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Examining The Relationship Between Spiritual Resources, Self-Efficacy, Life Attidues, Cognition, And Personal Characteristics Of Homeless African American Women

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EXAMINING THE RELATIONSHIP BETWEEN SPIRITUAL RESOURCES, SELF-EFFICACY, LIFE ATTITUDES, COGNITION, AND PERSONAL CHARACTERISTICS OF HOMELESS AFRICAN AMERICAN WOMEN

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DEDICATION

This work is dedicated to my oldest daughter Toni.

She was my guiding light, my strength and my precious friend.

She will remain in my heart forever

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Although I began my education out of necessity rather than desire I discovered on my journey that “difficulties mastered are opportunities won” (Winston Churchill). Wayne State University has given me the opportunity to discover the joy of education, the meaning of being mentored, and the satisfaction of developing life-long friendships. At a minimum, graduate studies are not for the faint of heart and cannot be endured without the love and support of many friends and mentors.

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CHAPTER I

INTRODUCTION

Background of the Study

Poverty and homelessness is increasing globally. Living in one of the wealthiest countries in the world has offered little protection from poverty for many of America's vulnerable populations. African Americans are disproportionately affected by poverty and homelessness, with women and women with children representing the fastest growing group within the homeless population (Anderson & Rayens, 2004). African Americans make up approximately 45 to 50% of sheltered homeless people, followed by White (35%), Hispanic (12%), Native American (2%) and Asian (1%). To put these statistics in perspective, African Americans represent only 12% of the total American population and some 45% of the homeless population (United States Department of Housing and Urban Development [HUD], 2007, p 31).

Antecedents to homelessness have been well established in the literature. However, little is known about variables that are considered important in helping women overcome the trauma of homelessness and their return to independent living. The life course consequences of homelessness also have been poorly documented in past studies because of limited access to participants without mental illness or substance abuse problems (Caton et al., 2005). Cross-sectional studies, however, have recognized variables that differentiate homeless people from people who are housed. These variables include: educational attainment, social support, personal demographics, coping skills, family interactions, as well as drug and alcohol use (Caton et al.). Previous studies also have identified the inability of some homeless women to structure and sustain relationships (Anderson & Rayens, 2004).

To understand the antecedents for homelessness, it is important to focus on the popular and academic literature. This literature contains substantial similarities and differences that have been identified between the domiciled poor and homeless populations. For example, poor people have less control over their decision making, with personal mistakes having greater consequences. Efforts to improve their situation can yield fewer results than those of middle-class or more affluent populations (Shipler, 2004). For many poor people of all ethnicities, the interaction between the personal and the public domain can become complex. For instance, following years of adversity and failure to become part of the perceived affluence of America, may result in a lack of job skills along with deep anger and resentment. Shipler (2004) contended that to achieve success, the working poor need to learn that they are capable of success. In addition to job training, they also, have to develop "dexterity with emotions as well as dexterity with the hands" (Shipler, 2004, p.7). He posited that these skills could help people reach their goals and improve their lives (teaching self-efficacy).

Homelessness affects both families and individuals. When compared with domiciled poor families, homeless families possess fewer housing, financial and social resources. Both domiciled poor and homeless families share a similar prevalence of depression, experience high rates of community and domestic violence, and tend to have low levels of educational attainment and negligible work histories. Losing housing frequently is a symptom of social factors (e.g., poverty and deprivation) that can heighten vulnerability and push people into homelessness. Cultural factors also may influence outcomes of people who are experiencing homelessness. For example, African Americans often face problems directly related to race and its associated, diminished societal status which are exigencies that also increase their risk for becoming homeless (Shipler, 2004; Washington, Moxley, Garriott, & Crystal, 2008).

Nicrescence (the theory of development of identity within a specific cultural domain) also is relevant to the African American homeless women's potential for reintegration into domiciled living. This theory explains that past experiences (such as, racism, oppression and victimization) can affect these women's thought processes. Such negative experiences also may define and limit the activities and skills in which they are prepared to participate, resulting in feelings of diminished self-efficacy, insecurity, defensiveness, and confusion (Parham & Austin, 1994).

Spiritual Resources

Faith, religion, and spirituality are important components of the African American culture, especially during times of adversity (such as homelessness). Since their arrival in America in 1609, African Americans have used spiritual resources to cope with hostile and threatening environments. Although these first African Americans were enslaved and their memories of Africa were violently discouraged, many aspects of the African culture have survived. Among these cultural remnants from Africa are music, dance, names, and faith (Ciment, 2001). African slaves and their decendants would gather together in secret with preachers of their own. During these gatherings the people comforted each other, prayed, sang, and also danced a version of the African "ring-shout". Central to these meetings were prayers to Jesus for freedom and the expressed hopes for a better day (transcendence) without the threat of violence and hostility (Randolf, 2003, p.61).

The spiritual resources used by African Americans to cope with inhumane treatment and adversity during the Diaspora have been passed from generation to generation. For example, Martin Luther King Jr. during the Civil Rights Movement spoke of faith as the mastering of fear. He (King) went on to explain that having faith does not mean being without pain, having faith

for African Americans is the belief that God cares for them and their troubles, and empowers them to face their strains, burdens, pain and fears (Washington, 1986, p. 514-515).

The Black Church is also an important adjunct to personal spiritual resources. Following the American Revolution in 1776 the free Black population developed large religious congregations which became the origin of the "Black church." Several churches (of different denominations) emerged at this time providing valuable social services, support and spiritual resources to the Black community (Ciment, 2001). "The church played a central role in the life of the Black community. In Black churches people heard how hardships in this life could be rewarded in the next one. But religious institutions were also the center of the community's social, civic, and even economic development" (Birmingham Civil Rights Institute, n.d.). Today, early in the twenty-first century, spiritual resources continue to sustain many African Americans as they strive for a better life.

Although many sources stress the cultural importance of faith, religion and spirituality, as integral components of the African American culture, actual scientific research on these spiritual resources as a unit has been scarce (Armstrong & Crowther, 2002). This trend is now changing as several studies recently have contributed to this emerging body of work (Washington & Moxley, 2001, Washington, Moxley, Garriott, & Weinberger, 2008; Washington, Moxley, Weinberger & Garriot, 2006).

In summary, although African Americans are comprised of a diverse group of individuals, many may share the common view that spiritual resources are connected to all aspects of life (Belgrave & Allison, 2006). Spiritual resources can help people reduce stress, increase control, maintain hopefulness, obtain instrumental help, transcend adversity, and discover meaning and purpose in life (Büssing, Ostermann, & Matthiessen, 2005). Therefore this

study investigated spiritual resources (e.g., spirituality, faith and religion), self-efficacy, life attitudes, cognition, self perceived health status and personal characteristics in African American homeless women 30-60 years of age as variables that can facilitate their move out of homelessness into independent living.

Purpose of the Study

Because homelessness is a growing major public health problem, research on variables that may help women who are working to transition from homelessness into domiciled living is important. For people without shelter, homelessness can be a major risk factor for physical and mental health decline and can be financially costly to society as well. Although causes of homelessness are complex and varied, developing interventions and programs that concentrate on individual strengths can help homeless people who are working towards transitioning into community living. Results of this study may increase understanding of the role of spiritual resources, self efficacy, life attitudes, cognition, and characteristics that can affect the transition from homelessness into domicile living. Although a substantial body of research exists in the literature related to problems associated with homelessness (e.g., mental health and access to healthcare) the proposed study was innovative because little has been published regarding intrapersonal factors that may facilitate women who are homeless in their efforts to transition from homelessness into community living. Therefore, the purpose of this study is to examine the relationship between spiritual resources, self-efficacy, life attitudes, cognition, and personal characteristics (e.g., physical and mental health, age, marital status, number of children, number and length of times homeless and perceptions of being at risk for serious illness) of homeless African American women from 30 years of age and older who are in the process of trying to become domiciled.

Statement of the Problem

Homelessness causes major problems at the macro and micro levels of society. Both the Oxford Analytica (as cited in Forbes, 2006), and the National Alliance to End Homelessness (2006), quote substantial costs related to providing services and shelter to the homeless as an aggregate costing over 13 billion dollars annually that continues to escalate. In addition to the structural problems associated with homelessness (e.g., poor neighborhoods, unemployment, lack of affordable housing, and domestic violence, etc.) interpersonal conflicts and lack of social support also have been associated with homelessness (Caton et al., 2005). As greater numbers of women become homeless and experience multiple health problems (e.g., mental, emotional and physical illnesses, as well as functional problems) resulting from or exacerbated by their homelessness (Crane & Warnes, 2000; Stein, Andersen, & Gelberg, 2007; Washington, 2005; Washington, Moxley, & Taylor, 2009), costs associated with being homeless also increases. The public's health is affected when these women, who once were important contributors to their families and communities, experience declines in health and develop higher rates of serious health problems than women in the general population (Caton, et al., 2005; Goodman, Saxe & Harvey, 1991; Sommer, 2000; Washington, 2005).

Although it is beyond the scope of this research study to solve many of the problems related to homelessness, this study examined intrapersonal factors (e.g., spiritual resources, self-efficacy, life attitude, cognition, and personal characteristics) that can facilitate homeless people who are endeavoring to transition into domiciled living. For example, when challenged by traumatic and stressful times, spiritual resources can protect people from adverse outcomes by increasing hope and providing comfort. Spiritual resources along with self-efficacy also may help people who are homeless mobilize the resources required to redirect their life courses and

become domiciled. Bandura (1997) identified self-efficacy beliefs as being at the center of a person's power to produce desired goals. He also asserted that these beliefs may influence human functioning through cognitive and motivational processes that drive the decision-making process. Helping people with their individual characteristics to rebuild their lives maybe enhanced by social support networks that facilitate development of positive relationships and support them in finding meaning and purpose in life (e.g., life attitude; Sampson et al., 1995; Washington, Moxley, Crystal, & Garriott, 2006).

Specific Aims and Research Questions

To investigate the roles of spiritual resources, cognition, self-efficacy, life attitudes, and personal characteristics in helping African American homeless women who are working towards transiting into domiciled living, the aims of this study are to examine:

1. The relationship between self-reported physical and mental health status in African American homeless women and self-reported levels of spiritual resources.

   Research Question 1: Is there a relationship between self-reported physical and mental health status and spiritual resources, as measured by the Faith Spirituality Resources Questionnaire (FSRQ) for African American homeless women?

2. The influence of self-efficacy on the relationship between spiritual resources and life attitudes (e.g., meaning and purpose in life), in African American homeless women.

   Research Question 2: Does self-efficacy mediate the relationship between spiritual resources and life attitudes as perceived by African American homeless women?

3. The influence of cognition on self-reported spiritual resources for African American homeless women.

   Research Question 3: Is there a relationship between cognition and spiritual resources as measured by the FSRQ for African American homeless women?

4. Personal characteristics and individual perceptions of risk of severe illness that can predict the level of spirituality in African American homeless women.

   Research Question 4: To what extent do personal characteristics, including age, marital status, education, number of children, number and length of times homeless,

self-reported physical and mental health status, and perceptions of being at risk for serious illness predict the level of spiritual resources among African American homeless women?

5. Differences between life attitudes, spirituality , and self-efficacy of African American homeless adult women by age cohort (under 40, 41 to 50, and over 50 years of age).

   Research Question 5a: Is there a difference in life attitudes among African American homeless women by age cohort (30 to 40, 41 to 50, and 51 and older)?

   Research Question 5b: Is there a difference in spiritual resources among African American homeless women by age cohort (30 to 40, 41 to 50, and 51 and older)?

   Research Question 5c: Is there a difference in self-efficacy as measured by the FSRQ among African American homeless women by age cohort (30 to 40, 41 to 50, 51 and older)

Significance of the Study

Significance to Society

In the U.S., the wealthiest 5% of households can earn in excess of eight times the salaries of people in lower socioeconomic groups (Moss, 2000). Many others find themselves without a home experiencing a desperate struggle for survival. These extremes in American society are difficult to understand, especially when housing the homeless would be cost-effective for all people. The average cost to American taxpayers for sheltering homeless families is between $1.9 and $2.2 billion dollars annually (National Alliance to End Homelessness, 2006). For children who are placed in foster-care the cost for two siblings (the average number of children for each homeless family) is $34,000 a year. The approximate annual cost for a housing voucher that would maintain independence for a family of four is $6,805, as opposed to the annual cost for one person sheltered at $8,067 (Harburger & White, 2004). Also, according to Oxford Analytica (as cited in Forbes, 2006), substantial costs (approximately $11 billion annually) are associated with providing services to chronically homeless people in the United States. If placed in permanent housing it is estimated that, the expenses for this population could be decreased by

more than $3 billion annually. Socioeconomic disparities, manifested in housing deprivation and lack of access to quality healthcare, have resulted in considerable gaps in health, morbidity and mortality, and quality of life for people who are homeless (Belle & Doucet, 2003; Morenoff, et. al., 2007; Freddolino, Moxley & Hyduk, 2004).

The number of homeless people in America is expected to rise substantially in the near future as the economic and mortgage crises continue, employment opportunities decrease, health insurance premiums rise beyond affordable rates for many, and/or fewer employers provide health insurance or substantially reduce healthcare benefits to their workers.

Significance to the Individual

The individual causes of homelessness are complex and varied. In addition to the economic disadvantages, domestic abuse, divorce, and the resulting consequences, psychological and social variables (e.g., diminished self-efficacy, negative life attitudes, and demographic and personal characteristics) may contribute to problems that are associated with homelessness. Women are at higher risk for homelessness. For example, equal pay for performing the same job continues to be problematic for women. The National Committee on Pay Equity (2007) calculated that African American women earn 71.7% of wages that is earned by men. The National Committee on Pay Equity also projected that this wage gap is not expected to close until 2057. For older minority women the risk for poverty is even higher. In a recent report by the Women's Institute for a Secure Retirement (WISER), findings indicated that minority women (four out of ten women) are expected to live in poverty during their retirement years (Wiser Women, 2000-2006). In addition to the structural factors that impact homelessness, individual factors such as, victimization, inadequate work history, educational deficits, early pregnancies, domestic abuse, divorce, and drug and alcohol abuse, also

contribute to the vulnerability of these women (Caton et al., 2005). Abused women who live in poverty are often forced to leave the family home for personal safety; many of these women have no social support and consequently find themselves living on the streets. A number of these women are also responsible for children (U.S. Conference of Mayors, 2001). Homelessness for women also increases the risk of sexual victimization and trauma. In one study 13% of homeless women interviewed had been raped in the past year, and half of these women had been raped more than once (Wenzel, 2000).

Poor health may contribute to homelessness especially in the African American population. One substantial health-related episode could impoverish middle class families and families of lower socioeconomic groups. African American populations are not only disproportionately represented in health-related problems, but also experience health-related problems at a greater magnitude than White populations. Statistics examined from the National Center for Health Statistics from 1960-2000 revealed that differences between mortality rates for Blacks and Whites have not improved in the past 40 years (Satcher et al., 2005). In 2002, Blacks experienced mortality rates of 40.5% (83,570 deaths) higher than those of Whites for comparable disease processes (Satcher et al., 2005). Homelessness significantly increases risks for further physical and mental health decline (Daiski, 2006).

Significance for Nursing

Identifying factors that facilitate African American women's return to domiciled living may also address the Healthy People 2010 goals that include increasing the quality and years of life for all people, and to eliminate health disparities among different segments of the population (Healthy People 2010, 2000). Other implications for nursing related to this study include public health issues, such as the prevalence of chronic disease, that are common in people who are

homeless. People who are homeless are often at risk for disease progression due to lack of access to healthcare or consistent follow-up. Mortality rates from respiratory diseases are seven times greater in the homeless population than for people who are domiciled. Difficulty in locating and treating homeless people with any infectious disease (e.g., tuberculosis and AIDS) is also well documented. HIV is particularly problematic in the context of homelessness because of high risk behaviors (e.g., survival sex, and drug abuse). Other health-related chronic problems associated with homelessness include: lice, non-healing wounds, influenza, hepatitis C, sexually-transmitted diseases, foot problems, malnutrition, and victimization (Raoult, Foucault, & Brouqui, 2001).

Although homelessness may never be completely eradicated; nevertheless, nurses may be uniquely qualified through their nursing research and the implementation of community interventions to alleviate some of the negative outcomes of homelessness. As homeless people are dependent on society for their basic human needs (including: food, shelter, and healthcare), reintegrating them back into society is beneficial to both the person who is homeless and to the larger society.

Significant Buffering Factors against the Negative Effects of Homelessness

Prior studies focused on homeless women suggested that believing that life circumstances are too difficult to change can result in diminished self-efficacy and negative attitudes impeding their return to community living. Conversely, other studies have found that variables, such as spirituality, can protect people from adverse outcomes during stressful and traumatic episodes by providing comfort, increasing self-efficacy, increasing social support and finding meaning and purpose in life (Washington, Moxley, Weinberger & Garriott, 2006). Results of the present study may identify important factors such as spiritual resources, self-

efficacy, life attitudes, cognition, and personal characteristics that can facilitate African American women who are endeavoring to transition from homelessness into domiciled living.

Definition of Terms

Homelessness	The condition of a person who "lacks a fixed nighttime residence and whose primary nighttime residence is a supervised temporary shelter, institution, or place not ordinarily used for sleeping" (US CODE: Title 42, Chapter 119, Subchapter 1, 11302; Gerber, Haradon, & Phinney, 2008).
Diaspora	The displacement, scattering, migration, and movement of a people away from an established or ancestral homeland (the Black diaspora to distant lands). African American people settled far from their ancestral homeland (African diaspora) where they originally lived (Nazroo, Jackson, Karlsen, & Torres, 2007; Segal, 1995).
Black Church	The "church played a central role in the life of the Black community. In Black churches, people heard how hardships in this life could be rewarded in the next one. But religious institutions were also the center of the community's social, civic, and even economic development" (Birmingham Civil Rights Institute, n.d.; Ciment, 2001).
Existentialism	A philosophy based on a set of common beliefs that focus on peoples immediate experiences of "being in the world;" efforts to make sense of their existence by finding meaning in it, making

	choices, accepting responsibility to act accordingly, and entering into meaningful relationships. This philosophy also addresses the uniqueness of human experiences which must include the context of a life lived. Existential meaning is prescribed by order, coherence, pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment. New ways of being or living in the world are realized through the processes of transcendence and transformation (Reker & Chamberlain, 2000).
Transcendence	An existential construct that describes how people make sense of and rise above their situations and circumstances to find new and better ways to live in the world. The ability to reach beyond one's boundaries to enhance coping and overcome negative life circumstances by discovering new meaning and purpose in one's life (Ellerman & Reed, 2001).
Transformation	An existential construct that describes the process of changing or converting a given reality (e.g., homelessness) into a new potential that enhances human growth.
Transition	The act of passing from one state or place to the next. An event that can result in a transformation (Washington & Moxley, in press) from which meaning can be discovered.
Domiciled Living	Residing in a familiar dwelling (house, apartment etc.) that provides a comforting sense of place, belonging, and connection with social roles that supports a person's sense of self, place and

belonging. Domiled living produces the opposite effects of homelessness (Vandemark, 2007).

Study Variables

Although each variable (Faith, Spirituality, and Religion) is a distinct concept with a distinct overlap of meaning for the purpose of this study these variables were used as one conceptual variable: spiritual resources It is also important to remember that many people can be spiritual, but not religious, religious but not spiritual and have faith in a transcendence which can be either a deity or nature. (Koenig, McCoulough, & Larson, 2001; Levin, 2001). The variables for this study are defined a follows:

Spiritual Resources — In modern vocabulary, social sciences, and health research, faith, spirituality and religion are often used interchangeably to describe resources that are able to ameliorate stress, support coping, and health and well being during periods of adversity.

Faith — Faith is a universal act of believing that is operationalized within transcultural and transhistorical contexts having the capacity to influence health and is not limited to a particular religious tradition (Benson, 1985; Dossey, 1996). Faith also can be described as the foundation for development of a personal identity and social relations that support the ability to make sense of personal and cultural meanings (Fowler, 1994).

Spirituality — The National Cancer Institute (2008), defined **s**pirituality as an individual's peace, purpose, and process for addressing ultimate questions about meaning in life, and connection to others.

	Washington & Moxley (2001) described spirituality as "a form of transpersonal expression of a person's hopes and aspirations that lie outside of material living" (p. 2).
Religion	Religion is viewed more frequently as formal, community-focused, action-oriented, and includes the practice of rituals (Koenig et al., 2001). As early as (1902) James described religion as being twofold, a construct that is individual and also an institutional inherited tradition (p. 328).
Self-efficacy	Belief in one's capabilities to mobilize motivation, cognitive resources, and courses of action needed to meet any given situational demands (Bandura, 1997).
Life attitude	The motivation to find meaning and purpose in life that facilitates successful coping with change, especially during times of adversity, and substantial stress (Reker, 1992).
Cognition	The mental process of thinking, remembering, reasoning, problem-solving, and exercising judgment required to take action.

Assumptions of the Study

The assumptions of this study include:

- African Americans have a strong sense of spirituality and faith that may or may not include organized religion.
- Spiritual beliefs are central to the foundation of the African American psyche.

- The spiritual resources dimensions (spirituality, faith, and religion) add something distinctive to health and well-being that cannot be easily reduced to traditional psychological constructs.
- In the discipline of nursing the concept of spirituality is perceived as broader than religion.
- Spiritual resources may improve self-efficacy.
- Religion influences everyday life for many African Americans.
- Positive relationships with others are essential for survival.
- Positive life attitudes may increase meaning and purpose in life and provide a sense of direction and intentionality.

Limitations of the Study

The following limitations may affect the generalization of the findings beyond the population being studied. The study is limited to African American homeless women. The findings may not be relevant to White homeless men and women and African American homeless men. The study findings may not be generalized to domiciled men and women regardless of socioeconomic status. The study is limited to homeless women in southeast Michigan. The findings may not be generalizable to African American homeless women in other geographic areas.

Outline of the Study

The dissertation is presented in six chapters. The first chapter provides an overview of the study, including the purpose of the study, study aims, significance of the study, definition of terms, study variables, and assumptions of the study. The second chapter presents results of a comprehensive review of the literature related to homelessness, spiritual resources (spirituality,

faith, and religion), self-efficacy, life attitudes, cognition, and personal characteristics of homeless African American women. Chapter three describes the life-course theoretical model that supports and guides this research study. The study design and methodology are found in Chapter 4. The Data analyses include descriptive statistics to provide a profile of the study sample. Inferential statistical procedures and mediation analysis following Baron and Kenny's (2008) four-step mediation procedures were used to examine the relationships among the study variables is found in Chapter 5. Chapter 6 discusses the study findings, conclusions, and implications for nursing practice and further study.

CHAPTER II

LITERATURE REVIEW

Introduction

This chapter presents a review of the literature on homeless women and the intrapersonal factors (e.g., spiritual resources, self-efficacy, life attitudes, cognition, and personal characteristics of homeless African American women) which are being examined to determine relationships that may facilitate their emergence from homelessness to domiciled living. The specific topic areas included in this comprehensive review of the published literature are African Americans and transitions, adversarial growth, transcendence and the study variables.

African Americans and Spirituality Resources

Faith, religion, and spirituality have been documented in published research as providing comfort and support to African Americans, especially in times of stressful life events (Bellgrave & Allison, 2006). These constructs have been viewed as powerful intrapersonal resources of strength and support to counteract effects of oppression, poverty, discrimination, and marginalization. Spiritual resources can help people develop different ways of thinking, feeling, and behaving that can result in finding support and increasing hope when challenged by adversity (Wallace & Bergman, 2002; Washington & Moxley, 2001). Spiritual resources are intrinsic to the African American culture. Since the forced migration of African people to the New World in the early 1600s, spirituality resources have provided consolation and optimism in the face of stress and adversity (Lewis & Ogedegbe, 2008). Faith, religion and spirituality often link expressions of hope that have special importance for people who have experienced a period of hopelessness in their lives (Kast, 1991), and can incorporate a vision for a better life. Spiritual resources can help people reduce stress, increase control, maintain hopefulness, and discover meaning and purpose in life (Büssing, Ostermann, & Matthiessen, 2005).

