

Director of Fundraising and Communications

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