Faith

Faith is a reflection of beliefs (e.g., in a personal philosophy or a supreme being) to which people can be profoundly and deeply committed. Faith also provides energy and motivation that permits them to persevere under extreme and difficult circumstances. Human potential (generic and religious faith) manifested in believing can create internal environments or equilibrium that can help people achieve enhanced states of health and well being (Benson, 1985). According to King (1963), faith can provide an inner equilibrium or internal environment needed to face adversities, burdens, and fears that inevitably occur. For many African Americans, faith strengthens family ties and sometimes may improve coping in a hostile environment.

Religion and faith for many people are distinct concepts that are very closely interwoven and together comprise a worldview. Faith, for many Americans, is both a world view and also a way of life, regardless of ethnicity. A (2007) Gallop poll reported that approximately 95% of Americans believed in God and more than half attended monthly church services.

McCord et al., (2004) investigated the relationship between spiritual resources and improved feelings of well-being, reduced morbidly and mortality, improved mental and physical health, improved coping skills, and healthier lifestyles. This research team conducted a study to determine if patients would respond to physician's questions related to their spirituality. Of the 1,413 people who were contacted to participate in the study, 921 (65.1%) completed the questionnaire. Participants were given scenarios about their beliefs and asked if conversations by their physicians related to spiritual resources would be welcomed. Life-threatening situations, loss of loved ones, and serious medical illnesses were situations that participants described as an appropriate time to discuss faith, religion, and spirituality. Regular office visits were the least

appropriate time for conversations that addressed spiritual needs. Participants (87%) who stated that they would like to discuss faith, religion, and spirituality did so because they wanted a mutual understanding between themselves and their physician. They believed that this understanding regarding faith could influence the physician's delivery of medical advice and prescribed medical treatment, as well as discussing hope and encouragement realistically. Spiritual resources are an important part of treating the whole person as suggested by these participants' responses.

Spiritual resources also are important factors to consider when developing interventions for women facing life-threatening experiences, as well as physical and/or mental illnesses that can result from being without a home. For instance, well-being can depend as much on the ability to cope with the adversity of suffering, guilt, death, and meaninglessness in life, as well as good nutrition, medical assistance, and shelter from the elements (Stenmark, 2004). Stenmark emphasized that goals of traditional science and explanations of spiritual resources are not mutually exclusive, but instead share some important common points of interest. These points of interest include a search for understanding. Traditional science described understanding as the ability to predict and explain phenomena. Equally important to understanding is the ability to explain meaning and purpose in life from birth to death. Systematic and disciplined inquiry focused on understanding how finding meaning and purpose in life is influenced by spiritual resources can yield valuable insights into both tacit and explicit explanations regarding relationships and dynamics of these phenomena. Although such models of knowledge acquisition and management may require more complex, diverse, innovative, and developmental fields of inquiry than traditional methods, they are nevertheless relevant and legitimate fields of inquiry and science. Helping vulnerable people avoid homelessness and developing effective strategies

to enhance their transition out of homelessness require diverse ways of knowing and new paradigms of inquiry (Washington, Moxley, Garriott, & Crystal, in press).

In 1988, Sperry discussed the goals of traditional science that adhered to studying strictly objective, "value free description of brain function" and excluded subjective phenomena that are vital to creation of spiritual resources. He also answered the question "is there a convergence between science and religion (p. 607)" with a definite yes. This paradigm shift or change in traditional scientific thinking began in the 1960s and continues to evolve through the present time. For example, current beliefs of experts who study the paradigm of the mind-brain connection recognize the explanatory framework that accepts the legitimacy of spiritual resources in science. Consequently, addressing spiritual resources has the potential to increase meaning and purpose in life, improve mental and physical health, and facilitate the move from homelessness to domiciled living (Baldacchino, 2001; Johnson, Elbert-Avila, & Tulsky, 2005; Washington & Moxley, 2001).

Despite the growing evidence in the literature that spiritual resources may positively influence physical and mental health and improve coping with adversity, Sloan (2002) found the connection between spiritual resources and improved health outcomes somewhat controversial. As traditional social scientists like Sloan, use quantitative research designs to seek generalizable results that can guide understanding and develop theory to support particular outcomes, they tend to look at qualitative outcomes and the positive use of spiritual resources in health care with some skepticism. To illustrate, Sloan asserted that medical practices that incorporate religion and faith produce weak science and poor patient care. This protagonist also may have had ethical concerns related to suggestions that faith could improve outcomes (e.g., inversely concluding

that if an individual is lacking in faith, they may have insufficient coping strategies and may be at risk for experiencing poor health outcomes).

On the other hand, Miller and Thorsen (2003) asserted that although many studies in the past had flawed methodologies, the number of positive research outcomes on spirituality has motivated the National Institute of Health (NIH) to study spiritual resources. In addition, faith as a coping tool does not employ religious coercion, nor is it a missionary movement as some may believe. Shuman and Meador (2003) offered another perspective, cautioning that learning to be religious is not the way to improve health. Instead, they asserted that possessing intrinsic feelings of gratitude and hope that are based in faith, religion and spirituality can facilitate people to want the right things and motivate actions that can result in attainment of positive outcomes. A perspective that parallel's Shuman and Meador's view was offered by one of the founders of experimental psychology, William James (1902). Although he was not concerned with proving or disproving the existence of God, in his psychology, James accommodated faith and its benefits while acknowledging the right of people to believe beyond material evidence. He contended that while faith is not dependent on faith communities, acknowledging the power of faith is a reasonable choice that is individualistic. Other studies have documented spirituality as a construct that can increase the use of positive coping strategies, provide meaning and purpose that may enhance positive coping strategies, and aid homeless peoples' return to independent living (Baldacchino, 2001; Johnson, Elbert-Avila, & Tulsky, 2005; Washington & Moxley, 2001), especially in the African American population (Brodsky, 2000; Mattis, 2000, 2002).

With increased interest in the relationship between spirituality, religion, and health outcomes since the 1990s, the number of spirituality courses offered in medical education has escalated. Fortin and Barnett (2004) noted that in 1994, 17 of the 126 medical schools offered

courses on spiritual resources in medicine. By 2004, the number had risen to 84, and has now reached 114 of the 126 accredited medical schools. This explosion of spirituality in medical education underscores the importance of treating people in a holistic manner, and brings validly to conducting research on spiritual resources which may ultimately improve the human condition. Yalom's perspective on the doctor-patient relationship is instructive here as this existential psychiatrist recognized the significance of religion and spirituality in aiding people to define meaning and purpose in life. He departed from traditional psychoanalysis by contending that the physician-patient relationship can add meaning to life and heals when there is a relationship based on genuineness and openness to every aspect of a patient's being. He also suggested that meaning emanates from relationships, including doctor-patient relationships (Yalom, 1980)

Religion

Mattis (2000) found that many African American women defined religion and spirituality as distinct concepts; however women in the study also agreed that interrelationships existed between concepts of religion, and spirituality. This finding illustrated the importance of examining constructs of religion, faith, and spirituality as individual, as well as a collective, constructs as a way of capturing the meaning of spiritual resources within the lives of African American women. The construct of religion (the community, institutional aspects of spirituality; Hufford, (2005) appears to be more complex for African Americans than for Whites. The Black church is a different institution than a mosque, synagogue, or White church. Many of the African American religious traditions have been shaped by a quest for justice, liberation, love, and hope for a better future (Cone 1986; Grant, 1989). Traditionally, the oppressive social and political

contexts that have influenced the lives of many African Americans also have influenced development of the uniqueness of the African American church.

For instance, the "Black Church" has deliberately attempted to replicate family life in response to hardships imposed by historical societal changes (e.g., segregation, oppression, and marginalization). Elder women in these congregations assumed the role of "mother" and worked to maintain values that promoted kinship and cohesiveness within their church families and provided social support and advice (Mattis & Jagers, 2001). Women who are displaced into homelessness may lose this important source of support. For generations, many churches in the African American community have provided a source of instrumental, social, religious, and emotional support to its congregants. The Black church is heterogeneous and dynamic. One church may be comprised of middle-class professionals; while others attract the working poor. Nevertheless, the Black church has served Black American people across expansive geographical areas (e.g., from the mainland of Africa to the Americas and to the Caribbean). Furthermore, not all African Americans profess to be Christian; many belong to other religious faiths, and some do not practice any formal religion.

Taylor, Chatters, and Jackson (2007) conducted a study designed to examine religious and spiritual involvement in older African Americans, Caribbean Blacks, and Non-Hispanic Whites. Face to face interviews were conducted on 6,082 people, 18 years of age and older. Of these respondents, 3,570 were African American, 891 non-Hispanic Whites, and 1,621 people of African descent from the Caribbean. From this large sample, 1,439 respondents included (837 African Americans, 298 non-Hispanic White, and 304 people of African from the Caribbean) 55 years and older were selected to participate in a substudy. Findings suggested that African Americans are more likely to participate in religious practices than Whites and also use religious

coping more often than Whites. Results from this substudy also suggested that many older adults reported higher levels of religion and spiritual involvement than younger participants, despite race or ethnicity. This study by Taylor et al., illustrated the importance of human development across the life-course and changes that may occur in belief systems as people age despite ethnicity. These findings also may have important implications for the proposed study as the writer endeavors to examine spiritual resources of African American homeless women across a wide age range (i.e., 30-60 years and older). Findings from the proposed study may indicate that effective spiritual resource interventions may need to be designed for specific age and/or ethnic groups.

A study by Pargament, Koenig, Tarakeshwar, and Hahn (2004) recruited 268 participants from hospitalized patients in the southeastern United States to investigate the influence of religious coping on spiritual, psychological and physical health. They hypothesized that positive religious coping (e.g., spiritual support, congregational support, religious reframing) could result in improved health outcomes. Conversely, the authors hypothesized that people exposed to negative religious coping (e.g., discontent with church family, spiritual discontent, punitive religious reframing) demonstrated declines in spiritual, psychological, and physical health. Data analysis using paired t-tests found that patients engaged in positive religious coping showed significant improvements in spiritual outcomes, demonstrated increased quality of life, as well as decreased depressed moods and stress related growth. Pargament et al. asserted that positive religious coping for many African American women also had the potential to increase quality of life, decrease stress, and promote psychological growth, resulting from the trauma of being without a home.

Other research studies have also identified religion as a variable that may result in a higher level of functioning following a struggle with traumatic life events (e.g., homelessness; Linely & Joseph, 2004). These researchers were interested in the concept of adversarial growth (i.e., positive change in an individual following trauma or adversity) and performed a literature review of 39 studies that documented positive change following a negative life event. The results of this review indicated that cognitive appraisals (such as threat, harm, and controllability) were associated with positive adaptation to trauma through strategies that included optimism, religion, cognitive processing and positive affect (life attitude). Variables that were not associated with positive adversarial growth included psychological distress and sociodemographic variables (age, gender, education, and income). Evidence from these 39 studies was encouraging for this proposed study.

Krause (2003) conducted a study to examine the relationship between religious meaning and feelings of subjective wellbeing in later life. The criteria for inclusion in this study was that the participants were at least 66 years of age, White or African American, non-institutionalized and English speaking within the continental United States. Participants were divided into 3 groups, practicing Christians, Christians in the past but no longer practiced any religion, and people who have never been a part of any religion at any point during their lifetime. A random sample of participants was drawn from the Center for Medicaid and Medicare services resulting in a total sample of 1500, comprised of 748 older White people, and 752 African American participants. Religious meaning, life satisfaction, self-esteem, and optimism were measured. Control measures were used for religion and also for demographics. Findings from this study were similar to prior studies in that African American elders were more likely than White elders to find meaning in religion. African American elders also were found to pray more frequently

(i.e., daily) to read the bible more often, and attend church more frequently that their White counterparts. The authors speculated that such active involvement in religious activities may account for the tendency of more African American elders reporting finding increased meaning in religion in comparison to White elders.

Another study performed by Norton et al. (2008), examined church attendance and new episodes of depression in community dwelling non-demented elders in Utah. Data was collected as interviews with 2,989 participants aged between 65 and 100 years of age in 1995 to 1996 and 1998 to 1999. The sample consisted of 1,270 men (42%), 1,719 women (58%), average age 73.8 years (SD=6.3) mean education 13.4 years (SD= 2.8). Participants who reported no depression prior to the study were 2,166 (73%), prior minor depression 402 (13%), and 421 reported prior major depression. Religious affiliation was described as 2,804 Church of the Latter Day Saints (94%), 101 protestants (3%), 28 Catholics (1%), and 56 (2%) from other religious denominations. This study was unique as it looked at church attendance longitudinally; findings indicated that church attendance more often than once a week seemed to enhance interpersonal attachments (linked lives) and remained a significant predictor of protection against episodes of depression even when other variables were controlled. These studies indicate that the dimensions of spiritual resources may have the potential to improve lives through increased feelings of well-being, and improved mental and physical health outcomes.

Spirituality

Oppression, poverty, marginalization, and racism remain realities for many African Americans, especially for women who are homeless. The importance of spiritual resources in homeless women's lives was identified from data collected in the Advocacy for Leaving Homelessness (ALH) substudy of the Leaving Homelessness Intervention Research Project

(LHIRP; Washington, Moxley, Garriott & Weinberger, in press). Five dimensions of faith and spirituality were identified from data collected from the homeless women who participated in this study. The five dimensions included: (a) identity and beliefs, (b) affiliation and membership, (c) involvement, (d) practices in which to express faith, and (e) benefits of faith and spirituality. Outcomes of participants' faith and spirituality were both intrapersonal, being or occurring within the person (e.g., coping, building relationships, and reciprocal interactions with others, etc.), and instrumental (perceived as useful in obtaining necessary resources, etc.).

Banks-Wallace and Parks (2004) asserted that spirituality was a transformative and purposeful force in the lives of African Americans that lies outside of material living, capable of helping them cope with daily hassles and adversities (Washington & Moxley, 2001). The importance of spirituality also has been demonstrated for men. Norman (2008) developed a case study focused on the importance of spirituality as a coping strategy for African American males, who also are at great risk for stress overload. A case study was conducted with a married 24 year old African American male college graduate. Findings of this case study suggested that coping with stress is a conscious choice and spirituality may have served a protective function in helping the participant cope and adapt to changes in life circumstances.

In a review of nursing literature regarding spiritual coping strategies, Baldacchino and Draper (2001) found that spiritual coping was a significant factor in reducing emotional and physical suffering through finding meaning in life, purpose, and hope. Stress and coping theorists (Folkman & Lazarus, 1984) also supported the rationale that using spiritual strategies enhanced self-empowerment and helped both believers and nonbelievers to find meaning in life.

Golberg (1998) described spirituality as an essential life-force that can motivate people to take action. Koenig et al. (2001) and Levin (2001) concurred with Golberg, identifying broad

characteristics of spirituality that have been documented in the general population: traits of transcendence, possession of an understanding of self, as well as a relationship to a purpose greater than oneself, identification of meaning and purpose in life, and interconnectedness with God or a higher power. Brown (1998) described spirituality as an innate human construct that helps humans to have a relationship with self and others, as well as a relationship with God. Seybold (2008) identified spirituality as a complex phenomenon that involves social, psychological, and biological levels. He concluded that humans appear to possess an innate drive within themselves to "find meaning and order within reality" (p. 5). Using spiritual resources to find meaning in adversity can help protect people from the trauma of homelessness and may facilitate their return to domiciled living.

Spirituality can also help people develop different ways of thinking, feeling, and behaving that can result in finding support and increasing hope when challenged by adversity (Wallace & Bergman, 2002; Washington & Moxley, 2001). For example, Emmons (2000) argued that spirituality may be another form of human intelligence that can be associated with problem-solving behavior to reach desired goals. The concept of spiritual intelligence is described as using five dimensions: (a) the ability to transcend, (b) the use of spirituality to achieve higher consciousness, (c) the ability to see every day events as a connection to the sacred, (d) the ability to problem-solve through spiritual resources, and (e) the ability to forgive. In a review of the literature, Emmons, Cheung, and Tehrani (1998) found that spirituality also had strong psychological implications, especially in striving for personally defined goals. People who reported increased spiritual longings also reported greater life satisfaction, greater purpose in life and increased feelings of wellbeing.

Few studies have explored the role of spirituality as a motivational factor for increasing psychological well being in women who are middle aged or beyond. However one study investigated spiritual maturity and life satisfaction in women during midlife (Genia & Cooke, 1998). The purpose of the study was to determine if the more spiritually mature woman would experience greater life satisfaction. Ninety-five participants 35 to 88 years of age with a mean age of 52 years were recruited from two university campuses and one women's conference. Each participant had an average of three years of college education, 41% were African American, 53% were European American. Findings on t-tests indicated that European Americans and African Americans did not differ in life-satisfaction, spiritual support or spiritual openness. No differences were found between the groups on the 38-item Spiritual Experience Questionnaire. Findings from this study did suggest that spirituality may help all women regardless of ethnicity to remain positive about life into their later years (Genia & Cook, 1998).

In a concept analysis Newlin, Knafle, and Melkus (2002) identified four descriptors of African American spirituality. These descriptors were "divine reciprocity, heightened interpersonal interconnectedness, emotional equilibrium and empowering change". The concept of divine reciprocity included the strengthening of faith, a deeper feeling during devotional rituals, and an increase in love and thankfulness for God. The characteristics of heightened interpersonal connectedness were described as altruism, interpersonal learning, improved relationships and increased regard for others (linked lives). Emotional equilibrium described the sense of apparent support, decreased stress and tranquility. Empowering change was seen as greater strength and better perceived health, personal growth, positive explanation of life's stressful events and active coping. For African American homeless women these descriptors

are important for successful re-entry into domiciled living as well as being important developmental variables in the life-course theory that the proposed study is using as a research framework.

Spiritual Resources and Health

The importance of spirituality and health has been gaining attention in the empirical literature over the past two decades. Prior to 2000 the number of studies that focused on spiritual resources and health had reached nearly 1200 studies; of these studies mental health issues accounted for 70% of the published studies and 30% focused on physical health. Although poor health combined with limited support can erode coping resources and trigger distress that results in diminished motivation to leave homelessness (Moxley & Washington, in press) spiritual resources can protect health during such heightened periods of distress. Miller et al., (2003) acknowledges that even with methodological flaws in some of the earlier studies the evidence between spiritual resources and health was encouraging. Spiritual resources and the connection to health have also gained attention from the National Institute of Health. Since 2000 the number of studies that focus on the connection between spiritual resources and health has greatly increased. For instance the National Institute of Health (NIH) has begun to request investigator initiated grant applications focused on the influence of spiritual resources on health risk behaviors (NIH, 2006).

Lewis and Ogedegbe (2008) performed a literature review that focused on the nature of spirituality in the role of medication adherence in African American populations. Over 50 studies were reviewed to identify methods that could increase medication compliance. Personal beliefs related to medication adherence were examined and spirituality was found to be an important factor for medication compliance. The authors identified three cultural dimensions of spirituality

in African American participants; "(a) faith in a transcendent force; (b) personal relationships with God, other's, and self; and (c) transformation and consolation from adversity" (p. 262). Koenig et al. (2001) also reviewed medical and psychological literature on religion, spirituality, and health outcomes. These investigators identified studies conducted in the fields of mental health, physical health, disease prevention, and health promotion, as well as studies related to seeking medical help and using health services. Over 1,200 studies were critically reviewed, concluding that incorporating spirituality into modern healthcare can be beneficial to patients' health outcomes and effective in their treatment regimes.

Spiritual resources also may have the potential to protect health during periods of substantial stress and adversity (e.g., homelessness) and in addition, may protect against health decline in later life. For instance emotional strain such as that experienced by many homeless people can have negative effects on physical health such as an increase in cortisol levels (indicators of stress) that may raise blood pressure levels during periods of adversity and stress in addition to increasing the inflammatory response (Seely, Stephens & Tate, 1995,). Such periods of emotional stress and adversity can have long-term consequences on the affected person, such as depressed immune system, cardio-vascular disease, heart failure, kidney disease etc. In contrast, scientists also have identified that during spiritual or religious reflection, positive physiological responses to stress, such as the lowering of cortisol levels also can occur (Creswell et al., 2005). Although few studies have investigated the use of spiritual resources in the reduction of cortisol levels, these prior studies have found that patients experienced a reduction of cortisol levels during times of stress while using spiritual resources (Katz,et al., 1970, Sudsuang, et al., 1991).

Seybold (2007), conducted a literature review to explain the physiological and behavioral mechanisms that may explain the relationship of spiritual resources to positive physical and mental health outcomes. Behavioral mechanisms and spiritual resources were found to be associated with healthier lifestyle habits such as abstinence from drugs, alcohol and tobacco, and sexual promiscuity. Social support (often found in faith communities) is an important well-established concept in the literature that can have a protective effect on health (Kiecolt-Glaser,et al., 2002; Uchino, 2006).

In a recent review of the literature related to African Americans, spirituality and health, Johnson, Elbert-Avila, and Tulsky (2005), identified several recurring themes relevant to the proposed study. Among these themes was many African Americans view that spiritual beliefs and practices are central to the process of healing, through comfort, coping, and support. Second, spirituality is thought by many African Americans to be the most effective way to influence healing, and God is often identified as responsible for their physical and mental health. The role of the treating physician is often perceived by many African Americans as God's instrument in the process of healing.

George, Ellison and Larson (2002), also looked at spiritual resources and health outcomes through a review of the empirical literature and concluded that although researchers have not yet fully explained the relationship between spiritual resources and health one hypothesized pathway is thought to occur through psychosocial resources. These psychosocial resources (self-esteem, self-efficacy and mastery) have particular significance for the proposed study. Thus far in the literature, little research has been published on the variables than mediate or influence spirituality, however little is known about the effect that self-efficacy may have on spirituality.

Self-Efficacy

Bandura (1997) argued that self-efficacy beliefs are at the center of an individual's power to produce desired goals and is believed to influence human functioning through cognitive, motivational, and decision-making processes. In addition, Schwartzer and Renneret (2000) found that when people believed that they can produce desired effects or produce desired goals, they are better positioned to change their life courses and become self-determined individuals. Washington and Moxley (2001) identified self-efficacy as a factor that was essential to health but which could be easily damaged by the stress and experience of homelessness.

For homeless people it is important to set small attainable goals. Proximal goals (setting goals in smaller increments) have been found to increase self-efficacy. Because self-efficacy grows from succeeding in acquiring skills and coping with life's challenges (Bandura, 1997), the imperative first step in endeavoring to transition from homelessness and becoming domiciled may be to increase self-efficacy. As an individual's self-efficacy has also been found to affect choice of goal level with increased self efficacy being associated with increased goals and increased performance; goals can be set at increasing levels of difficulty to facilitate mastery of skills (Phillips & Gully, 1997). Self efficacy also is an important factor in the development and maintenance of social connectedness (Flaskerud & Winslow, 1998).

For instance, Phillips and Gully (1997), conducted a study to investigate the effects of self-efficacy on goal level and performance after controlling for ability. Participants were 405 undergraduate students in a Midwestern university with an average age of 19.54 years and 72% of the sample was women. The participants were informed that the purpose of the study was to examine the process of goal-setting on performance. Variables under study included, learning

and performance, need for achievement, locus of control, ability and self-efficacy. Self-efficacy was found to lead to setting higher goals. The investigators concluded that increasing an individual's self-efficacy may be a useful intervention to increase performance level. Increasing self-efficacy in homeless people may facilitate the goal-setting necessary to sustain them in their efforts to leave homelessness.

Bandura and Locke (2003) asserted that to produce desired effects when confronted with difficulties (such as emerging from homelessness), one also must believe that identified goals can be attainable. These investigators posited that self-efficacy is the central mechanism of human agency and raised the question "Do beliefs of personal efficacy contribute to human functioning?" Nine meta-analysis studies were examined that investigated self-efficacy in multiple disciplines with diverse populations. The results from this considerable research were consistent in showing that self-efficacy influenced an individual's level of motivation and performance. Self-efficacy was also shown to predict behavioral functioning between individuals who experienced different levels of perceived self-efficacy as well as changes in functioning over time in the same individual. These results suggest that interventions that increase self efficacy in the same individual over time is promising for work within the homeless population. The factors that influence self-efficacy in diverse individuals have not yet been fully investigated. Nevertheless, for the purpose of this study it is theoretically reasonable to speculate that spiritual resources may influence the development of self-efficacy in African American homeless women.

In an earlier study Bandura and Zimbardo (1999) investigated self-efficacy and time perspective of newly homeless adults. The purpose of this study was twofold, first to test the role of perceived self-efficacy and future time orientation in escaping homelessness: second to

examine the relationship between self-efficacy and time perspective. The investigators defined self-efficacy as one's perceived ability to reach set goals, and time perspective as one's goal orientation.

Participants were recruited from four family shelters in Northern California over a six month period. Of the 82 participants 37% were Hispanic, 31% African American, 22% White, 7% Asian, and a Native American Indian (and two participants did not report ethnicity; together comprising the final 3%). There were 30 men and 52 women. The educational level of the participants was quite high with two thirds having a high school education, and one third having some college including 5% who had graduated from college. Findings from this study suggested that a strong sense of self-efficacy enables an individual to perform a complex set of behaviors that should in theory enable transition from homelessness to domiciled living. The participants with high levels of self-efficacy used more time searching for shelter and employment and consequently spent less time living in the shelters than participants with less self-efficacy.

The findings related to time perspective were more complicated. Future time orientation was associated with enrolling in vocational or educational programs, using the homeless experience to learn life-lessons, decreasing depression, and filling spare time with activities. Conversely those participants who were focused on the present time perspective spent more time watching television, eating and less time was spent working. Self-efficacy and future time perspective predicted positive coping behaviors but did not help in procuring shelter. Curiously the strongest predictor of obtaining housing was being in the present-time perspective. In prior studies that focused on time perspectives future orientation was more strongly associated with positive outcomes. Why such confusing results in this study? First the investigators noted that

most studies performed in the past used measures that were developed based on the White middle-class and were directed at their standards. These findings have relevance for this study, illustrating the need to use measures that are designed for the population under study in order to obtain accurate data. Second, the investigators believe that time perspective is dependent on specific situations, tasks and reward structures. Acute crisis situations may require present-time perspective in order to enhance effective coping skills.

Bandura (2000), along with mastery experiences, identified culture as a factor in the development of self-efficacy, as well as economic conditions, socio-economic status, family support systems, and societal changes (historical context). Conversely for many homeless people the lack of necessary resources that are needed for survival may result in low self-efficacy. Other factors that influence self-efficacy in diverse individuals have not yet been fully investigated. However, it is theoretically reasonable to speculate that spiritual resources may influence the development of self-efficacy in African American homeless women.

Life Attitudes

What are life attitudes? Many researchers have theorized that more than one dimension could be accounting for the global concept of life attitudes (including, meaning and purpose in life, goal-seeking, coherence, choice, and transcendence; Weisman & Worden, 1976, p3; Frankel, 1963, Garfield, 1973; Reker & Wong, 1988). Finding meaning and purpose in life is derived from the belief that life can be worth living even in the face of severe physical and emotional suffering and is integral to human survival. Life attitudes can represent a dimension of well being that may facilitate coping with change and adversity (Wong 1989). Also the ability to cope successfully with change (especially changes that result in homelessness) may protect health and wellness more than any other factor. Meaning in life also can facilitate human

development in people despite the presence of great losses, declining health and discrimination (e.g., adversarial growth) because life may be experienced as being meaningful when one perceives their life as having purpose greater than their own existence (Frankl, 1966)

To illustrate, the experience of homelessness transforms older African American women physically, emotionally, cognitively, and interpersonally. Thus, to some degree, recovery means reversing this negative transformation. This change that may be accomplished by establishing meaningful goals that help push the old cognitive and emotional structures of their homeless existence into the background and amplifying new positive and emotional structures full of hope and better possibilities. Although present, the negative transformation takes a back seat to a new and positive transformation. Reinterpretation of the transformation experienced by these women may sufficiently alter their perspective so that a new positive transformation can begin to emerge: one that helps to restore a "life direction that brings personal value and fulfillment" (Washington, Feen-Calligan, & Moxley, in press, p. 21) beyond their own existence. So this study also examined the potential linkage between the transformative affects of life attitude (perceived meaning and purpose in life) and endeavoring to transition from homelessness.

In a recent study, researchers investigated people's motivation to find meaning and purpose in life following a diagnosis of cancer (Jim, Richardson, Golden-Kreutz, & Anderson, 2006). From a review of the literature four dimensions of meaning and purpose in life were identified. The first dimension, was described as a sense of peace and comfort originating from positive emotions; the second dimension included satisfaction and meaning in life as well as personal growth and goal-orientation. The third dimension identified a universal purpose in life that is greater than the individual and included the construct of spirituality. The fourth dimension represents feelings of loss and the lack of meaning in one's life. Participants in the study

consisted of 227 women who had been diagnosed with breast cancer. The researchers explored the relationship between coping with a diagnosis of breast cancer and meaning and purpose in life at the end of the two year longitudinal study. Outcomes of this study indicated that finding meaning and purpose in life may decrease feelings of anxiety and fear and may also increase coping strategies for people facing traumatic events (such as a cancer diagnosis or homelessness). Jim et al. also concluded that the ability to understand life's negative events and convert them into positive meaningful events can lead to effective coping and enhanced meaning and purpose in life.

Meaning and purpose in life can vary across gender and age cohorts. For instance, Reker (2005) studied 2,065 adult participants including 1,449 females and 616 males. In this study, participants were divided into three groups: young adults, 16-24 years of age (males [n = 280] and females [n = 872]); middle-aged, 25-49 years of age (males [n = 148] and females [n = 335]); and elderly, 50-93 years of age (males [n = 188] and females [n =242]). The average age of the participants comprising these samples was 34.3 years. Findings from this study indicated that personal meaning may increase with age, with women experiencing higher levels of personal meaning than males until late life when personal meaning appears to equalize for men and women (Reker, 2005).

Reker and Wong (1988) stated that goals and values are also important factors in finding meaning and purpose in life, and are the predictors of motivation, that is necessary to provide the strategy for living. Therefore including life attitudes as well as spiritual resources, self-efficacy and cognition in future interventions is important to promote movement from homelessness into domiciled living.

Cognition

Among the variables important to examine in facilitating women working towards transition from homelessness into domiciled living, is cognition. Cognition describes the relationship between general cognitive functioning (e.g., executive skills such as orientation to time, place, and person; information processing, planning, reasoning, problem-solving, and exercising judgment). These skills are vital in obtaining housing, employment, managing money, and resources required to overcome homelessness.

In addition the human nervous system is complex and its development is enhanced by information processing. Through this process mental functions can be stimulated and continue to develop and maintain health. On the other hand, if stimulation does not occur then health may be difficult to maintain. For instance, in existential psychology one's focus is future oriented. People are prompted to look to the future which exposes them to new experiences that prompt more processing from the environment that includes problem-solving. Conversely, continually looking to the past and dwelling on past failures (homelessness) does not stimulate cognition and may actually result in cognitive decline. Higher scores on cognitive test such as the mini mental status exam (MMSE) indicate greater cognitive ability, and may provide an indicator of participants' ability and efforts to move out of homelessness (Schneider & Lichtenberg, 2008).

Summary

Based on a review of the literature, the writer asserts that it is important to study the relationships among spiritual resources, self-efficacy, life attitudes, cognition and personal characteristics of homeless African American women to facilitate their move into domiciled living. One of the spiritual resources, spirituality is important because it appears to be a universal construct (Seybold, 2008) and may help people find meaning in adversity. Self-efficacy enables

people to change their life courses and become self-determined individuals (Schwartzer & Renneret, 2000). Life attitudes may be instrumental in understanding life's negative events and converting them into positive meaningful events that can lead to effective coping (Jim, Richardson & Golden-Kreutz, 2006). Although an extensive body of research exists in the literature related to homelessness, the mental health of people who are homeless, and their access to healthcare, the proposed study fills a gap in the literature because little has been published regarding intrapersonal factors (e.g., spiritual resources, self-efficacy, life attitudes, and cognition) that may facilitate women endeavoring to transition from homelessness into community living.

CHAPTER III

CONCEPTUAL MODEL

Introduction

The life course theory provides the framework for guiding the proposed research by linking homelessness in African American women to variables (e.g., spiritual resources, self-efficacy, life attitudes, cognition, and personal characteristics) that may help them in their efforts to emerge from homelessness into domiciled living. The life course theory evolved over time to include concepts from other theoretical models. According to Elder (1999), influences from the development of life span theory ("transition, coping, and adaptation" [p. 5]) together with the meaning of timing in age theory (that explains the consequences of life events occurring late or early in the life course) and the concept of "interdependent lives" (p. 5) in the life cycle tradition have influenced development of the life course framework.

Elder described the life course theory as a "conceptual bridge" (p. 6) that links the aging process, major life events, and societal changes. He categorized the life course framework into three levels: (a) institutions, organizations, social groups, actions and policies, and economic climate; (b) personal life course (e.g. career, life choices and constraints; such as racism, marginalization, and poverty); and (c) developmental stage of the individual, defined by personal values, self-efficacy, and intellectual functioning (cognition). The focus of this study is on spiritual resources, self-efficacy, life attitudes, cognition, personal characteristics, and their effects on promoting health and well-being especially during times of stress. The focus of spirituality is not on placing one's life in God's hands; instead the focus is on one's beliefs that are used to cope with adversity that are not limited to but may include belief in God.

The life course framework of human development not only facilitates the order and systemization of data to examine concepts (e.g., spiritual resources, self-efficacy, life attitudes, cognition and personal characteristics) but also explains transition, coping, and adaptation (appropriate for the study of homelessness), that can help homeless African American women return to domiciled living within the community. The life course framework consists of five principles: historical context, aging and human development, timing in life of significant events, linked lives, and human agency.

Historical Context

Historically African Americans have had life course experiences that included discrimination, economic suppression, poverty, poor education, limited access to work experiences and other disparities (Jackson, 2000). These disparities are now increasing at an alarming rate for many African Americans. At this particular time in history, most Americans are being effected by economic downturns. In March, 2009 the stock market reached a 12-year low, unemployment rates have since risen in 98% of all U.S. cities, and the national jobless rate is the highest in 26 years. Many people are having difficulty making mortgage payments or paying utility bills (CNNMoney, 2009). The nationwide recession equates to depression levels among many African Americans in urban communities. For example, during the 2001 recession White unemployment rate reached a high of 5.2%, at this same time unemployment rates for Blacks was 10.8% (Austin, 2008). In addition to these economic problems, many Americans also are experiencing economic and emotional effects that have resulted from two prolonged wars.

What do these statistics mean relative to historical context and homelessness? In the past, African American families were able to move relatives experiencing financial difficulties into their immediate families in times of crisis (an important part of the African American culture;

Littlejohn-Blake (1993). For many homeless women, the option to return to a relatives home may not materialize either through families being unable or unwilling to help because of lack of resources, coping skills, family interactions, or drug and alcohol use.

Aging and Human Development are Life-Long Processes

This principle recognizes that aging and human development are biopsychosocial life-long processes that occur in all people. Human development may be influenced by traumatic events (such as homelessness) that occur across the lifespan. For example, Linley and Joesph (2004) conducted a review of literature to investigate positive changes that can occur following periods of adversity in an individual's life. Thirty-nine studies were reviewed to identify the variables that resulted in positive life changes following adversity. Several variables were identified as producing positive developmental growth: including self-efficacy, social support, religion, and cognitive processing. Furthermore, female participants reported experiencing higher levels of growth than men. Children reported greater adversarial growth than adolescents, or people suffering with chronic illnesses and those approaching the end of life. The findings from these studies supported the purpose of the proposed study which is to increase understanding of the role that spiritual resources, self-efficacy, life attitudes, cognition and personal characteristics play in the lives of homeless African American women of different age groups. A greater understanding of these variables can enable nurse scientists to develop interventions to facilitate adversarial growth in homeless women which also may help them in their efforts to transition into domiciled living

Timing

The timing in one's life of traumatic events and transitions (e.g. homelessness) also may affect cognitive and physical health over the entire life-course of the individual. For example,

Elder, Shanahan and Clipp (1997) asserted that traumatic events which occurred earlier in one's life may hasten age-related health decline that tends to occur in later life. Similarly, Krause (2005) investigated the relationship between a sense of meaning and purpose in later life and earlier traumatic incidents that occurred across six different points in the life course for three different age cohorts (65-74, [n = 491]; 75-84 [n = 515]; 85 and older [n = 509]). Findings from this study supported findings by Elder et al. (1997) that traumatic incidents in earlier life can impact late-life health. Krause also found that perceived traumatic events that occurred between 18 and 30 years of age were associated with diminished meaning and purpose in later life. These findings have important implications for the proposed study, as little is known about the long-term effects of the trauma associated with homelessness on different cohorts of homeless women. However, implications from these studies suggested that homeless children may be at risk for mental and physical health decline in later life and at faster rates than their domiciled cohorts.

Linked Lives

People live their lives in a sociohistorical environment, interdependent with other human beings. Elder (1985), using data from children of the Great Depression, examined effects of family hardships on the lives of children. Parenting styles were examined to determine their mediating roles in development of anti-social behavior in children. Results of economic hardships negatively affected girls more than boys as a result of fathers' rejecting behaviors during distressful economic times. Other findings from Elder's study indicated that attractive daughters were less likely to experience rejecting behaviors from their fathers than less attractive daughters. These findings underscore the importance of linked lives in early childhood development. Raising children in homeless shelters may result in poor future health outcomes for

these children, as well as intergenerational transmission of severe economic hardships. However, collective agency promoted by positive social interaction (linked lives) could mediate negative outcomes for children who are homeless or living in poverty. For instance, Rankin and Quane (2003) examined linked lives by investigating the influence of neighborhoods, parenting, and peer groups on the social functioning of African American adolescent youth. Neighborhoods higher in collective agency were found to be higher in parental monitoring regardless of the socioeconomic status of the neighborhood. The reality for many African American homeless women may be marginalization, racism, and family conflict, but interventions supporting the concepts of spiritual resources may facilitate the connection between the individual and others, moral responsibility, and history (Tisdell, 1999).

Human Agency

This principle asserts that people create their own life course through decisions, choices and behaviors that occur within the boundaries of historical time and their social situations. Resources for survival in difficult situations such as homelessness (e.g., spiritual resources, self-efficacy, life attitudes, cognition and personal characteristics [age, marital and health status]) may be different in each age cohort, especially in African American women. For instance, older African American women may have lived through dynamic cultural changes, such as segregation, civil rights, marginalization and racism at greater levels than their younger cohorts.

Homelessness is a threatening experience leaving many individuals feeling alone, vulnerable and distressed. Being vulnerable often means being in a physically or psychologically weakened condition and unable to resist illness, debility, or failure due to having limited access to resources needed to avoid these conditions/circumstances. Coping with the adversity that is associated with homelessness is important for survival. Johnson, Elbert-Avila, and Tulsky

(2005), identified recurring themes (spiritual resources) that were related to the process of comfort, coping, and support. Other studies have also found that variables such as spiritual resources can protect people from adverse outcomes during stressful and traumatic episodes by providing comfort, increasing self-efficacy, increasing social support and finding meaning and purpose in life (Washington, Moxley, Weinberger & Garriott, 2006). Similarly, Bandura (1997) identified that self-efficacy beliefs are at the center of an individual's power to produce desired goals and may influence human functioning through not only cognitive and motivational processes but also in the decision making processes. Spiritual resources and self-efficacy may help people redirect their life courses to move from homelessness to being domiciled.

Appendix A presents the substruction of the life course model. The five life course principles interact with each other as shown by the bidirectionality of the flow between the principles. At the conceptual level, the variables that reflect three of the principles employed in this study, timing in lives, linked lives, and human agency, form the theoretical foundation for the model At the empirical or operational level, six instruments are presented that were used to collect the data needed to address the research questions.

CHAPTER IV

METHODS

Introduction

The methods that were used to collect and analyze the data needed to address the research questions developed for this study are presented in this chapter. The topics included in the chapter are: restatement of the problem, research design, participants, instrumentation, data collection, and data analysis. Each of these sections is presented separately.

Restatement of the Problem

Although it is beyond the scope of this research study to solve many of the problems related to homelessness, this study examined intrapersonal factors (e.g., spiritual resources, self-efficacy, life attitude, cognition, and personal characteristics) that could assist homeless people who are endeavoring to transition into domiciled living.

Research Design

The proposed study used a nonexperimental exploratory, descriptive research design. This type of design enabled the researcher to examine previously collected data to identify inter-relationships among variables. The descriptive research designs allow examination of multiple variables in situations where the variables are occurring naturally (i.e., homelessness; Burns & Grove, 2001). This type of design is appropriate when the independent variables are not manipulated and no intervention or treatment is provided for the participants. For the purpose of this study, relationships among spiritual resources, self-efficacy, life attitudes, cognition, and selected personal characteristics were examined.

Participants ►

Population

The population for this study was African American homeless women who were living in homeless shelters in a large urban city located in the Midwest. These women become homeless for a myriad of reasons and were in the process of trying to become domiciled. To be included in the population, the women had to be at least 30 years of age and homeless. They had to be drug free for a minimum of three months. The number of women who met the criteria for inclusion in the population was unknown as women are entering and leaving homelessness on a daily basis.

Sample

A purposive sample of 160 female participants was recruited from homeless shelters located in a large urban area. Criteria for inclusion in the parent study required that participants be (a) African American, (b) female, (c) aged 30 years of age or older, (d) cognitively intact, and (e) drug and alcohol free for three months prior to participating in the study.

Data Collection Procedures

Criteria that were used to guide the data collection procedures for the parent study are presented in this retrospective study. After providing participants with information sheets and signing consent forms, prior to completing the study instruments, participants were administered the Mini Mental Status Exam (Folstein, Folstein, & McHugh, 1975) to screen for cognitive status. The instruments (i.e., Santa Clara Strength of Religious Faith Questionnaire [SGSRFQ, Plante & Boccaccini, 1997], Faith Spirituality Resource Questionnaire [FSRQ; Washington et al., in press], Life Attitude Profile – Revised Scale [Reker, 1992], Self-efficacy Scale [Sherer et al., 1982], and a short demographic questionnaire) were completed by the participants. The instruments were administered by two researchers throughout the study. Participants received a $5 stipend for their participation in the study.

Instruments

Six instruments were used in this study: Demographic Survey, Mini-Mental Status Examination (Folstein, Folstein, & McHugh, 1975), the Faith Spirituality Resource Questionnaire (Washington et al., in press), the Life Attitude Profile – Revised (Reker, 1992), General Self-Efficacy Scale; Sherer et al., 1982) and the Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ; Plante & Boccaccini, 1997). Appendix A provides a copy of each of the instruments included in the study.

The Demographic Survey.

The 16-item demographic questionnaire is comprised of items that measure age, education, marital status, family status, housing history, homelessness, health status, substance abuse history and work history. The purpose of this instrument is to obtain data that can provide a profile of the participants in regard to their personal characteristics and their experiences with homelessness. The items are addressed using forced choice and fill-in the blank items. To assure that the participants understand each of the items included on the instrument, trained interviewers read the items to the participant and recorded their responses. Using trained interviewers provided assurances that the information from the participants was consistent regardless of their ability to read printed materials. An inter-rater reliability coefficient of .98 for interviewer recordings provided support that the raters were recording data consistently.

Mini-Mental Status Examination

The Mini-Mental Status Examination (MMSE) was developed by Folstein et al. (1975) to measure the "orientation, short-term memory, attention and concentration, language and constructional ability." The test is comprised of 11 sections:

- Five questions are used to measure orientation to time. These questions require the participant to indicate the year, season, month, day of the week, and date. One point is awarded for each correct answer, with 5 points the maximum for orientation to time.
- Orientation to place is addressed with five questions: where they were physically at the time of the interview, state, county, city/town, either the building name or type, and floor of the building (room number or street address) where the testing was being completed. One point was scored for each correct answer for a possible 5 points in total.
- The third section of the test assesses the ability of the individual to learn and remember three words that were unrelated (i.e., apple, penny, table). The testing manual indicates that the interviewer should wait one second between the words and then ask the individual to repeat the words. One point is awarded for each correct word, for a total of 3 points. While the administrator's manual suggests repeating the test up to five times or until the participant is able to remember the three words, only the score for the first trial is counted.
- The fourth section of the MMSE is used to evaluate attention and mental calculation abilities. For example, the interviewer asks the participant to subtract 7 from 100 and then continue the subtracting. The test is continued until the respondent provides five correct answers or until he/she makes a mistake. Five points are available on this section of the test, with 1 point given for each correct answer.
- The fifth section is used to test the participant's ability to remember the three words from the third section of the test. The test administrator is not to give any clues or prompts to the individual. A total of 3 points can be obtained on this section of the test, with 1 point given for each correct word remembered.

- The sixth section of the MMSE measures the individual's ability to recognize and name two common objects: a pen and a watch. The individual gets 1 point for each correct response, with a maximum of 2 points available on this section.
- Repetition was a single item task on the seventh section of the test. The purpose of this test was to test the individual's ability to repeat a series of words that are unrelated and used together infrequently (e.g., No ifs, ands, or buts). The interviewer is cautioned to enunciate clearly and make certain that the "s" endings can be heard. A score of 1 point is given if the participant can say the phrase correctly.
- The individual's ability to "attend to, comprehend, and carry out a complex three-stage task" (Folstein et al., 2001) was the focus of the eighth task. The instructions given ask the individual to take a piece of paper in his/her right hand, fold it in half, and place in on the floor. The participant receives a point if he/she takes the paper in his/her right hand; one point if the participant folds the paper in half, and one point if the paper is placed on the floor. A total of 3 points is available on this section of the test.
- The ability to read and understand a simple sentence is measured on the ninth section of the test. The administrator shows the individual a card with the words "CLOSE YOUR EYES." The participant receives 1 point if she/he closes their eyes or if she/he reads the words.
- The tenth task assesses the individual's ability to write a sentence. The individual is given the blank piece of paper used for the comprehension test and a pen or pencil. The individual is asked to write a sentence, and if they do not respond immediately, they receive a prompt to write about the weather. A score of one point is given if the

sentence contains a subject and verb, although minor grammar or spelling errors generally are ignored.

- The visuospatial ability is measured by the eleventh task, drawing. The piece of paper on which the sentence was written is used for this task. The individual is shown a picture of two interlocking pentagons and is asked to copy the design. The scoring on this task is one point if she/he draws the pentagons intersecting to form a four sided figure. The pentagons do not have to be perfect, but should have five sides. A score of zero is given if the intersection is anything other than four sided.

Although the scale has been used generally with populations older than 60 years, one study by Lyketsos, Garrett, Liang, and Anthony (1999) used it with individuals from 18 to 64 years of age.

Scoring.

A total raw score is obtained by summing the number of points for each of the 10 sections. Possible scores on the MMSE ranges from 0 to 30, with a score of 23 used as the cutoff score. A score of 23 or less can be indicative of the presence of a cognitive deficit (Folstein et al., 2001). The raw scores can also be classified as:

- Normal cognition 27-30
- Mild cognitive impairment 21-26
- Moderate cognitive impairment 11-20
- Severe cognitive impairment 0-10.

However, the scores on the MMSE can be affected by educational level and age, with educational level appearing to be the primary characteristic that can influence the scores. To control for these characteristics, Folstein et al. have created population-based norms using age and education. The T-scores developed by the authors provide a more sensitive outcome on the

MMSE and can allow comparisons across a wide age span and among participants with diverse educational levels.

Reliability.

The alpha coefficients measuring internal consistency as a form of reliability that were reported in research studies varied, with higher coefficients noted for clinical samples than for community samples. The alpha coefficients ranged from .96 for a group of medical patients with dementia or delirium (Foreman, as cited in Folstein et al., 2001) to .54 for a community sample (Jorm, Scott, Henderson, & Kay (as cited in Folstein et al., 2001).

Test-retest correlations were computed to determine the stability of the MMSE over time. Depending on the group being studied, the coefficients varied widely. For example, a study by Sluss, Meiran, Guzman, Lafleche, and Wilmer (as cited in Folstein et al., 2001) had a test-retest correlation coefficient .98 for a group of participants with dementia and depression at a test interval of 14.8 months. In contrast, a correlation coefficient of .39 was obtained for cognitive intact individuals at a one-month interval.

An important consideration of the reliability of the MMSE is the consistency of the raters administrating the test. The inter-rater reliability correlations ranged from .84 to .95, indicating adequate consensus among the raters (Folstein et al., 2001). The reliability of the instrument appears to be closely aligned with the type of group being tested.

Validity

The MMSE has been tested for content validity which examines the appropriateness of both the items, as well as the range and balance of items included on the scale. The items on the MMSE measures 10 cognitive functions that have been found by physicians to be helpful in assessing cognitive deficits. In addition to content validity, the predictive validity was used to measure the presence or absence of cognitive deficits. The sensitivity and specificity of the

instrument was also examined, along with the overall hit rate. Sensitivity is the extent to which the test is able to determine if an individual who has a condition will test positive, while specificity is the probability that an individual who does not have a condition will test negative. The overall hit rate is the number of correct results. The specificity and sensitivity of the test for cognitive deficits found that when testing for moderate or severe cases of dementia, the MMSE had 100% sensitivity and 85% specificity using a cutoff score of 23/24. Reports of validity are presented in the MMSE Manual (Folstein et al., 2001).

The Faith, Spirituality, and Resource Questionnaire

The Faith, Spirituality, and Resource Questionnaire (FSRQ; Washington et al., in press) is a 19 item scale that measures faith, religion, and spirituality. Most measures that have been designed to measure spirituality were developed for use with middle-class White Americans, which may not be appropriate for use in this study. Therefore, this study will use the FSRQ (Washington et. al., in press). This measure has been developed to measure spirituality, religion, and faith, especially among African American homelessness women. Findings from this study have the potential to increase knowledge concerning variables that may be used in the development of interventions to facilitate African American women in their transition from homelessness into domicile living. The items are rated using a 4-point Likert-type scale ranging from 1 for strongly disagree to 4 for strongly agree.

The FSRQ face and content validity was established by external reviews performed by three ministers and experienced clinicians. Construct validity was determined by using a principal components factor analysis with a varimax rotation to determine if factors emerged that explained a statistically significant amount of variance in the latent variable, faith, spiritual resources, and religion. The retained factors were used as subscales in analyses to address the research questions. Table 1 presents the results of the factor analysis.

Table 1

Factor Analysis: Faith, Spirituality Resources, and Religion Questionnaire

Scale Items	Homeless Faith Coping Subscale	Instrumental Religion Subscale	Spiritual Resources Subscale
16. My faith helps me to meet my goal to get out of homelessness.	.84		
15. My faith helps me be optimistic about getting out of homelessness.	.84		
17. When homelessness overwhelms me, I seek comfort in my faith.	.83		
14. I am able to cope with the trauma of homelessness because of my faith.	.80		
19. My faith provides support for getting out of homelessness.	.80		
13. Although I am homeless, my faith helps me be a resilient person.	.78		
18. I worry less about my homeless situation because of my faith.	.65		
9. I can count on my faith, church, or spiritual group to help me when I am in difficult situations.		.75	
8. I receive needed support from my faith, church, or spiritual group.		.74	
10. I regularly attend services of my faith, church, or spiritual group.		.72	
7. I seek support regularly from my faith, church, or spiritual group.		.67	
11. Getting to my faith, church, or spiritual group is not a problem for me.		.63	
6. I play an active role in my faith, church, or spiritual group.		.62	
12. I regularly read religious or spiritual literature.		.50	
1. I am a religious person.			.79
2. I am a spiritual person.			.75
4. A higher power is a strong force in my life.			.66
3. God is a strong force in my life.			.61
5. I belong to a faith, church, or spiritual group.			.58
Percent of Explained Variance	28.80	20.37	17.55
Eigenvalues	5.47	3.87	3.34
Cronbach Alpha Coefficient	.84	.88	.93

Three factors, homeless faith coping subscale, spiritual resources, and instrumental religion subscale, emerged from the factor analysis, accounting for a total of 66.72% of the variance in the latent variable, faith, spiritual resources, and religion. The eigenvalues were

greater than 1.00 for each of the three factors, indicating that each of the factors were accounting for a statistically significant amount of variance.

Concurrent validity was tested by correlating results of the FSRQ with the Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ). The obtained correlation of .59 was statistically significant, indicating the two scales were measuring similar constructs.

The reliability of the FSRQ was established for internal consistency. Correlation coefficients that range from .70 to 1.00 indicate the internal consistency of the instrument over time. The internal consistency was determined using Cronbach alpha coefficients. Alpha coefficients greater than .70 indicate that the FSRQ has adequate to good internal consistency. The alpha reliability coefficients for the three subscales for spiritual subscale (.84), instrumental religion subscale (.88), and homeless faith coping subscale (.93) provided support that the three subscales had good internal consistency.

Life Attitude Profile – Revised

Life Attitude Profile-Revised (LAP-R; Reker, 1992) is a 48-item self-report scale that measures discovered meaning and purpose in life and the motivation to find meaning and purpose in life. The scale evaluates six dimensions and two composite scales. The six dimensions are: (a) purpose, (b) coherence, (c) choice/responsibleness, (d) death acceptance (e) existential vacuum and (f) goal-seeking. The two composite scales are Personal Meaning index and Existential Transcendence. The items that are included on each of the dimensions are presented in Table 2.

Table 2

Dimensions of the Life Attitude Profile – Revised

Dimension	Description	Items on Dimension
Purpose in Life	Having life goals, and the feeling that life is worth living.	1, 2, 5, 18, 26, 31, 36, 48
Coherence	Understanding of self and others, with a sense of reason for existence and personal identity.	7, 12, 16, 27, 35, 38 ,46
Choice/Responsibleness	Freedom to make life choices, decision making, and internal control of life events.	3, 11, 17, 19 , 23, 30, 39, 45
Death Acceptance	The absence of fear and anxiety about death.	8, 15, 22, 25, 28, 32, 44, 47
Existential Vacuum	A lack of meaning, goals and direction in life. Feelings of boredom, apathy and indifference.	4, 6, 9, 13, 20, 33, 40, 42
Goal Seeking	The search for new and different experiences; the desire to get more out of life.	10, 14, 21, 24, 34, 36, 41, 43
Composite Scales		
Personal Meaning	Life goals and a mission in life: understanding self, others and life in general.	Purpose + Coherence
Existential Transcendence	New perspective on life; internalized successes; a rise above the failures of living	Purpose + Coherence + Choice /Responsibleness + Death Acceptance (Existential Vacuum + Goals Seeking)

Scoring.

The items are rated using a 7-point Likert scale ranging from 1 for strongly agree to 7 for strongly disagree (Reker, 1992). The items on each scale are summed to obtain a total score. The total score is then divided by the number of items on each scale to obtain a mean score. Using the mean score provides results using the original scale of measurement and also allows comparisons across the subscales.

Reliability.

Alpha coefficients ranged from .79 to .86 across gender. Internal consistency ranged .77 to .91 when young adults from 17 to 27 were tested.

Validity.

The construct validity of the LAP-R was supported by the results of the factor analysis. Concurrent validity was established from eight previous studies. Dennis (2005) asserted that the instrument has good reliability and validity.

Self-Efficacy Scale

Two dimensions of self-efficacy, general and social expectations are measured on the Self-efficacy Scale (Sherer et al., 1982). The general self-efficacy subscale is used to measure an individuals' general feelings regarding his/her ability to complete a task based on previous experiences. The social self-efficacy subscale is a person's perceptions of his/her ability to interact successfully with other people. This instrument includes 30 items that can be completed in approximately 15 minutes.

Concepts from Bandura's social learning theory were used to develop the General Self-Efficacy Scale. Sherer et al. (1982) asserted that the underlying conceptual framework for this theory was that major determinants of behavioral change result from personal expectations of mastery. They asserted that the diverse outcomes of generalized self-efficacy expectations are associated with differences in past experiences and attributions of success (Sherer et al., 1982).

For the purpose of this study, the most appropriate measure of self-efficacy is the general self-efficacy scale. When people have lost everything in life, their sense of self-efficacy may be minimal, requiring assessment to begin at the most basic level. This scale also is comprised of two sub-scales, General Self-Efficacy and Social Self-Efficacy. General self-efficacy is the broad and stable sense of personal beliefs about competence to deal with a variety of situations or tasks, without reference to any specific behavioral category or domain. At this stage of the homeless women's lives, domain-specific self-efficacy is inappropriate. Social Self-Efficacy is

important for interacting and working successfully with others to obtain the assistance and support of people that is necessary for one's survival.

Scoring.

Participants were asked to rate each of the 30 items on this scale using a 5-point Likert scale (1 indicates disagree strongly and a 5 indicates agree strongly. Sherer (1982) provided the scoring for the instrument. He indicated that 13 items were negatively worded, with recoding on responses to these items required before calculating the scores for self-efficacy. In addition to the items measuring general and social self-efficacy, seven items are used as filler items and are not scored as either general or social self-efficacy. According to Sherer et al. (1982), the filler items are included to draw the test-taker's attention away from the purpose of the test and also to reduce the possibility of rating the items without reading them thoroughly. The items on each subscale are summed to obtain a total score. The total score is then divided by the number of items on the scale to obtain a mean score. The use of mean scores allows comparisons across the subscales and presents scores that reflect the original scale of measurement. These items are not scored or evaluated in arriving at the participants' final scores for the two subscales. Table 3 presents the breakdown of items that comprise the general and social self-efficacy subscales, as well as the filler items. Asterisks are used to indicate items that have to be recoded. Higher scores on the self-efficacy scale provide evidence of higher self-efficacy expectations.

Table 3

Breakdown of Items on the Self-Efficacy Scale

Subscale/Filler	Item Numbers	Total Number of Items in Each Subscale	Percent of Items Comprising Each Subscale
General Self-efficacy	2, 3*, 4, 7*, 8*, 11*, 12, 15, 16, 18*, 20*, 22*, 23, 26*, 27, 29*, 30*	17	56.7
Social Self-Efficacy	6*, 10, 14*, 19, 24*, 28	6	20.0
Filler Items	1, 5, 9, 13, 17, 21, 25	7	23.3

*Indicates Items that are Reverse Scored

Reliability. The Self-Efficacy Scale has been tested in research extensively, with good reliability and validity reported for the instrument. The reported alpha coefficients for general self-efficacy (.86) and social self-efficacy (.71) indicated that the Self-Efficacy scale had adequate internal consistency. No test-retest data has been reported to date.

Validity. Criterion validity has been determined by accurately predicting that people who exhibit higher levels of self-efficacy would be expected to have greater success than those who had lower levels of self-efficacy in regard to past vocational, educational, and monetary goals (Maddux, Sherer, & Rogers, 1982; Sherer, et al, 1982). Construct validity was demonstrated by statistically significant correlations between the Self-Efficacy Scale and other psychological measures (Ego Strength Scale, Interpersonal Competency Scale, and Rosenberg Self-Esteem Scale; Fischer & Corcoran, 1994).

Santa Clara Strength of Religious Faith Questionnaire

The Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ; Plante & Boccaccini, 1997) was designed to measure religious faith regardless of a participant's religious denomination. The results of a factor analysis provided evidence that the 10 items on the scale were measuring a single factor.

The 10 items were rated using a 4-point scale, with a 1 indicating 1 for strongly disagree and a 4 for strongly agree. The numeric values associated with the ratings are summed to obtain a score ranging from 10 to 40, with higher scores indicating greater religious faith. This instrument has been tested for validity and reliability. Studies have indicated a coefficient alpha of .95 and a split half reliability of .92.

Data Analysis

Descriptive statistics, including frequency distributions and measures of central tendency and dispersion, were used to summarize participants' personal characteristics and provide a profile of the sample. Descriptive statistics will be used to provide baseline data on the scaled variables, including spirituality, life attitudes, and self-efficacy. The five research questions were addressed using inferential statistical procedures.

The first research question was addressed using Pearson product moment correlation to determine the strength and direction of the relationship between physical health and mental health status and the FSRQ. Mediation analyses following Baron and Kenny's (2008) four-step mediation procedures were used to answer the second research question and determine if spiritual resources was mediating the relationship between self-efficacy and life attitudes. The third research question also was addressed using Pearson product moment correlation to determine the strength and direction of the relationship between cognition and the FSRQ. Stepwise multiple linear regression analyses were used to determine which of the predictor variables (age, marital status, physical and mental health status, number of children, number and length of times homeless, and perceptions of being at risk for serious illness) could be used to predict or explain the criterion variable spiritual resources for the fourth research question.

For research questions 5 (a), (b), and (c), separate one-way multivariate analysis of variance (MANOVAs) were used to determine the ages at which spiritual resources and life

attitudes differed across the life span (e.g., 30-40, 41-50, 51 and older) for homeless African American women. If a statistical significant difference is found in omnibus F tests, the univariate F test will be examined to determine which of the sub-scales are contributing to the statistical significance. To determine which age groups were contributing to the significant differences, Scheffe's post hoc tests were used to compare all pairwise comparisons. All decisions on the statistical significance of the findings were made using a criterion alpha level of .05.

CHAPTER V

RESULTS OF DATA ANALYSIS

Introduction

This chapter presents the results of the data analysis that were used to describe the sample and address the research questions posed for this study. The chapter is divided into three sections. The first section provides a description of the demographic statistics of the sample using descriptive statistics. In the second section of the chapter, descriptive statistics were used for each of the dependent and independent variables. The third section of this chapter provides results of the inferential statistical analysis that were used to address the research questions.

A total of 160 homeless women who were at least 30 years of age were included in the sample for this study. These participants were selected from the larger parent study. These women met all of the criteria for inclusion in the sample.

Description of the Sample

All participants in the study were African American. They provided their ages at the baseline interview. Their responses were summarized using descriptive statistics for presentation in Table 4.

Table 4

Descriptive Statistics
Age of Women

				Range	
Number	Mean	SD	Median	Minimum	Maximum
159	45.18	8.72	47.00	30.00	62.00

Missing 1

The mean age of the women in the study was 45.18 (sd = 8.72) years, with a median age of 47.00 years. The women ranged in age from 30 to 62. One woman did not provide her age on the survey.

The women were asked to include their highest level of education on the survey. Their responses were summarized using frequency distributions for presentation in Table 5.

Table 5

Frequency Distributions
Educational Level

Educational Level	Number	Percent
Less than high school	50	31.6
High school/GED	63	39.9
Some College	42	26.6
College/Graduate School	3	1.9
Total	158	100.0
Missing	2	

The largest group (n = 63, 39.9%) of participants indicated they had completed high school or had obtained a GED. Fifty (31.6%) of the participants reported they had less than a high school education and 42 (26.6%) had completed some college. Three (1.9%) of the participants had either a bachelor's or graduate degree. Two participants did not include their highest level of education on the survey.

The homeless women were asked to report their marital status on the survey. Their responses were summarized using frequency distributions. The results of these analyses are presented in Table 6.

Table 6

Frequency Distributions
Marital Status

Marital status	Number	Percent
Unmarried	142	94.0
Married	9	6.0
Total	151	100.0

Missing 9

The majority of participants (n = 142, 94.0%) was unmarried (e.g., single, never married; divorced; separated; widowed). Nine (6.0%) participants were married. Nine of the participants did not provide a response to this question.

The women were asked if they had ever owned a home. Of the 160 women in the study, 102 (64.2%) reported they had owned a home, with 57 (35.8%) indicating they had never owned a home. One woman in the study did not provide a response to this question. The women who owned their homes were asked to indicate the length of time that they had owned their homes. Table 7 provides results of the descriptive statistics used to summarize these data.

Table 7

Descriptive Statistics
Length of Time Women Owned Their Homes (In Months)

				Range	
Number	Mean	SD	Median	Minimum	Maximum
87	83.03	36.00	90.67	1	360

Missing 15

Eighty-seven of the women who had owned their homes reported they had owned their homes for a mean of 83.03 (sd = 36.00) months, with a median of 90.67 months. The range of time that these women had owned their homes was from 1 to 360 months. Fifteen of the women

who had indicated that they owned their own homes did not provide a response regarding the length of time owned.

The women in the study were asked to indicate the number of times they had been homeless. Their responses were summarized using frequency distributions for presentation in Table 8.

Table 8

Descriptive Statistics
Number of Children and Number of Times Homeless

					Range	
	Number	Mean	SD	Median	Minimum	Maximum
Number of Children	160	2.31	2.24	2.00	0	11
Number of Times Homeless	145	1.94	1.53	1.00	1	9
Missing Number of Times Homeless	15					

The mean number of children was 2.31 (sd = 2.24), with a median of 2.00. The number of children ranged from 0 to 11. The number of times homeless ranged from 1 to 9, with a median of 1 time homeless. The mean number of times homeless was 1.94 (sd = 1.53). Fifteen homeless women did not provide a response to this question.

The largest group of women (n = 79, 55.2%) reported they had been homeless once, with 36 (25.2%) indicating they had been homeless twice. Fourteen (9.8%) women had been homeless three times and 7 (4.9%) had been homeless four times. Seventeen women did not provide a response to this question.

The women were asked to report the length of time without a permanent residence and the longest period of time for which they had been homeless. Their responses were summarized using frequency distributions. Results of these analyses are presented in Table 9.

Table 9

Descriptive Statistics
Length of Time Homeless and Length of Longest Period of Homeless (In Months)

					Range	
Length of time homeless	Number	Mean	SD	Median	Minimum	Maximum
Time without a permanent residence	150	17.93	23.89	11.00	1	126
Longest period of homelessness	145	16.85	23.19	9.00	1	126
Missing Time without a permanent residence		10				
Longest period of homelessness		15				

The mean number of months that the women had been without a permanent residence was 17.93 (sd = 23.89) months with a median of 11 months. The range of time homeless was from 1 to 126 months. Ten women did not provide a response to this question.

The mean longest period of homelessness was 16.85 (sd = 23.19) months, with a median of 9 months. The longest periods of homelessness reported by the women were from 1 to 126 months. Fifteen women did not provide a response to this question.

The homeless women were all living in shelters. They were asked to indicate the length of they had been living in shelters. While most shelters limit the time that the women can stay in their shelters, some women in the study indicated the total time they had spent in shelters and not the length of time they had spent in their present shelters. Their responses were summarized using descriptive statistics for presentation in Table 10.

Table 10

Descriptive Statistics
Length of Time at Shelter (In Months)

				Range	
Number	Mean	SD	Median	Minimum	Maximum
146	3.88	5.02	2.00	1.00	26.00
Missing 14					

The mean number of months the women were in shelters was 3.88 (sd = 5.02) months, with a median of 2.00 months. The range of time that the women reported they had been living in shelters ranged from 1 month to 26 months. Fourteen participants did not provide a response to this question.

The women were asked to self-report their health before they had become homeless and their health at the time they had participated in the study. Their responses were summarized using frequency distributions for presentation in Table 11.

Table 11

Frequency Distributions
Self-Rated Physical Health Prior to Becoming Homeless and At the Time of the Study

Self-Reported Physical Health Prior to Becoming Homeless	Self-Reported Physical Health at Time of Study									
	Excellent		Good		Fair		Poor		Total	
	N	%	N	%	N	%	N	%	N	%
Excellent	13	50.0	5	8.8	2	3.7	0	0.0	20	12.7
Good	10	38.5	34	59.6	7	13.0	0	0.0	51	32.3
Fair	2	7.7	14	24.6	42	77.7	0	0.0	58	36.7
Poor	1	3.8	4	7.0	3	5.6	21	100.0	29	18.4
Total	26	100.0	57	100.0	54	100.0	21	100.0	158	100.0
Missing	2									

Twenty (12.7%) women reported their physical health was excellent prior to their becoming homeless. Thirteen (50.0%) women indicated their present physical health was excellent, with 5 (8.8%) reporting their health as good and 2 (3.7%) indicating their health was now poor. Of the 51 (32.3%) women who self-reported their physical health was good prior to becoming homeless, 10 (38.5%) now reported their health as excellent and 7 (13.0%) reported their present health as poor. Thirty-four (59.6%) of these women still reported their physical health was good. A total of 58 (36.7%) women self-reported their health prior to becoming

homeless as fair, with 42 (77.7%) of these women indicating their health had remained stable. Two (77%) women who reported fair health now considered their health as excellent and 14 (24.6%) indicated their health was good. Twenty-nine (18.4%) women self-reported their physical health prior to becoming homeless as poor. One (3.8%) of these women now reported their health as excellent, with 4 (7.0%) indicating their health as good and 3 (5.6%) indicating their health as fair. Twenty-one (100.0% of the women who self-reported their health as poor before becoming homeless indicated their current health was poor. Two women did not provide a response to this question.

The women were asked to report on their mental health experiences. Their responses were summarized using frequency distributions. Table 12 presents results of this analysis.

Table 12

Frequency Distributions
Mental Health Outcomes

Mental Health Outcomes	Number	Percent
Ever been in treatment for emotional or psychiatric problems		
Yes	69	43.4
No	90	56.6
Missing 1		
If yes, type of treatment		
Inpatient	17	24.6
Outpatient	33	47.8
Both	19	27.6
Currently diagnosed with an emotional or psychiatric problem		
Yes	47	32.2
No	99	67.8
Missing 14		

Sixty-nine (43.4%) of the homeless women reported they had been in treatment for emotional or psychiatric problems. One participant did not provide a response for this question. Of this number, 17 (24.6%) had received inpatient treatment, with 33 (47.8%) participating in

outpatient treatment, and 19 (27.6%) receiving both inpatient and outpatient treatment. Forty-seven of the women indicated they were currently diagnosed with an emotional or psychiatric problem. Fourteen women did not provide a response to this question.

The women who had been treated for an emotional or psychiatric problem were asked to indicate the length of time since they had been in treatment. Their responses were summarized using descriptive statistics. Table 13 presents results of this analysis.

Table 13

Descriptive Statistics
Length of Time Since Last Admission for Emotional or Psychiatric Problem (In Months)

				Range	
Number	Mean	SD	Median	Minimum	Maximum
34	29.94	47.19	12	1	204

Missing 35

The mean number of months since the women had been admitted for emotional or psychiatric problems was 29.94 (sd = 47.19) months, with a median of 12 months. The range of time since admittance was from 1 to 204 months. Thirty-five of the women who indicated they had been previously diagnosed with emotional or psychiatric problems did not provide a response to this question.

The women were asked to indicate if they were at risk for serious illness. The results of the frequency distribution that was used to summarize their responses are presented in Table 14.

Table 14

Frequency Distributions
At Risk for Serious Illness

At Risk for Serious Illness	Number	Percent
Yes	29	19.2
No	122	80.8
Total	151	100.0

Missing 9

The majority of the homeless women reported that they did not feel that they were at risk for serious illness (n = 122, 80.8%), with 29 (19.2%) of the women indicating they were at risk for serious illness. Nine of the participants did not provide a response to this question.

The homeless women were asked if they were addicted to substances. Their responses were summarized using frequency distributions. Table 15 presents results of this analysis.

Table 15

Frequency Distributions
Addicted to Substances

Addicted to Substances	Number	Percent
Yes	96	64.9
No	52	35.1
Total	148	100.0

Missing 12

The majority of the homeless women (n = 96, 64.9%) reported that they were addicted to substances. Fifty-two (35.1%) of the homeless women self-reported that they were not addicted to substances. Twelve of the homeless women did not provide a response to this question.

Description of Study Variables

The women in the study completed the Mini-Mental State Exam (MMSE) to determine their cognitive functioning levels. The purpose of the MMSE was to determine the homeless women's cognitive ability. Women who scored below 23 were eliminated from the study. The 11 subtests and total scores were summarized using descriptive statistics for presentation in Table 16.

Table 16

Descriptive Statistics
Mini-Mental State Exam

					Range	
Scale	Number	Mean	SD	Median	Minimum	Maximum
Total Score	159	29.25	1.39	30.00	23.00	30.00
Orientation 1	159	5.00	.00	5.00	5.00	5.00
Orientation 2	159	5.00	.00	5.00	5.00	5.00
Registration	159	2.92	.32	3.00	1.00	3.00
Attention/Calculation	159	4.51	.96	5.00	0.00	5.00
Recall	159	2.76	.57	3.00	0.00	3.00
Language 1	159	1.99	.16	2.00	0.00	2.00
Language 2	159	1.00	.00	1.00	1.00	1.00
Language 3	159	2.97	.21	3.00	1.00	3.00
Close Eyes	159	1.00	.00	1.00	1.00	1.00
Write Sentence	159	.90	.30	1.00	0.00	1.00
Draw Design	159	.90	.30	1.00	0.00	1.00

The mean total score for the MMSE was 29.25 (sd = 1.39), with a median score of 30. Actual scores on the scale ranged from 23 to 30, with possible scores ranging from 0 to 30. Higher scores indicated greater cognitive ability.

Orientation 1 measured orientation to time. The mean score on this subscale was 5.00 (sd = .00), with a median of 5.00. The range of scores was from 5.00 to 5.00, with possible scores ranging from 0 to 5. Higher scores indicated better orientation to time.

Orientation 2 measured orientation to place. The range of actual scores was from 5.00 to 5.00, with a median of 5.00. The mean score on this scale was 5.00 (sd = 0.00). Possible scores could range from 0.00 to 5.00, with higher scores indicating greater orientation to place.

Registration measured the ability of the individual to learn and remember three words that are unrelated (i.e., apple, penny, table). The mean score on this scale was 2.92 (sd = .32), with a median score of 3.00. Actual scores on this scale ranged from 1 to 3. Possible scores could range from 0 to 3 with higher scores indicating greater registration.

Attention/calculation measures the ability to do simple calculation or spell a word (e.g., world) backward. The mean score on this subscale was 4.51 (sd = .96), with a median score of 5.00. The actual scores on this scale ranged from 0 to 5, with possible scores ranging from 0 to 5. Higher scores on this subscale indicated greater ability to calculate or pay attention to detail.

Recall measures a person's ability to recall the three items from the registration scale. Actual scores ranged from 0 to 3, with a median score of 3. The mean score on this scale was 2.76 (sd = .67). Possible scores could range from 0 to 3, with higher scores indicating greater recall ability.

Language 1 measures the woman's ability to discriminate between a pencil and a watch. The mean score on this scale was 1.99 (sd = .16), with a median score of 2.00. Actual scores ranged from 0 to 2, with possible scores ranging from 0 to 2. Higher scores indicated greater ability for language.

Language 2 assesses a person's ability to repeat a statement (i.e., No ifs, and, or buts). The mean score on this scale was 1.00 (sd = 0.00), with a median score of 1. The range of actual

scores was from 1.00 to 1.00, with possible scores ranging from 0.00 to 1.00. Higher scores on this scale indicated greater ability to repeat a statement correctly.

Language 3 measures the person's ability to follow a three-stage command (i.e., take a paper I nyour right hand, fold it in half, and put it on the floor). The mean score on this scale was 2.97 (sd = .21), with a median score was 3.00. Actual scores on this scale ranged from 1.00 to 3.00, with possible scores ranging from 0.00 to 3.00. Higher scores on this scale were associated with greater ability to follow the three-stage command.

Read and follow commands measured the participants ability to read and obey three commands. The first command was "close your eyes. The mean score on this scale was 1.00 (sd = 0.00), with a median score of 1.00. The range of actual scores was from 1.00 to 1.00, with possible scores ranging from 0.00 to 1.00. Higher scores indicated greater ability to read and follow the command.

The second command the participants were asked to read and obey was "Write a sentence." The actual scores on this scale ranged from 0.00 to 1.00, with possible scores ranging from 0.00 to 1.00. The mean score on this scale was .90 (sd = .30), with a median score of 1.00.

The third command that the participants were asked to read and obey was "Copy a design" that involved interlocking pentagons. The mean score on this scale was .90 (sd = .30), with a median score of 1.00. The range of actual scores was from 0 to 1, with possible scores ranging from 0 to 1.00. Higher scores on these three measures indicated greater ability to read and follow orders.

The scaled variables were scored using the author's protocols. Descriptive statistics were used to summarize the scores obtained for each of the scales and subscales. Table 17 presents results of these analyses.

Table 17

Descriptive Statistics
Scaled Variables

Scale	Number	Mean	SD	Median	Range Minimum	Range Maximum
Faith, Spirituality Resources, and Religion Questionnaire						
Homeless faith coping	159	3.35	.69	3.57	1.00	4.00
Instrumental religion	159	2.86	.73	2.86	1.00	4.00
Spiritual resources	159	3.30	.69	3.40	1.00	4.00
Total Score	159	3.16	.62	3.16	1.00	4.00
Self-Efficacy						
General	159	3.56	.55	3.39	1.50	4.63
Social	159	3.22	.55	3.17	1.33	4.50
Life Attitudes Profile Scale						
Purpose in life	159	3.43	.82	3.50	1.00	5.00
Coherence	159	3.71	.84	3.86	1.00	5.00
Choice/responsibleness	159	3.75	.79	3.88	1.00	5.00
Death acceptance	159	3.30	.83	3.38	1.00	5.00
Existential vacuum	159	3.32	.76	3.38	1.00	5.00
Goal seeking	159	3.92	.74	4.00	1.00	5.00
Personal meaning	159	7.14	1.52	7.25	2.00	10.00
Existential Transcendence	159	6.95	2.02	7.20	.39	11.95

Missing 1

Faith, Spirituality Resources, and Religion Questionnaire.

The Faith, Spirituality Resources, and Religion Questionnaire has 19 items that measure three subscales, faith, spiritual resources, and spirituality. The items on this scale were rated using a 4-point Likert-type scale, ranging from 1 for strongly disagree to 4 for strongly agree. Mean scores were obtained for each of the subscales, with possible scores ranging from 1 to 4. The mean score for the overall scale was 3.16 (sd = .62), with a median of 3.16. Actual scores on this scale ranged from 1 to 4. Higher scores indicated greater agreement with the items measuring faith, spiritual resources, and religion.

Homeless faith coping. The mean score for the homeless faith coping subscale was 3.35 (sd .69), with a median score of 3.57. The range of possible scores was from 1 to 4, with higher scores indicating greater agreement with the items measuring homeless faith coping.

Instrumental religion. The range of actual scores for the subscale measuring instrumental religionwas from 1 to 4. The mean score on this subscale was 2.86 (sd = .73), with a median score of 2.86. Higher scores on this subscale indicated greater agreement with items measuring instrumental religion.

Spiritual resources. The mean score for the five items measuring spiritual resources was 3.30 (sd = .69), with a median score of 3.40. The range of actual scores on this subscale was from 1 to 4, with higher scores indicating greater agreement with the items measuring spiritual resources.

Self-Efficacy Scale.

Two subscales are measured on the Self-Efficacy Scale (Sherer et al., 1982), general self-efficacy and social self-efficacy. The items are rated using a 5-point Likert-type scale ranging from 1 for 5. Mean scores were calculated for each of the subscales. Possible mean scores could range from 1 to 5, with higher scores indicating greater agreement on the items.

General self-efficacy. The mean score for general self-efficacy was 3.56 (sd = .55), with a median score of 3.39. The range of actual scores were from 1.50 to 4.63, with higher scores indicative of greater levels of general self-efficacy.

Social self-efficacy. The range of actual scores on social self-efficacy was from 1.33 to 4.50, with a median score of 3.17. The mean score on this subscale was 3.22 (sd = .55). Higher scores on this subscale indicated greater levels of social self-efficacy.

Life Attitude Profile Scale.

The Life Attitude Profile Scale (LAPS) measures participants' discovered meaning and purpose in life and the motivation to find meaning and purpose in life. Six subscales are used to measure the LAPS with scores ranging from 1 to 5, with higher scores indicating more positive

perceptions of each of the subscales. In addition, two composite scores, personal meaning and existential transcendence are calculated from the scores of the six subscales.

Purpose in life. This subscale measures a person's perceptions of having life goals and the feeling that life is worth living. The mean score for purpose in life was 3.43 (sd = .82), with a median score of 3.50. Actual scores on this subscale ranged from 1.00 to 5.00, with higher scores indicating more positive perceptions of purpose in life.

Coherence. Coherence measures perceptions of understanding of self and others, with a sense of reason for existence and personal identity. The range of actual scores for the subscale measuring coherence was from 1.00 to 5.00, with a median score of 3.86. The mean score on this subscale was 3.71 (sd = .84). Higher scores on this subscale indicated more positive perceptions of coherence.

Choice/responsibleness. The freedom to make life choices, decision making, and internal control of life events is measures on this subscale. The mean score for choice/responsibleness was 3.75 (sd = .79), with a median score of 3.88. The range of actual scores was 1.00 to 5.00. Higher scores on this subscale indicated more positive perceptions of this subscale.

Death acceptance. Death acceptance measures a person's perceptions of the absence of fear and anxiety of death. Actual scores on this subscale measuring death acceptance ranged from 1.00 to 5.00, with a median score of 3.38. The mean score was 3.30 (sd = .83), with higher scores indicating more positive perceptions of death acceptance.

Existential vacuum. This subscale measures a lack of meaning, goals, and direction in life, as well as feelings of boredom, apathy, and indifference. The mean score for the subscale, existential vacuum, was 3.32 (sd = .76), with a median of 3.38. The range of actual scores was 1.00 to 5.00, with higher scores indicating more negative perceptions of existential vacuum.

Goal seeking. Goal seeking measures the search for new and different experiences; along with the desire to get more out of life. Actual scores on this subscale ranged from 1.00 to 5.00, with a median score of 4.00. The mean score for this subscale was 3.92 (sd = .74). Higher scores on this subscale indicated more negative perceptions regarding goal seeking.

Personal meaning. The subscale, personal meaning, measures life goals and a mission in life and understanding self, other, and life in general. Personal meaning is a composite score of purpose in life and coherence. The mean scores for each of these subscales were summed to obtain a total score. The mean score for personal meaning was 7.14 (sd = 1.52), with a median of 7.25. The range of actual scores on this subscale was from 2 to 10, with possible scores ranging from 2 to 10. Higher scores on personal meaning were indicative of more positive perceptions regarding personal meaning.

Existential transcendence. A new perspective in life, internalized successes; and a rise above the failures of living are measured by the composite scale, existential vacuum. The composite score for existential vacuum was obtained by summing mean scores for the subscales, purpose in life, coherence, and choice/responsibleness and death acceptance than then subtracting scores for existential vacuum and goal seeking. The obtained mean score on this composite scale was 6.95 (sd = 2.02), with a median score of 7.20. The range of actual scores was from .39 to 11.95, with higher scores indicating more positive perceptions regarding existential transcendence.

An intercorrelation matrix was developed with spiritual resources, self-efficacy, and life attitudes. The results of this analysis are presented in Table 18.

Table 18

Intercorrelation Matrix – Scaled Variables

Variable	Variable	r	p
General self-efficacy	Homeless faith coping	.27	.001
	Instrumental Religion	.13	.102
	Spiritual resources	.22	.005
	Faith and spirituality resources	.24	.003
	Purpose in life	.06	.446
	Coherence	.13	.107
	Choice/responsibleness	.04	.603
	Death acceptance	-.15	.058
	Existential vacuum	-.35	<.001
	Goal seeking	.05	.499
	Personal meaning	.10	.193
	Existential transcendence	.14	.073
Social self-efficacy	Homeless faith coping	.17	.038
	Instrumental Religion	.04	.617
	Spiritual resources	.13	.109
	Faith and spirituality resources	.13	.099
	Purpose in life	.07	.409
	Coherence	.08	.298
	Choice/responsibleness	.06	.423
	Death acceptance	-.01	.892
	Existential vacuum	-.19	.020
	Goal seeking	.01	.961
	Personal meaning	.08	.308
	Existential transcendence	.15	.060
Homeless faith coping	Purpose in life	.36	<.001
	Coherence	.45	<.001
	Choice/responsibleness	.31	<.001
	Death acceptance	.21	.010
	Existential vacuum	.16	.051
	Goal seeking	.36	<.001
	Personal meaning	.44	<.001
	Existential transcendence	.34	<.001
Instrumental religion	Purpose in life	.43	<.001
	Coherence	.46	<.001
	Choice/responsibleness	.32	<.001
	Death acceptance	.16	.045
	Existential vacuum	.11	.161
	Goal seeking	.31	<.001
	Personal meaning	.48	<.001
	Existential transcendence	.40	<.001
Spiritual resources	Purpose in life	.33	<.001
	Coherence	.46	<.001
	Choice/responsibleness	.27	<.001
	Death acceptance	.19	.019
	Existential vacuum	.15	.064
	Goal seeking	.42	<.001
	Personal meaning	.43	<.001
	Existential transcendence	.30	<.001

Variable	Variable	r	p
Faith and spiritual resources (total score)	Purpose in life	.42	<.001
	Coherence	.51	<.001
	Choice/responsibleness	.34	<.001
	Death acceptance	.21	.009
	Existential vacuum	.15	.054
	Goal seeking	.41	<.001
	Personal meaning	.51	<.001
	Existential transcendence	.39	<.001

Statistically significant correlations were obtained between general self-efficacy and homeless faith coping ($r = .27$, $p = .001$), spiritual resources ($r = .22$, $p = .005$), and faith and spiritual resources ($r = .24$, $p = .003$). General self-efficacy was significantly correlated with one subscale on the life attitudes scale, existential vacuum ($r = -.35$, $p < .001$). Social self-efficacy was significantly related to homeless faith coping ($r = .17$, $p < .038$) and existential vacuum ($r = -.19$, $p = .020$). Homeless faith coping was significantly related to purpose in life ($r = .36$, $p < .001$), coherence ($r = .44$, $p < .001$), choice/responsibleness ($r = .31$, $p < .001$), death acceptance ($r = .21$, $p = .010$), goal seeking ($r = .36$, $p < .001$), personal meaning ($r = .44$, $p < .001$), existential transcendence ($r = .34$, $p < .001$). Statistically significant correlations in a positive direction were obtained between instrumental religion and purpose in life ($r = .43$, $p < .001$), coherence ($r = .46$, $p < .001$), choice/responsibleness ($r = 32$, $p < .001$), death acceptance ($r = .16$, $p = .045$), goal seeking ($r = .31$, $p < .001$), personal meaning ($r = .48$, $p < .001$), and existential transcendence ($r = .40$, $p < .001$). The correlations between spiritual resources and purpose in life ($r = .33$, $p < .001$), coherence ($r = .46$, $p < .001$), choice/responsibleness ($r = .27$, $< .001$), death acceptance ($r = .19$, $p = .019$), goal seeking ($r = .42$, $p < .001$), personal meaning ($r = .43$, $p < .001$), and existential transcendence ($r = .30$, $p < .001$) were statistically significant. The total scores on the FSRQ were significantly related to purpose in life ($r = .42$, $p < .001$), coherence ($r = .51$, $p < .001$), choice/irresponsibleness ($r = .34$, $p < .001$), death acceptance ($r =$

.21, p = .009), goal seeking (r = .41, p < .001), personal meaning (r = .51, p < .001), and existential transcendence (r = .39, p < .001.

Research Questions

Five research questions have been developed to address the study aims. Each of the questions were addressed using inferential statistical analyses, with all decisions on the statistical significance of the findings made using an alpha level of 0.05.

> *Specific Aim 1:* The relationship between self-reporting physical and mental health status in African American homeless women and self-reported levels of spiritual resources.
>
> *Research Question 1:* Is there a relationship between self-reported physical and mental health status and spiritual resources, as measured by the Faith Spirituality Resources Questionnaire (FSRQ) for African American homeless women?

Three measures of physical and mental health were correlated with the three subscales measuring faith and spiritual resources for African American homeless women using Pearson product moment correlations. The results of these analyses are presented in Table 19.

Table 19

Pearson Product Moment Correlations
Self-reported Physical and Mental Health with
Faith, Spirituality Resources, and Religion Questionnaire

Faith, Spirituality Resources, and Religion Questionnaire	Self-reported Physical and Mental Health								
	Self-rated Health Prior to Becoming Homeless			Self-rated General Health			Self-reported Emotional/Psychiatric Problems		
	n	r	p	n	r	p	n	r	p
Homeless Faith Coping	159	.12	.135	159	.17	.109	159	.04	.598
Instrumental Religion	160	-.01	.985	160	.07	.389	160	-.05	.500
Spiritual Resources	160	-.07	.386	160	-.05	.523	160	-.15	.056
Total Score	160	.03	.682	160	.06	.440	160	-.05	.513

The results of the correlations between the scores on the Faith, Spirituality Resources, and Religion questionnaire and self-rated health prior to becoming homeless, self-rated general health, and self-reported emotional/psychiatric problems were not statistically significant. Based on these findings, it that homeless faith coping, instrumental religion and spiritual resources were not related to the participants' self-reported physical and emotional/mental health.

> *Specific Aim 2:* The influence of self-efficacy on the relationship between spiritual resources and life attitudes (e.g., meaning and purpose in life), in African American homeless women.
>
> *Research Question 2:* Does self-efficacy mediate the relationship between spiritual resources and life attitudes as perceived by African American homeless women?

The six subscales measuring life attitudes were used as the criterion variables in separate mediation analyses, with general self-efficacy used as the predictor variable. Homeless, faith coping, instrumental religion, and spiritual resources were used as the mediating variables in these analyses. The mediation analysis process described by Baron and Kenny (2008) was used to examine the relationships among the variables. Results of the analysis for the criterion variable, purpose in life, is presented in Table 20.

Table 20

Mediation Analysis
Purpose in Life and General Self-efficacy as Mediated by Homeless Faith Coping

Predictor	Outcomes	R^2	F	Standardized β
Step 1				
General Self-Efficacy	Purpose in Life	<.01	.59	.06

*$p \leq .05$; **$p \leq .01$

The R2 of <.01 that general self-efficacy was explaining in purpose in life was not statistically significant, F (1, 158) = .59, p = .445. Because of the nonsignificant finding on the first step of this analysis, the mediation analysis could not be continued.

Coherence, as a subscale measuring life attitudes, was used as the criterion variable in the mediation analysis. General self-efficacy was used as the predictor variable, with homeless faith coping used as the mediating variable. Table 21 presents results of this analysis.

Table 21

Mediation Analysis
Coherence and General Self-efficacy as Mediated by Homeless Faith Coping

Predictor	Outcomes	R^2	F	Standardized β
Step 1				
General Self-Efficacy	Coherence	.02	2.65	.13

*$p \leq .05$; **$p \leq .01$

On the first step of the mediation analysis, 2% of the variance in coherence was accounted for by general self-efficacy, which was not statistically significant, F (1, 158) = 2.65, p = .105. This finding indicated because the relationship between coherence and general self-efficacy was not significant, the mediation analysis could not be completed.

Choice/responsibleness was used as the criterion variable in a mediation analysis. General self-efficacy was used as the predictor variable in this analysis, with homeless faith coping used as the mediating variable. The results of this analysis are presented in Table 22.

Table 22

Mediation Analysis
Choice/Responsibleness and General Self-efficacy as Mediated by Homeless Faith Coping

Predictor	Outcomes	R^2	F	Standardized β
Step 1				
General Self-Efficacy	Choice/Responsibleness	<.01	.27	.04

*$p \leq .05$; **$p \leq .01$

Less than 1% of the variance in choice/responsibleness was accounted for by general self-efficacy. This result was not statistically significant, F (1, 158) = .27, p = .602, providing support that the mediation analysis could not be continued.

Death acceptance was used as the dependent variable in a mediation analysis, with general self-efficacy used as the independent variable. Homeless faith coping subscale of the FSRQ was used as the mediating variable in this analysis. Table 23 presents results of this analysis.

Table 23

Mediation Analysis
Death Acceptance and General Self-efficacy as Mediated by Homeless Faith Coping

Predictor	Outcomes	R^2	F	Standardized β
Step 1				
General Self-Efficacy	Death Acceptance	.02	3.68	-.15

*$p \leq .05$; **$p \leq .01$

Two percent of the variance in death acceptance was explained by general self-efficacy on the first step of the mediation analysis, F (1, 158) = 3.68, p = .057. This finding was not statistically significant, providing support that the mediation analysis could not be continued.

A mediation analysis was completed using existential vacuum as the dependent variable, general self-efficacy as the predictor variable, and homeless faith coping as the mediating variable. Table 24 presents results of this analysis.

Table 24

Mediation Analysis
Existential Vacuum and General Self-efficacy as Mediated by Homeless Faith Coping

Predictor	Outcomes	R^2	F	Standardized β
Step 1				
General Self-Efficacy	Existential Vacuum	.12	21.67	-.35**
Step 2				
General Self-Efficacy	Homeless Faith Coping	.08	12.82	.27**
Step 3				
Homeless Faith Coping	Existential Vacuum	.02	3.77	.15

*$p \leq .05$; **$p \leq .01$

On the first step of the mediation analysis, a statistically significant relationship was found between general self-efficacy and existential vacuum, F (1, 158) = 21.67, p < .001. General self-efficacy was explaining 12% of the variance in existential vacuum as a measure of life attitudes. The negative relationship indicated that lower scores on general self-efficacy were associated with higher scores for existential vacuum. General self-efficacy was found to be a statistically significant predictor of homeless faith coping on the second step of the mediation analysis, F (1, 158) = 12.82, p < .001. Eight percent of the variance in homeless faith coping was explained by general self-efficacy. The positive relationship between these variables indicated that higher scores for homeless faith coping were associated with higher levels of general self-efficacy. On the third step of the mediation analysis, homeless faith coping was regressed on existential vacuum. Two percent of the variance in existential vacuum was explained by homeless faith coping, F (1, 158) = 3.77, p = .054. This relationship was not statistically significant, indicating that homeless faith coping was not accounting for a statistically significant amount of variance in existential vacuum. Based on this finding, the mediation analysis could not be completed.

A mediation analysis was performed using goal seeking, a subscale of the Life Attitude Profile, as the dependent variable and general self-efficacy as the independent variable. The mediating variable in this analysis was scores for homeless faith coping. Results of this analysis are presented in Table 25.

Table 25

Mediation Analysis
Goal Seeking and General Self-efficacy as Mediated by Homeless Faith Coping

Predictor	Outcomes	R^2	F	Standardized β
Step 1				
General Self-Efficacy	Goal seeking	<.01	.46	.05

*$p \leq .05$; **$p \leq .01$

Less than 1% of the variance in goal seeking was explained by general self-efficacy, with this result not statistically significant, F (1 158) = .46, p = .498. Because of the lack of a statistically significant relationship between goal seeking and general self-efficacy, the mediation analysis could not be continued.

Personal meaning was used as the dependent variable in a mediation analysis, with general self-efficacy used as the independent variable in this analysis. Scores on homeless faith coping were used as the mediating variable in this analysis. The results of this analysis are presented in Table 26.

Table 26

Mediation Analysis
Personal Meaning and General Self-efficacy as Mediated by Homeless Faith Coping

Predictor	Outcomes	R^2	F	Standardized β
Step 1				
General Self-Efficacy	Personal Meaning	.01	1.72	.10

*$p \leq .05$; **$p \leq .01$

General self-efficacy was explaining 1% of the variance in personal meaning, F (1, 158) = 1.72, p = .192. As this relationship was not statistically significant, the mediation analysis could not be completed.

A mediation analysis was used to determine if the relationship between existential transcendence and general self-efficacy was mediated by general self-efficacy. The results of this analysis are presented in Table 27.

Table 27

Mediation Analysis
Existential Transcendence and General Self-efficacy as Mediated by Homeless Faith Coping

Predictor	Outcomes	R^2	F	Standardized β
Step 1				
General Self-Efficacy	Existential Transcendence	.02	3.28	.14

*$p \leq .05$; **$p \leq .01$

Existential transcendence accounted for 2% of the variance in general self-efficacy, F (1, 158) = 3.28, p = .072. The mediation analysis could not be continued because this relationship was not statistically significant.

The mediation analyses were repeated using social self-efficacy as the independent variable, the subscales measuring life attitudes as the dependent variable, and the remaining

subscales measuring instrumental religion, and spiritual resources. None of the analyses were statistically significant, indicating that faith, religion, and spiritual resources were not mediating the relationships between self-efficacy and life attitudes.

> *Specific Aim 3:* The influence of cognition on self-reported spiritual resources for African American homeless women.
>
> *Research Question 3:* Is there a relationship between cognition and spiritual resources as measured by the FSRQ for African American homeless women?

The total and subscale scores on the FSRQ were correlated with the total and subtest scores for the MMSE were correlated using Pearson product moment correlations. Results of these analyses are presented in Table 28.

Table 28

Pearson Product Moment Correlations
Mini Mental State Examination and Faith, Spiritual Resources, and Religion Questionnaire

	Faith, Spiritual Resources, and Religion											
	Homeless Faith Coping			Instrumental Religion			Spiritual Resources			Total		
Mini Mental State Examination	n	r	p	n	r	p	n	r	p	n	r	p
MMSE Total	158	.23	.234	159	.01	.948	159	.04	.610	159	.06	.445
Orientation 1	158	NA		159	NA		159	NA		159	NA	
Orientation 2	158	NA		159	NA		159	NA		159	NA	
Registration	158	.09	.256	159	.12	.139	159	.07	.362	159	.13	.109
Attention/Calculation	158	.03	.669	159	-.10	.224	159	-.03	.747	159	-.04	.664
Recall	158	.02	.813	159	-.02	.762	159	.02	.794	159	.01	.918
Language 1	158	-.07	.365	159	-.06	.444	159	-.08	.314	159	-.08	.312
Language 2	158	NA		159	NA		159	NA		159	NA	
Language 3	158	-.05	.568	159	.05	.529	159	.03	.757	159	.01	.900
Close Eyes	158	NA		159	NA		159	NA		159	NA	
Write Sentences	158	.08	.331	159	.08	.297	159	.04	.650	159	.08	.325
Draw/Design	158	.20	.013	159	.17	.036	159	.14	.074	159	.20	.013

Statistically significant correlations were found between the MMSE subtest measuring draw/design and homeless faith coping, r (158) = .20, p = .013, and instrumental coping, r (159) = .17, p = .036. The correlation between the total score on the MMSE and the total score on the FSRQ was statistically significant, r (159) = .20, p = .013. The results with NA as the correlation were obtained on MMSE subtests (orientation 1, orientation 2, language 2, and close eyes) with little or no variation among the participants. The remaining correlations were not statistically significant, indicating little or no relationship between MMSE and the Faith, Spiritual Resources, and Religion Questionnaire.

> *Specific Aims 4:* Personal characteristics and individual perceptions of risk of severe illness that can predict the level of spirituality in African American homeless women.
>
> *Research Question 4:* To what extent do personal characteristics, including age, marital status, number of children, number and length of times homeless, self-reported physical and mental health status, and perceptions of being at risk for serious illness predict the level of spiritual resources among African American homeless women?

A stepwise multiple linear regression analysis was used to determine which of the personal characteristics, age, marital status, number of children, number and length of times homeless, self-reported physical and mental health status, and perceptions of being at risk for serious illness, could predict the criterion variable, homeless faith coping. Results of this analysis are presented in Table 29.

Table 29

Stepwise Multiple Linear Regression Analysis
Homeless Faith Coping with Personal Characteristics

Predictor	Constant	b-Weight	B-Weight	ΔR^2	t-Value	Sig
Included Variables						
Longest period of homelessness	3.28	-.01	-.20	.03	-2.60	.010
Number of times homeless		.08	.19	.03	2.37	.019
Excluded Variables						
Age			.04		.54	.593
Marital Status			-.14		-1.74	.083
Self-rated health before becoming homeless			.10		1.23	.222
Self-rated general health			.10		1.29	.199
Self-rated emotional/psychiatric health			.06		.81	.420
Number of children			.10		1.34	.182
At risk for serious illness			.01		.51	.608

Multiple R	.25
Multiple R^2	.06
F Ratio	5.36
DF	2, 157
Sig	.006

Two of the predictor variables, longest period of homelessness and number of time homeless, entered the stepwise multiple linear regression equation, accounting for 6% of the variance in homeless faith coping, $F (2, 157) = 5.36$, $p = .006$. Longest period of homelessness entered the stepwise multiple linear regression equation, explaining 3% of the variance in homeless faith coping, $\beta = -.20$, $r^2 = .03$, $t = -2.60$, $p = .010$. The negative relationship between longest period of homelessness and homeless faith coping indicated that women who had been homeless for shorter periods of time were more likely to have higher levels of homeless faith coping. The number of times homeless entered the stepwise multiple linear regression equation, accounting for an additional 3% of the variance in homeless faith coping, $\beta = .19$, $r^2 = .03$, $t = 2.37$, $p = .019$. Women who had been homeless more times tended to have higher scores for homeless faith coping. The remainder of the independent variables did not enter the stepwise

multiple linear regression equation, indicating they were not statistically significant predictors of homeless faith coping.

The same predictor variables were used in a stepwise multiple linear regression analysis with instrumental religion used as the criterion variable. Table 30 presents results of this analysis.

Table 30

Stepwise Multiple Linear Regression Analysis
Instrumental Religion with Personal Characteristics

Predictor	Constant	b-Weight	B-Weight	ΔR^2	t-Value	Sig
Included Variables						
Longest period of homelessness	2.92	-.01	-.16	.03	-2.06	.041
Excluded Variables						
Age			.05		.59	.558
Marital Status			-.14		-1.81	.073
Self-rated health before becoming homeless			-.03		-.36	.718
Self-rated general health			-.06		.71	.478
Self-rated emotional/psychiatric health			-.06		-.80	.427
Number of children			.13		1.69	.093
Number of times homeless			.15		1.84	.068
At risk for serious illness			.07		.89	.374
Multiple R	.16					
Multiple R^2	.03					
F Ratio	4.24					
DF	1, 158					
Sig	.041					

One predictor variable, longest period of homelessness, entered the stepwise multiple linear regression equation, accounting for 3% of the variance in instrumental religion, F (1, 158) = 4.24, p = .041. The negative relationship between the longest period of homelessness and instrumental religion provided support that as women are homeless for longer periods, they tended to have lower scores for instrumental religion. The remaining predictor variables did not

enter the stepwise multiple linear regression equation, indicating they were not statistically significant predictors of instrumental religion.

A stepwise multiple linear regression equation was completed using spiritual resources as the criterion variable and the same set of personal characteristics as the predictor variables. Results of this analysis are presented in Table 31.

Table 31

Stepwise Multiple Linear Regression Analysis
Spiritual Resources with Personal Characteristics

Predictor	Constant	b-Weight	B-Weight	ΔR^2	t-Value	Sig
Included Variables						
Marital Status	3.00	-.07	-.22	.04	-2.89	.004
Longest period of homelessness		-.01	-.19	.04	-2.43	.016
Age		.01	.16	.03	2.13	.034
Excluded Variables						
Self-rated health before becoming homeless			-.06		-.73	.466
Self-rated general health			.03		.38	.705
Self-rated emotional/psychiatric health			-.09		-1.11	.270
Number of children			.11		1.40	.163
Number of times homeless			.14		1.88	.062
At risk for serious illness			.09		1.19	.238

Multiple R	.33
Multiple R^2	.11
F Ratio	6.22
DF	3, 156
Sig	.001

Three of the predictor variables, marital status, longest period of homelessness, and age, entered the stepwise multiple linear regression equation, accounting for 11% of the variance in spiritual resources, $F (3, 156) = 6.22$, $p = .001$. This finding provided evidence that the three predictor variables were explaining a statistically significant amount of variance in spiritual resources. Marital status entered the stepwise multiple linear regression equation first,

accounting for 4% of the variance in spiritual resources, , $\beta = -.22$, $r^2 = .04$, $t = -2.89$, $p = .004$. The negative relationship between marital status and spiritual resources indicated that married homeless women were less likely to have higher levels of spirituality. The longest period of homelessness entered the stepwise multiple linear regression equation, explaining an additional 4% of the variance in spiritual resources, $\beta = -.19$, $r^2 = .04$, $t = -2.43$, $p = .016$. Women who reported longer periods of homelessness were less likely to have higher scores for spiritual resources. Age entered the stepwise multiple linear regression equation, accounting for 3% of the variance in spiritual resources, $\beta = .16$, $r^2 = .03$, $t = 2.13$, $p = .034$. This finding indicated that as the age of the woman increased, her scores on the spiritual resources subscale also increased. The remaining personal characteristics used as predictor variables did not enter the stepwise multiple linear regression equation, indicating they were not statistically significant predictors of spiritual resources.

The total scores on the FSRQ were used as the criterion variable in a stepwise multiple linear regression analysis, with personal characteristics used as the predictor variables. Results of this analysis are presented in Table 32.

Table 32

Stepwise Multiple Linear Regression Analysis
Faith, Spiritual Resources, and Religion with Personal Characteristics

Predictor	Constant	b-Weight	B-Weight	ΔR^2	t-Value	Sig
Included Variables						
Longest period of homelessness	3.22	-.01	-.25	.04	-3.18	.002
Marital Status		-.06	-.18	.03	-2.41	.017
Number of times homeless		.07	.18	.03	2.36	.019
Excluded Variables						
Age			.08		1.04	.300
Self-rated health before becoming homeless			.01		.17	.867
Self-rated general health			.08		1.02	.311
Self-rated emotional/psychiatric health			-.01		-.04	.967
Number of children			.13		1.67	.096
At risk for serious illness			.09		1.20	.231

Multiple R	.32
Multiple R^2	.10
F Ratio	6.05
DF	3, 156
Sig	.001

A total of 10% of the variance in total scores for the Faith, Spiritual Resources, and Religion Questionnaire (FSRQ) were explained by three predictor variables, longest period of homelessness, marital status, and number of times homeless, F (3, 156) = 6.05, p = .001. The longest period of homelessness entered the stepwise multiple linear regression equation, accounting for 4% of the variance in the FSRQ, β = -.25, r^2 = .04, t = -3.18, p = .002. The negative relationship between the FSRQ and longest period of homelessness indicated that scores on spirituality were lower among women who reported longer periods of homelessness. An additional 3% of the variance in the FSRQ scores was explained by marital status, β = -.18, r^2 = .03, t = -2.41, p = .017. Homeless women who were married tended to have lower scores on the FSRQ. The number of times homeless entered the stepwise multiple linear regression equation, explaining an additional 3% of the variance in total scores for FSRQ, β =.18, r^2 = .03, t = 2.36, p

= .019. The positive relationship between these variables indicated that women who had been homeless more often were more likely to have higher scores for spirituality. The remainder of the personal characteristics did not enter the stepwise multiple linear regression equation, indicating they were not statistically significant predictors of total scores for the FSRQ.

Specific Aim 5: Differences between life attitudes, spirituality, and self-efficacy of African American homeless adult women by age cohort (under 40, 41 to 50, and over 50 years of age).

Research Question 5a: Is there a difference in life attitudes among African American homeless women by age cohort (30 to 40, 41 to 50, and 51 and older)?

The women in the study were divided into three groups relative to their ages (30 to 40, 41 to 50, and 51 and older). The age groups were used as the independent variable in a one-way multivariate analysis of variance (MANOVA). The dependent variables in this analysis were the six subscales measuring life attitudes. Table 33 presents results of the MANOVA.

Table 33

One-way Multivariate Analysis of Variance
Life Attitudes by Age of the Homeless Women

Hotelling's Trace	F Ratio	DF	Sig	Effect Size
.21	2.63	12, 300	.002	.10

The Hotelling's trace of .21 obtained on the comparison of the six subscales measuring life attitudes by the three age groups of the homeless women was statistically significant, F (12, 300) = 2.63, p = .002, D = .10. The effect size of .10 was considered small, indicating that while the results of this analysis were statistically significant, the findings had little practical significance. To determine which of the six subscales were contributing to the statistically significant findings, the univariate F tests were examined. Table 34 presents the results of these analyses.

Table 34

Univariate F Tests
Life Attitudes by Age of the Homeless Women

Subscale	N	Mean	SD	DF	F Ratio	Sig	Effect Size
Purpose in life							
30 to 40	57	3.46	.82	2, 156	4.67	.011	.06
41 to 50	56	3.63_a	.77				
Over 50	46	3.15_a	.80				
Coherence							
30 to 40	57	3.58	.82	2, 156	1.34	.264	.02
41 to 50	56	3.84	.83				
Over 50	46	3.72	.88				
Choice/responsibleness							
30 to 40	57	3.84	.72	2, 156	1.63	.199	02
41 to 50	56	3.81	.76				
Over 50	46	3.58	.88				
Death acceptance							
30 to 40	57	3.44_a	.82	2, 156	3.51	.032	.04
41 to 50	56	3.38	.85				
Over 50	46	3.03_a	.78				
Existential vacuum							
30 to 40	57	3.37	.75	2, 156	.36	.700	.01
41 to 50	56	3.34	.80				
Over 50	46	3.24	.72				
Goal seeking							
30 to 40	57	3.90	.71	2, 156	.03	.968	<.01
41 to 50	56	3.93	.74				
Over 50	46	3.93	.79				

Note: Mean in a cell sharing subscripts are significantly different. For all measures higher means indicate stronger perceptions of the subscale being measured.

A statistically significant difference was found for purpose of life among the women in the three age groups, F (2, 156) = 4.67, p = .011, D = .06. The effect size of .06 was small, indicating the finding had little practical significance. To determine which of the three groups were contributing to the statistically significant finding, Sheffé a posteriori tests were used to compare all possible pairwise comparisons. The results of this analysis provided evidence of a statistically significant difference between the homeless women who were 41 to 50 years of age (m = 3.63, sd = .77) and those who were more than 50 years of age (m = 3.15, sd = .80). The

women who were between 30 and 40 years of age (m = 3.46, sd = .82) did not differ significantly from the other two groups.

Mean scores for death acceptance were found to differ significantly among the homeless women in the three age groups, F (1, 156) = 3.51, p = .032, D = .04. The small effect size of .04 indicated that while the difference on death acceptance was statistically significant, the finding had little practical significance. The Scheffé a posteriori tests that were used to compare all possible pairwise comparisons provided evidence that homeless women who were 30 to 40 years of age (m = 3.44, sd = .82) had significantly higher scores on this subscale than those who were over 50 years of age (m = 3.03, sd = .78).

The remaining four subscales, coherence, choice/responsibleness, existential vacuum, and goal seeking, did not differ among the three age groups. Based on the lack of statistically significant findings indicating that the homeless women had similar perceptions of the four subscales.

Two separate one-way analysis of variance procedures were used to determine if personal meaning and existential transcendence differed among the women in the three age groups. The results of the analysis for personal meaning are presented in Table 35.

Table 35

One-Way Analysis of Variance
Personal Meaning by Age of Homeless Women

Age	N	Mean	SD	DF	F Ratio	Sig	Effect Size
30 to 40	57	7.04	1.51				
41 to 50	56	7.47	1.49	2, 156	2.24	.110	.03
Over 50	46	6.86	1.53				

The results of the one-way analysis of variance comparing personal meaning by age of the homeless women was not statistically significant, F (2, 156) = 2.24, p = .110, D = .03. This result indicated that the homeless women, regardless of their ages, did not differ in their perceptions of personal meaning.

The results of the one-way analysis of variance using existential transcendence as the dependent variable and the three age groups of the women as the independent variable are presented in Table 36.

Table 36

One-Way Analysis of Variance
Existential Transcendence by Age of Homeless Women

Age	N	Mean	SD	DF	F Ratio	Sig	Effect Size
30 to 40	57	7.04	1.82				
41 to 50	56	7.39_a	1.91	2, 156	3.96	.021	.05
Over 50	46	6.30_a	2.24				

A statistically significant difference was found on the comparison of existential transcendence by the age of the homeless women, F (2, 156) = 3.96, p = .021, D = .05. This result indicated that while the study was statistically significant, the finding had little practical significance. Scheffé a posteriori tests were used to compare all possible pairwise comparisons to determine which age group was contributing to the statistically significant result. Women who were between 41 and 50 years of age (m = 7.39, sd = 1.91) had significantly higher scores on existential transcendence than women who were over 50, (m = 6.30, sd = 2.24). The women who were between 30 and 40 years of age (m = 7.04, sd = 1.82) did not differ from three other two groups.

Research Question 5b: Is there a difference in spiritual resources as measured by the FSRQ among African American homeless women by age cohort (30 to 40, 41 to 50, 51 and older)

The mean scores for spirituality as measured by the FSRQ were used as the dependent variable in a one-way analysis of variance. The age of the women was used as the independent variable in this analysis. Table 37 presents results of this analysis.

Table 37

One-Way Analysis of Variance
Spiritual Resources by Age of Homeless Women

Age	N	Mean	SD	DF	F Ratio	Sig	Effect Size
30 to 40	58	3.04	.67				
41 to 50	56	3.29	.53	2, 157	2.37	.097	.03
Over 50	46	3.16	.62				

The results of the one-way analysis of variance comparing mean scores for spiritual resources by age of the women was not statistically significant, F (2, 157) = 2.37, p = .097, D = .03. This result provides evidence that regardless of the age of the woman, their perceptions of spiritual resources were not significantly different.

To further explore spiritual resources, mean scores for the three subscales, faith homeless coping, instrumental religion, and spiritual resources, were used as the dependent variables in a one-way MANOVA. The age of the women was used as the independent variable. Table 38 presents results of the MANOVA.

Table 38

One-way Multivariate Analysis of Variance
Spiritual Resources by Age of the Homeless Women

Hotelling's Trace	F Ratio	DF	Sig	Effect Size
.07	1.65	6, 306	.134	.03

The Hotelling's trace of .07 obtained on the comparison of the three subscales measuring spiritual resources by the three age cohorts was not statistically significant, F (6, 306) = 1.65, p = .134, D = .03. The lack of statistically significant difference on this analysis indicated that women, regardless of their ages, did not differ in their perceptions of homeless faith coping, instrumental religion, and spiritual resources. To further explore this lack of difference, the descriptive statistics are presented in Table 39.

Table 39

Descriptive Statistics
Spiritual Resources by Age of the Homeless Women

Subscale	N	Mean	SD
Homeless faith coping			
30 to 40	57	3.25	.75
41 to 50	56	3.44	.59
Over 50	46	3.38	.73
Instrumental religion			
30 to 40	57	2.75	.80
41 to 50	56	3.06	.63
Over 50	46	2.78	.71
Spiritual resources			
30 to 40	57	314	.74
41 to 50	56	3.46	.62
Over 50	46	3.33	.66

The mean scores on the three subscales were not significantly different. Based on this lack of statistically significant differences, the women in the three age groups did not appear to differ in their perceptions of spiritual resources.

Research Question 5c: Is there a difference in self-efficacy as measured by the FSRQ among African American homeless women by age cohort (30 to 40, 41 to 50, 51 and older)

The mean scores for the two subscales measuring self-efficacy, general and social self-efficacy, were used as the dependent variables in a one-way MANOVA. The age cohorts of the women were used as the independent variables. The results are presented in Table 40.

Table 40

One-way Multivariate Analysis of Variance
Self-Efficacy by Age of the Homeless Women

Hotelling's Trace	F Ratio	DF	Sig	Effect Size
.02	.75	4, 308	.559	.01

The Hotelling's trace of .02 obtained on the one-way MANOVA comparing the two subscales measuring general and social self-efficacy by age of the homeless women was not statistically significant, F (4, 308) = .75, p = .559, D = .01. This result indicated that general and social self-efficacy did not differ among the three age cohorts. Descriptive statistics were obtained for the two subscales. Results of these analyses are presented in Table 41.

Table 41

Descriptive Statistics
Self-Efficacy by Age of the Homeless Women

Subscale	N	Mean	SD
General self-efficacy			
30 to 40	57	3.52	.54
41 to 50	56	3.60	.54
Over 50	46	3.55	.59
Social self-efficacy			
30 to 40	57	3.14	.54
41 to 50	56	3.32	.50
Over 50	46	3.22	.62

The comparison of the mean scores across the three age cohorts provide evidence that the homeless women did not differ in their levels of self-efficacy. Based on these findings, it appears that general and social self-efficacy do not differ across the three age groups.

Ancillary Findings

Separate stepwise multiple linear regression analyses were used to determine if the subscales measuring life attitudes could be predicted from general and social self-efficacy and three subscales from the Faith, Spiritual Resources, and Religion Questionnaire. Table 42 presents the results of the stepwise multiple linear regression analysis using purpose in life as the dependent variable.

Table 42

Stepwise Multiple Linear Regression Analysis
Purpose in Life

Predictor Variable	Constant	b-Weight	B-Weight	Δr^2	t-Value	Sig
Included Variables						
Instrumental religion	2.07	.47	.43	.18	5.91	<.001
Excluded Variables						
Homeless faith coping			.15		1.63	.105
Spiritual resources			.10		1.11	.270
General self-efficacy			.01		.08	.939
Social self-efficacy			.05		.68	.499
Multiple R	.43					
Multiple R^2	.18					
F Ratio	34.96					
DF	1, 158					
Sig	<.001					

One predictor variable, instrumental religion, entered the stepwise multiple linear regression equation, accounting for 18% of the variance in purpose in life, $F(1, 158) = 34.96$, $p < .001$. The positive correlation indicated that homeless women with higher scores for instrumental religion were more likely to have more positive perceptions regarding purpose in

life. The remaining predictor variables did not enter the stepwise multiple linear regression equation indicating they were not accounting for a statistically significant amount of variance in instrumental religion.

The mean scores for coherence were used as the criterion variable in a stepwise multiple linear regression analysis. The same predictor variables were used in this analysis. Table 43 presents results of this analysis.

Table 43

Stepwise Multiple Linear Regression Analysis
Coherence

Predictor Variable	Constant	b-Weight	B-Weight	Δr^2	t-Value	Sig
Included Variables						
Spiritual resources	1.66	.35	.29	.21	3.23	.002
Instrumental religion		.32	.28	.05	3.16	.002
Excluded Variables						
Homeless faith coping			.17		1.70	.091
General self-efficacy			.03		.44	.663
Social self-efficacy			.04		.52	.602

Multiple R	.51
Multiple R^2	.26
F Ratio	27.12
DF	2, 157
Sig	<.001

Two independent variables, spiritual resources and instrumental religion, entered the stepwise multiple linear regression equation, accounting for 26% of the variance in coherence, as a subscale of life attitudes, $F (2, 157) = 27.12$, $p < .001$. Spiritual resources entered the stepwise multiple linear regression equation first, explaining 21% of the variance in coherence, $\beta = .29$, $r^2 = .21$, $t = 3.23$, $p = .002$. An additional 5% of the variance in coherence was accounted for by instrumental religion, $\beta = 28$, $r^2 = .05$, $t = 3.16$, $p = .002$. The positive relationship between the two predictor variables and coherence indicated that as scores increased for coherence, scores for

spiritual resources and instrumental religion also increased. The remaining predictor variables did not entered the stepwise multiple linear regression equation, indicating they were not explaining a statistically significant amount of variance in coherence.

A stepwise multiple linear regression analysis was used to determine if scores for choice/responsibleness could be predicted from faith, spiritual resources and religion and general and social self-efficacy. The results of this analysis are presented in Table 44.

Table 44

Stepwise Multiple Linear Regression Analysis
Choice/Responsibleness

Predictor Variable	Constant	b-Weight	B-Weight	Δr^2	t-Value	Sig
Included Variables						
Instrumental religion	2.78	.34	.32	.10	4.24	<.001
Excluded Variables						
Homeless faith coping			.17		1.81	.073
Spiritual resources			.12		1.27	.207
General self-efficacy			<.01		<.01	1.000
Social self-efficacy			.05		.68	.498

Multiple R	.32
Multiple R^2	.10
F Ratio	17.97
DF	1, 158
Sig	<.001

A total of 10% of the variance in choice/responsibleness was accounted for by instrumental religion, F (1, 158) = 17.97, p < .001. The positive relationship between the predictor and criterion variable provided support that higher scores for nstrumental religion were associated with higher scores for choice/resonsibleness. The remaining predictor variables did not enter the stepwise multiple linear regression equation, indicating they were not accounting for a statistically significant amount of variance in choice/responsibleness.

Death acceptance was used as the criterion variable in a stepwise multiple linear regression analysis. The predictor variables were the three subscales measuring faith, spiritual resources, and religion and general and social self-efficacy. Results of this analysis are presented in Table 45.

Table 45

Stepwise Multiple Linear Regression Analysis
Death Acceptance

Predictor Variable	Constant	b-Weight	B-Weight	Δr^2	t-Value	Sig
Included Variables						
Homeless faith coping	3.43	.32	.26	.04	3.34	.001
General self-efficacy		-.34	-.22	.05	-2.80	.006
Excluded Variables						
Instrumental religion			.04		.38	.701
Spiritual resources			.11		1.08	.283
Social self-efficacy			.02		.30	.769

Multiple R	.30
Multiple R^2	.09
F Ratio	7.52
DF	2, 157
Sig	.001

Nine percent of the variance in death acceptance was explained by two predictor variables, homeless faith coping and general self-efficacy, $F (2, 157) = 7.52$, $p < .001$. Homeless faith coping entered the stepwise multiple linear regression equation first, accounting for 4% of the variance in death acceptance, $\beta = 26$, $r^2 = .04$, $t = 3.34$, $p = .001$. The positive relationship between homeless faith coping and death acceptance indicated that as scores on homeless faith coping increased, scores for death acceptance as a life attitudes also increased. An additional 5% of the variance in death acceptance was explained by general self-efficacy, $\beta = -.22$, $r^2 = .05$, $t = -2.80$, $p = .006$. The negative relationship between the predictor and criterion variable indicated that lower scores for general self-efficacy were associated with higher scores for death

acceptance. The remaining predictor variables did not enter the stepwise multiple linear regression equation, indicating they were not accounting for a statistically significant amount of variance in death acceptance.

The mean scores for existential vacuum were used as the criterion variable in a stepwise multiple linear regression analysis, with scores for faith, spiritual resources, and religion and general and social self-efficacy used as the independent variable used as the predictor variables. Table 46 present results of this analysis.

Table 46

Stepwise Multiple Linear Regression Analysis
Existential Vacuum

Predictor Variable	Constant	b-Weight	B-Weight	Δr^2	t-Value	Sig
Included Variables						
General self-efficacy	4.39	-.58	-.10	.12	-5.61	<.001
Homeless faith coping		.29	.08	.07	3.58	<.001
Excluded Variables						
Instrumental religion			-.01		-.02	.987
Spiritual resources			.12		1.21	.227
Social self-efficacy			-.10		-1.28	.201

Multiple R	.43
Multiple R^2	.19
F Ratio	18.04
DF	2, 157
Sig	<.001

Two predictor variables, general self-efficacy and homeless faith coping, entered the stepwise multiple linear regression equation, accounting for 19% of the variance in existential vacuum, $F (2, 157) = 18.04$, $p < .001$. Twelve percent of the variance in existential vacuum was explained by general self-efficacy, $\beta = -.10$, $r^2 = .12$, $t = -5.61$, $p < .001$. The negative relationship between the criterion and predictor variable indicated that higher scores on general self-efficacy were associated with lower scores for existential vacuum. Homeless faith coping

was explaining an additional 7% of the variance in existential vacuum, $\beta = .08$, $r^2 = .07$, $t = 3.58$, $p < .001$. The positive relationship between the criterion and predictor variable indicated that higher scores for homeless faith coping were associated with existential vacuum. The remaining predictor variables did not enter the stepwise multiple linear regression equation as they were not accounting for a statistically significant amount of variance in existential vacuum.

A stepwise multiple linear regression analysis was used to determine which of the predictor variables (faith, spiritual resources and religion and general and social self-efficacy) could be used to predict goal seeking. Table 47 presents results of this analysis.

Table 47

Stepwise Multiple Linear Regression Analysis
Goal Seeking

Predictor Variable	Constant	b-Weight	B-Weight	Δr^2	t-Value	Sig
Included Variables						
Spiritual resources	2.42	.45	.42	.18	5.86	<.001
Excluded Variables						
Homeless faith coping			.15		1.54	.125
Instrumental religion			.08		.88	.381
General self-efficacy			-.04		-.56	.577
Social self-efficacy			-.05		-.70	.487

Multiple R	.42
Multiple R^2	.18
F Ratio	34.29
DF	1, 158
Sig	<.001

Spiritual resources entered the stepwise multiple linear regression equation, accounting for 18% of the variance in goal seeking, $F (1, 158) = 34.29$, $p < .001$. The positive relationship between spiritual resources and goal seeking indicated that participants who had higher scores for spiritual resources tended to have higher scores for goal seeking. The remainder of the

predictor variables did not enter the stepwise multiple linear regression equation, indicating they were not statistically significant predictors of goal seeking.

The scores for the composite scale, personal meaning, was used as the criterion variable in a stepwise multiple linear regression analysis. The same set of predictor variables was used in this analysis. Table 48 presents results of this analysis.

Table 48

Stepwise Multiple Linear Regression Analysis
Personal Meaning

Predictor Variable	Constant	b-Weight	B-Weight	Δr^2	t-Value	Sig
Included Variables						
Instrumental religion	3.48	.71	.34	.23	3.88	<.001
Homeless faith coping		.49	.22	.03	2.53	.013
Excluded Variables						
Spiritual resources			.14		1.48	.140
General self-efficacy			-.01		-.01	.993
Social self-efficacy			.03		.46	.648

Multiple R	.51
Multiple R^2	.26
F Ratio	27.69
DF	2, 157
Sig	<.001

Two predictor variables, instrumental religion and homeless faith coping, entered the stepwise multiple linear regression equation, accounting for 26% of the variance in personal meaning, $F (2, 157) = 27.69$, $p < .001$. Instrumental religion entered the stepwise multiple linear regression equation first, accounting for 23% of the variance in personal meaning, $\beta = 34$, $r^2 = .23$, $t = 3.88$, $p < .001$. An additional 3% of the variance in personal meaning was explained by homeless faith coping, $\beta = 22$, $r^2 = .03$, $t = 2.53$, $p = .013$. The positive relationships between the predictor variables and personal meaning indicated that higher scores for instrumental religion and homeless faith coping were associated with higher scores for personal meaning.

The scores for the composite scale, existential transcendence, was used as the criterion variable in a stepwise multiple linear regression analysis. The scores for faith, spiritual resources, and religious and general and social self-efficacy were used as the dependent variables. Table 49 presents results of this analysis.

Table 49

Stepwise Multiple Linear Regression Analysis
Existential Transcendence

Predictor Variable	Constant	b-Weight	B-Weight	Δr^2	t-Value	Sig
Included Variables						
Instrumental religion	3.84	1.09	.40	.16	5.41	<.001
Excluded Variables						
Homeless faith coping			.16		1.67	.097
Spiritual resources			.08		.87	.388
General self-efficacy			.09		1.26	.209
Social self-efficacy			.13		1.85	.066

Multiple R	.40
Multiple R^2	.16
F Ratio	29.24
DF	1, 158
Sig	<.001

Instrumental religion entered the stepwise multiple linear regression equation as a statistically significant predictor of existential transcendence, F (1, 157) = 29.24, p <.001. The positive relationship between the predictor and criterion variable provided evidence that homeless women who had higher scores for instrumental religion were more likely to have higher scores for existential transcendence. The remaining predictor variables did not enter the stepwise multiple linear regression equation, indicating they were not accounting for a statistically significant amount of variance in the criterion variable.

CHAPTER VI

DISCUSSION CONCLUSION AND IMPLICATIONS FOR PRACTICE

Homelessness

African Americans are disproportionally represented in America's homeless population. They comprise approximately 45% of the sheltered homeless population, but represent only 12% of the total population (United States Department of Housing & Urban Development [HUD], 2007). As the national economy remains stagnant (highest unemployment in 20 years; Lee, 2009) and consumer confidence continues to diminish, this disparity is likely to escalate. Historically, when an economic recession occurs in White America, Black Americans appear to experience an economic depression (Algernon, 2008).

Evidence of economic discrimination in wage disparity continues between Blacks and Whites. For example, in 1995, the typical Black family earned 60.9% of the typical White family (Algernon, 2008). These economic patterns also are reflected in gender inequities, with women earning 70.7% of their male counterpart's salary (National Committee on Pay Equity; 2007). Additional problems that may increase the risk for homelessness in African American women in particular, include: changes in family structure that have occurred since 1935, such as Title 1V of the Social Security Act: Aid to Families with Dependent Children (ADFC, 1935) that provided limited financial help to mostly single women caring for children (University of Wisconsin-Madison Institute for Research on Poverty, 1985). These changes in family structure, historical disparities, and discrimination (Jackson, 2000), as well as reduction of social welfare policies that entitled women, but restricted men in applying for benefits (Jewell, 1988) have altered the support structure for some African American families substantially (Washington, 2005). Major shifts in the national economy from manufacturing jobs to lower salaried service jobs (especially

in the geographic area where this study was conducted) have resulted in an increased risk for homelessness, especially in the African American population.

In the past, African Americans have used spiritual resources and kinship (the tradition of extended families caring for others; Washington, 2005) to face these kinds of adversities. Some of these traditional safety nets have eroded due to changes in attitudes and lack of available resources. Many studies have identified other variables that may lead to homelessness (e.g., limited educational attainment, lack of social support, lack of coping skills, family interaction, domestic violence, divorce, substance use; Anderson et al., 2004; Caton et al., 2005), as well as personal characteristics (e.g., age, marital status , number of children, etc.). Given these changes, the typical profile of a homeless family is now an African American single woman with approximately two children. To understand this growing social problem and the role of spiritual resources; self-efficacy, life attitudes, cognition, and personal characteristics that may influence the move to domiciled living, African American women 30 years of age and older were selected to participate in this study.

Relationship between Self-Reported Physical Health and Spiritual Resources

Physical and mental health declines have been cited in the literature as risk factors for homelessness (Daiski, 2006). Being African American also is a risk factor for decline in physical health as this population is disproportionately represented in health-related problems at a greater severity than the majority population (Satcher et al., 2005). However, unlike findings in a number of studies that focused on homeless populations, women (n=122, 80.8%) in the present study did not feel that they were at risk for serious physical illness. Also, results indicated that self-reported physical health of these women had remained stable with some women reporting improved physical health. Several potential explanations may account for these findings. First, participants of this study were generally of a younger age cohort than previous studies. The mean

age was (m=45.18 years), with 71% of the study participants younger than 50 years of age. These differences may account for the majority of the sample being more optimistic about not being at risk for serious physical illness. Also, while living in the shelters (some of which were limited to women), these participants were receiving instrumental help (e.g., access to counseling, assistance with employment readiness and finding employment, and drug treatment, etc.). Developing positive relationships, such as those that emanate from relationships (Yalom, 1980), with others (e.g., shelter staff, case managers, etc.) in the shelter environment may have improved feelings of well-being. Another important factor that influences perceptions of risk for severe illness and stable health status could be that the women in this study did not experience the well-established health risks of homelessness because of a shorter period of homeless than had been reported in other studies.

Relationship between Self Reported Mental Health and Spiritual resources

A comprehensive literature review on the ability to cope with trauma and adversity (e.g. homelessness) revealed considerable evidence that spiritual resources may be an important psychological buffer to protect mental and physical health (Baldacchino, 2001; Benson, 1985; Johnson et al., 2005; McCord et al., 2004; Washington & Moxley 2001). Sixty-nine (43.4%) women in this present study reported having been treated for emotional or mental/emotional health problems in the past, with 47 currently reporting a diagnosis for mental/emotional health associated problems. No significant relationship was identified between self-reported physical or emotional/ mental health status in these African American homeless women and self-reported levels of spiritual resources as measured by the Washington and Moxley FSRQ in this study.

The number of participants reporting problems with mental illness in this present study may have been overstated. Sixty-nine (43.4%) women self-reported having had problems. This number of women reporting problems with mental and/or emotional health problems could have

several potential explanations. One explanation involves the self-report mental/emotional health question on the demographic questionnaire (e.g., “have you ever been treated for emotional of psychiatric problems?”) with actual medical/psychiatric diagnostic verification not requested. Brown (2003a, b) and Keith (2003) argued that African American women in general are at increased risk for psychological distress because they are impacted by effects of low socioeconomic status, racial, and gender-based threats to their mental well being which may not be experienced by African American men or women of other racial or ethnic groups. Nevertheless, over-diagnosis of African-American patients with serious mental illness (e.g., schizophrenia and other psychopathological disorders) and under diagnosis of affective disorders (e.g., depression) also have been identified in the literature (Brown & Keith, 2003; Whaly, 2001). Another potential reason for over reporting of serious mental illness in African Americans is that White clinicians may have bias in diagnosing schizophrenia and other serious mental illnesses in African American patients because they (some White clinicians) may be unaware of the presence of ethnic mistrust (Whaly, 2001). Based on the findings in the literature, it is possible that some participants in the current study maystudy may have been told that they were suffering from severe mental illness when they may have been experiencing an appropriate response to the distress of hostile environments and harsh living conditions associated with poverty and homelessness (Brown & Keith, 2003).

Relationship between Self-Efficacy, Spirituality and Life Attitudes

Bandura (1997) asserted that self-efficacy has the potential to influence human functioning through cognitive, motivational, and decision-making processes. Phillips and Gully (1997) found that an individual’s level of self-efficacy is associated with increased goal-seeking and increased performance. Washington and Moxley (2001) recognized that self-efficacy was a factor essential to health and well-being. Conversely increased stress and experiences associated

with homelessness were identified as factors that could easily damage an individuals' sense of self-efficacy. Increasing a person's sense of self-efficacy has the potential to help people rebuild their lives by facilitating the development of social support networks that create positive relationships and enable an individual to find meaning and purpose in life (Sampson et al., 1995; Washington, Moxley, Crystal, & Garriott, 2006). Discovering factors that can promote self-efficacy are important to the development of interventions specifically designed to help African American women to obtain and maintain housing.

Relationship between Spiritual Resources, Life Attitudes and Self Efficacy

Examining the link between spiritual resources and positive health outcomes is a growing field of investigation. Studies over the past two decades have indicated that higher levels of spiritual resources may be associated with improved mental and physical health outcomes (Benson, 1985; Chatters, 2000; George, Ellison, & Larson, 2002; Koenig et al., 2002). The cultural importance of faith, religion, and spirituality is important in any study related to the African American culture (Washington, Moxley, Garriot, & Weinberger, 2008; Washington, Moxley, Weinberger, & Garriot, 2006). Spiritual resources repeatedly have been identified in the literature as a factor that can help people reduce stress, increase control, maintain hopefulness, obtain instrumental help, transcend adversity, and discover meaning and purpose in life (Büssing, Ostermann, & Matthiessen, 2005, Koenig et al., 2002).

Research over the past several decades has provided support that more than one dimension could be accounting for the global concept of life attitudes (Frankel, 1963; Garfield, 1973; Reker & Wong, 1988; Weisman & Worden, 1976). Each dimension of life attitudes (purpose in life, coherence, choice/responsibleness, death acceptance, existential vacuum, goal-seeking and the two composite variables, personal meaning and existential transcendence) when used as separate independent variables may potentially influence the dependent variable of

interest. Wong (1989) identified life attitudes as factors that may represent dimensions of well being that can facilitate coping with change and adversity. Meaning in life also can facilitate human development in people despite the presence of great losses, declining health and discrimination because life may be experienced as meaningful when one perceives their life as having purpose greater than their own existence (Frankl, 1966).

In this study, the influence of self-efficacy on the relationship between spiritual resources and life attitudes was examined. Mediation analysis was performed on each dimension of life attitudes (purpose in life, coherence, choice/responsibleness, death acceptance, existential vacuum, goal-seeking; and the two composite variables, personal meaning and existential transcendence). Because no significant findings were obtained on the mediation analyses, the mediation analyses could not be continued. Consequently, the author was unable to conclude that self-efficacy was mediating the relationship between spiritual resources and life attitudes as perceived by African American homeless women.

Relation between Cognition and Spirituality

The mini mental status exam (MMSE) measures cognitive abilities, such as: orientation, short-term memory, attention, concentration, language (reading and communicating) and constructional ability. Higher scores on the cognitive test (i.e., MMSE) indicated greater cognitive ability; however, the MMSE can be influenced by age and educational level, with educational level appearing to primarily impact these scores. The MMSE was used as a screening tool to minimize differences in cognition among the women in the study. To test the relationship between cognition and spiritual resources, the subtests for cognition was correlated with the three subscales measuring spirituality (homeless faith coping, instrumental religion, and spiritual resources). The total scores for the MMSE and FSRQ also were correlated to determine

if an overall relationship existed between the two variables. However, findings indicated no statistically significant relationships between the MMSE and the Washington and Moxley FSRQ.

Personal Characteristics and Individual Perceptions of Risk of Severe Illness

Nine personal characteristic variables (age, marital status, educational level, number of children, number and length of times homeless and physical and mental health problems) along with participant's perceptions of risk of severe illness were used as predictor variables to determine if they were explaining a statistically significant amount of variance in levels of spirituality among African American homeless women.

The mean age of the homeless women in this present study was 45.18 years. The majority of participants was single; with 9 of the 158 women reported being married at the time of data collection. These findings supported other studies that identified being single as a risk factor for homelessness in women (Caton et al., 2005; US Conference of Mayors, 2001). The women in this study reported a mean of 2.31 children, with a median of 2 children. These findings support the literature that African American homeless women with approximately 2 children are at high risk for becoming homeless.

Limited educational attainment has been cited in the homeless literature as an important antecedent to homelessness (Caton et al., 2005). Washington (2005) conducted a study in the same metropolitan area as the present study with homeless African American women participants ranging in age from 50 to 74 years. Two noteworthy differences between participants from these two studies were age and level of educational attainment. Of participants in the Washington study, 44.0% were identified as having less than a high school education. In contrast, 66.5% of the women in the present study had completed a high school diploma or a GED. In addition, 26.3% current study participants had some college education, with one participant obtaining a bachelor's degree and another participant earning a master's degree.

Little is known about personal characteristics of people who have experienced homelessness on a temporary or interim basis (Caton et al., 2005). Few longitudinal studies related to homelessness are available in the literature because people who are homeless are not tracked by the system after becoming domiciled. Exceptions are those who suffer from severe mental illness or are chronically homeless. The chronically homeless are approximately 10% of the homeless population and are the primary users of resources in the shelters (Caton, et al., 2005). Prior studies have identified antecedents and protective factors associated with homelessness, however research published to date is unclear if these same factors play a role in influencing the paths of the homelessness experience (Caton et al., 2005). In the present study, a majority of the women (n=79) were experiencing homelessness for the first time, with 36 self-reporting a second time, and 14 a third time. The remaining participants (n = 17) did not report the number of times homeless. The mean length of time that the women were homeless was 17.93 months with a range from 1 month to 126 months. Length of time living in the shelter at time of data collection was from 1-26 months with a mean length of stay being 3.88 months. Of the women in this study 80.8% (n=122) did not feel at risk for serious illness.

Of these nine variables, two predictor variables (longest period of homelessness and number of times homeless) predicted the level of spiritual resources in African American homeless women. These two variables accounted for 6% of the variance in homeless faith coping. The negative relationship between longest period of homelessness and homeless faith coping indicated that homeless women who had been homeless for shorter period were more likely to have more positive perceptions of homeless faith coping. Conversely, women who had been homeless more often also tended to have more positive perceptions of homeless faith coping.

Of the nine personal characteristics analyzed to determine if they could predict levels of spirituality in African American women relative to instrumental religion, one predictor variable (longest period of homelessness) accounted for 3% of the variance in instrumental religion. The women who had been homeless for shorter periods were more likely to have more positive perceptions regarding instrumental religion.

In addition, for the same set of nine personal characteristics that were used to predict spiritual resources in AA women, three (marital status, longest period of homelessness, and age) explained 11% of the variance in spiritual resources. Women who were single, those who had been homeless for shorter periods of time, and those who were older were more likely to have higher scores for spiritual resources.

The same set of nine personal participant characteristic predictor variables were analyzed to determine if they could predict levels of spirituality using the total scores of the FSRQ as the criterion variable. Of the nine predictor variables longest period of homelessness, marital status, and number of times homeless entered the stepwise multiple linear regression equation, indicating they were statistically significant predictors of the level of spirituality reflected in the total scores for the FSRQ. Together these three predictor variable explained 10% of the variance in total scores for the FSRQ. The homeless African American women who had been homeless longer, were single, and were older were more likely to have higher scores on total scores for the FSRQ.

Life Attitudes and Age Cohort in African American Homeless Women

Despite the surge in interest in life attitudes over the past several decades there are few studies on differences that may occur in life attitudes over the life span. Instead the majority of studies compared age cohorts from different ethnic or religious groups and their life attitudes.

For this study, the participants were divided into three groups according to age (30-40, 41-50, and 51 and older).

A one-way multivariate analysis (MANOVA) using the six subscales on life attitudes as the dependent variables (purpose in life, coherence, choice/responsibleness, death acceptance, existential vacuum, goal-seeking) and age as the independent variable was statistically significant. However, the effect sizes (.06 and .04 respectively) associated with this analysis were small, indicating that although the differences among the three age groups were statistically significant, the findings had little practical significance. In examining the univariate F tests, two of the six subscales, purpose in life and death acceptance, differed among the three age cohorts. A posterior test indicated that women 41 to 50 years of age had the highest mean scores for purpose in life, with women over 50 having the lowest mean scores for purpose in life. Women from 30 to 40 had the highest mean scores for death acceptance, with women over 50 having the lowest scores on death acceptance. A statistically significant difference was obtained for the results of the one-way ANOVA that compared scores on the composite scale, existential transcendence by the age of the women. Results of the a posteriori comparisons provided support that women from 41 to 50 had the highest mean scores on existential transcendence when compared to women over 50 who had the lowest mean scores.

Spiritual Resources as Measured by the Washington &Moxley FSRQ

The mean scores for the total score for spiritual resources as measured by the Washington and Moxley FSRQ were used as the dependent variables in a one-way analysis of variance with the women's ages (30-40, 41-50, and 51 and older) used as the independent variable. The results of this analysis were not statistically significant. Mean scores for the three subscales of the FSRQ, faith homeless coping, instrumental religion and spiritual resources as dependent variables were compared by the age of the women using a one-way MANOVA. The results were

not statistically significant indicating the women regardless of age had similar perceptions on the three subscales.

The two subscales measuring general and social self-efficacy were used as the dependent variables in a one-way MANOVA. The age cohort of the women was used as the independent variable in this analysis. Results of this analysis were not statistically significant, indicating that women did not differ in their levels of general and social self-efficacy by their age.

Ancillary Findings

In an effort to determine if the subscales of life attitudes could be predicted from general and social self-efficacy and the three subscales from the FSRQ a separate stepwise multiple linear regression analysis was performed. Findings indicated that homeless women with higher scores on instrumental religion were more likely to have more positive perceptions in purpose in life. The remaining variables were not statistically significant.

The mean scores for coherence were used as the criterion variable in a stepwise multiple linear regression analysis. The same predictor variables were used in this analysis. A positive relationship was identified between coherence, spiritual resources, and instrumental religion. Higher scores for coherence were associated with higher scores for spiritual resources and instrumental religion. The remaining predictor variables were not statistically significant.

A stepwise multiple linear regression analysis was used to determine if scores for choice/responsibleness could be predicted from homeless faith coping, spiritual resource, instrumental religion and general self-efficacy. Findings indicated that instrumental religion was associated with higher scores for choice/responsibleness. The findings from the remaining predictor variables were not statistically significant. Using the same predictor variables, death acceptance was used as the criterion variable for a stepwise linear regression analysis. The results showed a positive relationship between homeless faith coping and death acceptance. As

scores on homeless faith coping increased, scores for death acceptance also increased. A negative relationship was found between death acceptance and general self-efficacy, indicating lower scores on general self-efficacy were associated with higher scores for death acceptance.

The mean scores for existential vacuum were used as the criterion variable in a stepwise multiple linear regression analysis, general self-efficacy, social self-efficacy, homeless faith coping, spiritual resources, and instrumental religion were used as independent variables. A negative relationship was identified between self-efficacy and existential vacuum, with higher scores on self-efficacy were associated with lower scores on existential vacuum. Findings also indicated a positive relationship between homeless faith coping and existential vacuum. The remaining findings were not statistically significant.

To determine which predictor variables (homeless faith coping, spiritual resources, instrumental religion, general self-efficacy or social self-efficacy) could predict goal seeking, a stepwise multiple regression analysis was performed. Findings indicated a positive relationship between spiritual resources and goal seeking indicating that higher scores on spiritual resources tended to have higher scores for goal seeking. The remainder of the variables was not statistically significant.

The two composite scales of life attitudes were also analyzed using stepwise multiple linear regression analysis. The composite scale, personal meaning, was used as the criterion variable and the same set of variables were used as predictor variables. A positive relationship was identified between personal meaning and instrumental religion and homeless faith coping. Higher scores on personal meaning were associated with higher scores on instrumental religion and homeless faith coping.

A stepwise multiple linear regression analysis was used to determine if scores for the composite scale, existential transcendence, could be predicted from the same set of predictor

variables. A positive relationship was identified between existential transcendence and instrumental religion. These results indicated that women who scored higher on instrumental religion were more likely to have higher scores for existential transcendence.

Discussion

Personal Characteristics and Level of Spiritual Resources

The majority of the women in this present study was homeless for the first time and had not been homeless for a great length of time. Findings from this study indicated that women who had been homeless for shorter periods of time and those women who had been homeless more times were more likely to have higher levels of homeless faith coping. Also, the positive relationship between the FSRQ scores and the number of times homeless indicated that women who had been homeless more often were more likely to have higher scores for spirituality. Conversely, as women are homeless for longer periods, they tend to have lower scores for instrumental religion, as well as lower scores for spiritual resources. Findings also indicated that as the age of the women increased her scores on the spiritual resources subscale increased. Indicating that intervention at specific times during the homeless experience is extremely important, (such as, identifying those with greater spiritual resources) and may expedite the return to domiciled living.

Life Attitudes and Age Cohort in African American Homeless Women

The results of Scheffé a posteriori tests compared all possible pairwise comparisons provided evidence that homeless women in the age cohort between 41-50 differed significantly to homeless women who were over 50 years of age on purpose of life. The same test was used to determine which age group was contributing to the statistically significant finding on death acceptance, and provided evidence that homeless women who were 30-40 years of age had significantly higher scores on this subscale than those who were over 50 years of age**.** The three

groups did not differ on coherence, choice/responsibleness, existential vacuum, and goal-seeking. The lack of significant findings on these four variables suggested that the homeless women had similar perceptions of these subscales across the three groups. The women also did not differ in their perceptions of personal meaning as indicated by results of the one-way analysis of variance comparing personal meaning and age of women across their groups. Lastly, results of a one-way analysis of variance using existential transcendence as the dependent variable and the women's ages across the three groups as the independent variable indicated a statistical significant difference on comparisons of existential transcendence (people's ability to rise above their situations to find new and better ways to cope). On this variable (transcendence) wwomen in the 41-50 age group indicated significantly higher scores than those women who were in the over 50 group.

Cognition and Spiritual Resources

The possible higher levels of cognitive function reflected in the participants' MMSE scores in this study could be reflective of the level of educational achievement, as well as the majority of participants in the study being 50 years of age or younger. Jaqcqqmin-Gadda, Fabrigoule, Commenges and Darigues (1997) conducted a study on community-dwelling participants who were at least 65 years of age to determine if MMSE scores decline in a large sample of elders who are free of dementia. Results indicated that declines in MMSE scores in nondemented elders did not experience great changes over time. Findings suggested that higher levels of educational attainment may act as a buffer and may neutralize potential losses in cognitive ability. These investigators indicated that because the MMSE composite scale was used in their study, differences on some subscales may be present. For future research with homeless populations perhaps more comprehensive cognitive tests can be used that could detect changes in cognitive function in younger cohorts.

In this study, a new instrument, the Washington and Moxley FSRQ, that measures spiritual resources was tested. Three subscales, homeless faith coping, spiritual resources, and instrumental religion, emerged from the factor analysis. These three subscales; captured different dimensions of spiritual resources which is extremely important in this era of empirical inquiry into spirituality and religion. Wuthnow (1998) warned that the polarization of religion and spirituality into completely different constructs overlooks the reality that the concepts of faith, religion, and spirituality although fundamentally different concepts also share some interrelationships. Examining faith, religion and spirituality as a composite construct creates the potential to capture complex variables connecting cognitive, emotional, behavioral interpersonal and psychological dimensions (Hill & Hood, 1999, that may be influencing spiritual resources or vice versa.

For instance, the subscale of the FSRQ; homeless faith coping was correlated with increased personal meaning, existential vacuum and death acceptance. These findings indicate mixed coping skills in this particular sample of homeless women. Although death acceptance has been identified in prior studies as a predictor of psychological and physical distress (Reker, Peacock & Wong 1985), the higher scores on personal meaning in life may be buffering distress and increasing coping skills.

The spiritual resources subscale was positively correlated with increased coherence and also with increased goal-seeking. This positive relationship of spiritual resources and coherence may be a factor in the majority women who did not have a perception of risk of severe illness. For instance, Antonovsky identified that a sense of coherence may have psychoneuroimmunological actions on the body (perceiving the world as predictable, manageable and having meaning and purpose). Psychoneuroimmunology is a mind-body interaction that is believed to cause the brain to influence the endocrine and hormone systems

into homeostasis, a theory which is also supported in many other studies (Koenig & Cohen; 2002).

The third subscale of the FSRQ, instrumental religion, was positively correlated with multiple life attitudes (purpose in life, coherence, choice/responsibleness, personal meaning and existential transcendence). These findings indicate that a consideration of faith, religion and spiritual resources, as a composite construct, should be included in any assessment or framework that is used to identify assets, strengths and potential sources of support for homeless African American women (Washington et al., 2008).

Although this study did not find that self-efficacy mediated the relationship between spiritual resources and life attitudes it is likely that spirituality may affect life attitudes more than life attitudes affect spirituality. Particularly because spirituality may be an essential life force (Golberg, 1998; Seybold, 2008), an innate human construct that helps humans have a relationship with self and others (Brown 1998), or another form of intelligence (Emmons, 2000), all of which may develop in the individual before life attitudes are firmly developed. Most importantly these findings suggest that the FSRQ is a psychometrically valid tool that may be specifically applied to homeless populations as a screening tool to help determine the appropriate level of intervention necessary for homeless women on an individual basis.

Implications for Nursing Practice

Healthy People 2010 objectives; increasing the quality and years of life for all people, the elimination of health disparities among different population groups, and educational and community based programs may be addressed by the findings from this study. Important information regarding personal characteristics (especially for homeless women in the age groups 41-50 and younger) may form the foundation for implications for nursing practice (e.g., assessment, intervention development and service) that are developed specifically for different

age cohorts of women experiencing homelessness. Women at risk could benefit from focused and intervention strategies to facilitate their return to domiciled living. The results of the statistical analyses provide direction for what nurse clinicians, practitioners, and other health care professionals should expect in assessing the needs of these participants. The current study suggest that these health professionals need to pay attention to how long these participants have been homeless and the number of times they are homeless. The data also provides much information about what has occurred in the lives of these women. They have been exposed to substantial psychological distress resulting from the hostile environments and harsh living conditions to which they often are exposed. For this reason, identification of those women who have experienced or witnessed violence or those with dual diagnoses of chronic mental illness and substance use or abuse is important. These people likely need additional targeted interventions including focus on the role of spiritual resources in nursing practice with homeless women as it relates to existential transcendence and instrumental religion (e.g., attending religioiusreligious services). Nurse who work with these populations may desire to explore the question--do these constructs serve a buffering role by providing the hope and motivation to keep people trying to transition out of homelessness? Such strategies could help alleviate self-medicating mental/emotional problems with substances and may prevent or decrease further health decline.

Homelessness is a significant risk factor that can contribute to declining mental and physical health and has been well documented in the literature (Daiski, 2006). However, findings from this study indicate that if length of time homeless is reduced, then potential health decline may also be reduced. In the current study the number and length of times homeless tells something intuitively about the homeless faith coping subscale of the Washington and Moxley FSRQ that needs further exploration. -These findings have utility for community urban health

and advanced practice nursing. Community nurses that are in high-risk neighborhoods could not only educate women about factors (including access to necessary or basic needs) that may reduce their risk for becoming homeless, but also assess and identify African American women at higher risk for homelessness. This approach to considering interventions to address the risk of women becoming homeless is relevant to the philosophy of advanced nursing practice which advocates disease prevention, risk-reduction, and health promotion.

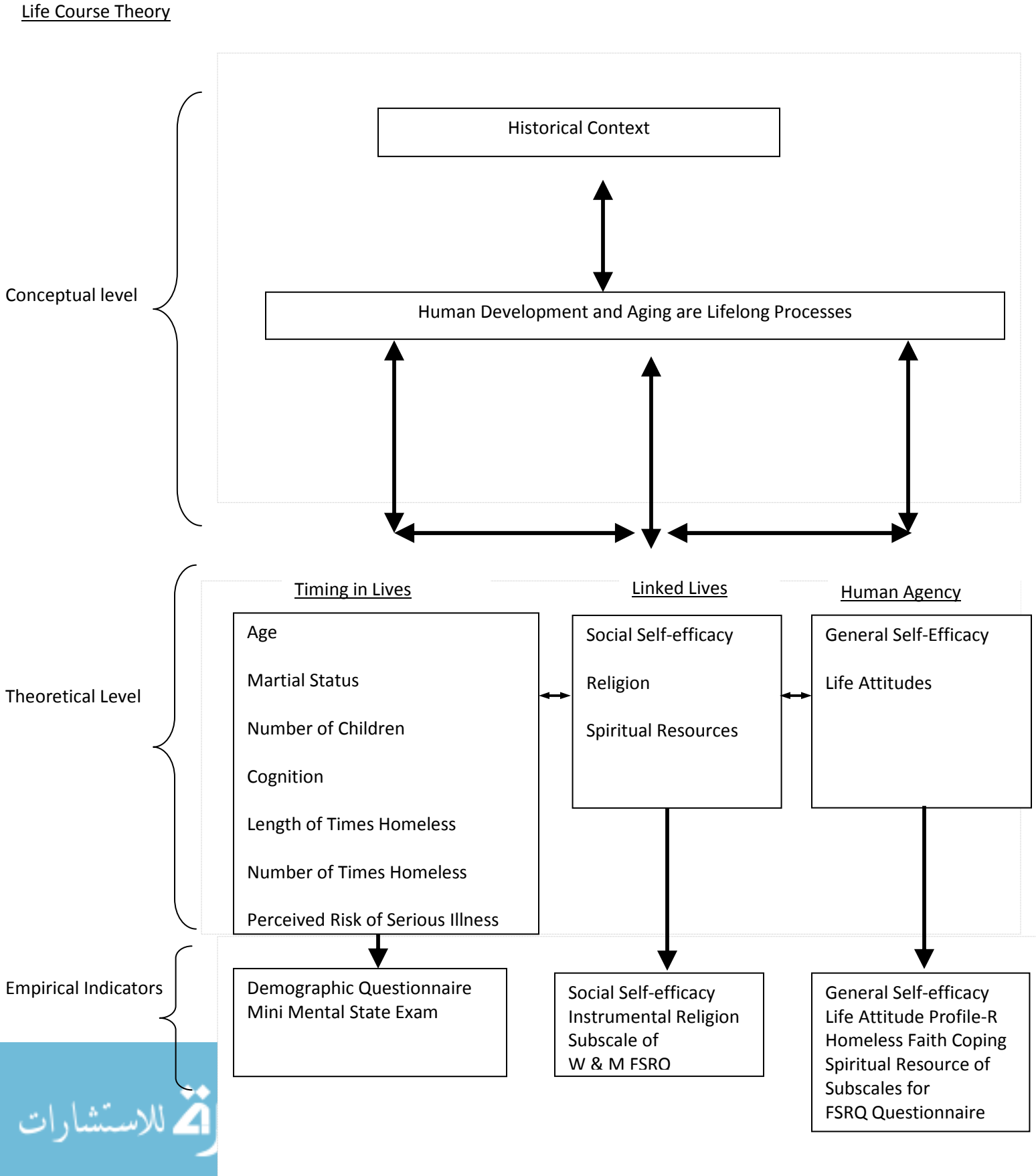
Suggestions for Further Research

Additional qualitative research is needed to determine if other variables are mediating the relationship between spirituality and life attitudes, length of time homeless or number of times homeless. Qualitative research also is needed to determine the actual incidence of mental/emotional disorders among African Americans homeless women to identify effective responses to the distress of hostile environments and harsh living conditions to which they are often exposed. The findings from the current study also indicated that there may be important relationships between timing in lives and linked lives for this population. Identifying a clearer set of research questions to discern the relationship between these contructsconstructs could be very instructive.

Stepwise multiple linear regression analysis to determine which of the subscales in the Washington and Moxley FSRQ measure of spiritual resources might be used to predict Life attitudes. Findings from these potential future studies may not only improve our understanding of the role of spirituality in the lives of African American homeless women; but also may facilitate the development of specific interventions to enable the return of some African American homeless women back into domiciled living.

APPENDIX A

SUBSTRUCTION OF LIFE COURSE THEORY



APPENDIX B

INSTRUMENTS

Interviewer ID #_____

Participant ID _____
Site # _____

ALH-Demographic Survey

1. What is your date of birth? _____/_____/_____
2. What is the highest level of education you have completed? _____
3. What is your marital status? _____
4. Do you have children? □ Yes □ No
5. How many children do you have? _____

   a. Before you lost your residence were you responsible for the care of any children under 21? □ Yes □ No

   b. If yes, how many children were you responsible for, and

   how old were they when you became homeless?

   No. of dependent children _____

   Ages _____/_____/_____/

   Are you currently parenting any dependent children? □ Yes □ No

   d. What happened to these children when you lost your residence?

   _____

   _____

6. id you own a home or maintain independent housing prior to becoming homeless? □ Yes □ No

   If yes, how long before becoming homeless did you maintain yourself in independent living? _____
7. How many times have you been homeless? _____
8. How long had you been without a permanent residence? Yrs. ____ Months _____

   What was your longest period of homelessness? Yrs. ____ Months _____
9. Where are you currently living? _____
10. How long have you been at this location? Yrs. ____ Months _____

11. If you are currently living in a homeless shelter in your own words describe what phase of the shelter's program you are in? _____

12. How would you describe your health before you became homeless?
    □ Excellent □ Good □ Fair □ Poor

    How is your general health now?
    □ Excellent □ Good □ Fair □ Poor

    If excellent or good now, what helped you maintain your health? _____

13. Have you ever been in treatment for emotional or psychiatric problems? □aYes □ No

    Was your treatment □ Inpatient □ Outpatient □ Both

    Time since last admission _____

    Are you currently diagnosed with an emotional or psychiatric problem? □ Yes □ No

14. Do you feel you are at risk for serious illness? □ Yes □ No
    If yes, please comment

_____

_____

_____

15. Have you ever been addicted to any of the following? □ Yes □ No (Check all that apply)

□ Alcohol	□ Tobacco (nicotine)	□ Marijuana	□ Heroin
□ Crack	□ Powered Cocaine	□ Methamphetamine	□ Amphetamines
□ PCP (Angle Dust)	□ Opium	□ Barbiturates	□ LSD
□ Ecstasy	□ Tranquilizers	□ Sedatives	□ Phenobarbital
□ Codeine	□ Inhalants	□ Prescription Drugs	
□ Other _____			

    How long has it been since the last time that you have used drugs? _____

16. Where are you currently living? (Check all that apply)

□ With family	□ On the street	□ In shelters	□ With Friends
□ Senior Citizen Center	□ Transitional housing	□ Private residence	
□ Supported housing	□ Subsidized housing	□ Squatting	

    □ Other (e.g., cars, garages, viaducts, bus stops, etc.) _____

The End.
Thanks for Completing this Survey!

Cognitive State Evaluation Scale
Folestien's (1975) Mini- Mental State Examination- MMSE

Participant's ID #:

Date:

Age:

Schooling Level:

Don't forget to input the patient's age and schooling level before starting the questionnaire.

Maximum Score	**Patient's Score**	
		ORIENTATION
5	☐	Ask the patient what (year)(season)(date)(day)(month) it is.
5	☐	Ask the patient where he/ she is (state) (country) (town or city) (hospital) (floor).
		REGISTRATION
3	☐	Name 3 common objects (e.g., "apple", "table", "penny"). Then ask patient to repeat all 3 words. Give one point for each correct answer. Then repeat them until he/she learns all 3. Make a maximum of six trials.
		Count trials and record. Trials (for information only) ☐
		ATTENTION AND CALCULATION
5	☐	Ask the patient to subtract 7 from 100 and keep subtracting 7 until you tell him/he[illegible]p. (93, 86, 79, 65)
		or
	☐	Ask him/her to spell "WORLD" backwards. The score is the number of letters in correct order (D_L_R_O_W).

RECALL

3 ☐ Ask the patient for the 3 objects repeated above. Give 1 point for each correct answer. (Note: Recall cannot be tested if all 3 objects were not remembered during registration.)

LANGUAGE

9 ☐ Show the patient a “pencil” and a “watch” and ask him/her to name them. (2pts.)

☐ Ask your patient to repeat the following <<No ifs, ands or buts.>> (1pt.)

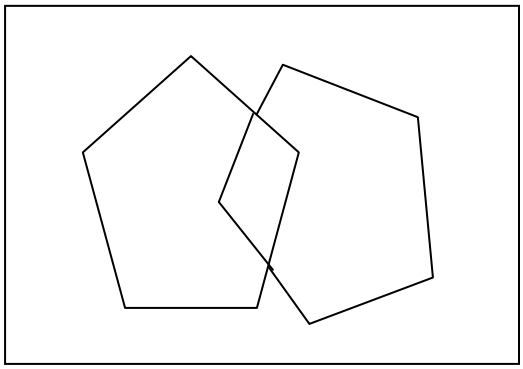
☐ Ask your patient to follow a 3-stage command: <<Take a paper in your right hand, fold it in half, and put it on the floor.>> (3pts.)

Ask the patient to read and obey the following**:**

☐ Close your eyes. (1pt.)

☐ Write a sentence. (1pt.)

☐ Copy the following design. (1pt.)



TOTAL: ☐

Seriousness of symptoms Percentile: ☐

Evaluation of the level of consciousness:

- ☐ vigilance
- ☐ sleepiness
- ☐ stupor
- ☐ coma

SELF-EFFICACY SCALE

1	2	3	4	5
Disagree Strongly	Disagree Moderately	Neither Agree or Disagree	Agree Moderately	Agree Strongly

Please place a check mark in the column that most closely matches your opinion on each of the following items.	1	2	3	4	5
1. I like to grow house plants.					
2. When I make plans, I am certain I can make them work.					
3. One of my problems is that I cannot get down to work when I should.					
4. If I can't do a job the first time, I keep trying until I can.					
5. Heredity plays the major role in determining one's personality.					
6. It is difficult for me to make new friends.					
7. When I set important goals for myself, I rarely achieve them.					
8. I give up on things before completing them.					
9. I like to cook.					
10. If I see someone I would like to meet, I go to that person instead of waiting for him or her to come to me.					
11. I avoid facing difficulties.					
12. If something looks too complicated, I will not even bother to try it.					
13. There is some good in everybody.					
14. If I meet someone interesting who is very hard to make friends with, I'll soon stop trying to make friends with that person.					
15. When I have something unpleasant to do, I stick to it until I finish it.					
16. When I decide to do something, I go right to work on it.					
17. I like science.					
18. When trying to become friends with someone who seems uninterested at first, I don't give up very easily.					
19. When trying to learn something new, I soon give up if I am not initially successful.					
20. When unexpected problems occur, I don't handle them well.					
21. If I were an artist, I would like to draw children.					
22. I avoid trying to learn new things when they look too difficu1t for me.					
23. Failure just makes me try harder.					
24. I do not handle myself well in social gatherings					
25. I very much like to ride horses.					
26. I feel insecure about my ability to do things.					

Please place a check mark in the column that most closely matches your opinion on each of the following items.	1	2	3	4	5
27. I am a self-reliant person.					
28. I have acquired my friends through my personal abilities at making friends.					
29. I give up easily.					
30. I do not seem capable of dealing with most problems that come up in my life.					

LIFE ATTTIUDE PROFILE – REVISED

Gary T. Reker

This questionnaire contains a number of statements related to opinions and feelings about yourself and life in general. Read each statement carefully, then indicate the extent to which you agree or disagree with each statement by placing a check mark (✓) in the column that most closely matches your agreement. Use the following scale:

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

Place a check mark (✓) in the column that most closely matches your agreement with each of the following statements:	1	2	3	4	5
1. My past achievements have given my live meaning and purpose.					
2. In my life, I have very clear goals and aims.					
3. I regard the opportunity to direct my life as very important.					
4. I seem to change my objectives in life.					
5. I have discovered a satisfying life purpose.					
6. I feel that some element which I can't quite define is missing from my life.					
7. The meaning of life is evident in the world around us.					
8. I think I am generally much less concerned about death than those around me.					
9. I feel the lack of and a need to find a real meaning and purpose in my life.					
10. New and different things appeal to me.					
11. My accomplishments in life are largely determined by my own efforts.					
12. I have been aware of an all powerful and consuming purpose towards which my life has been directed.					
13. I try new activities or areas of interest and then these soon lose their attractiveness.					
14. I would enjoy breaking loose from the routine of life.					
15. Death makes little difference to me one way or another.					
16. I have a philosophy of life that gives my existence significance.					
17. I determine what happens in my life.					
18. Basically, I am living the kind of life I want to live.					
19. Concerning my freedom to make my choice, I believe I am absolutely free to make all life choices.					
20. I have experienced the feeling that while I am destined to accomplish something important, I cannot put my finger on just what it is.					
21. I am restless.					
22. Even though death awaits me, I am not concerned about it.					
23. It is possible for me to live my life in terms of what I want to do.					

Place a check mark (✓) in the column that most closely matches your agreement with each of the following statements:	1	2	3	4	5
24. I feel the need for adventure and "new worlds to conquer."					
25. I would neither fear death nor welcome it.					
26. I know where my life is going in the future.					
27. In thinking of my life, I see a reason for my being here.					
28. Since death is a natural aspect of life, there is no sense worrying about it.					
29. I have a framework that allows me to understand or make sense of my life.					
30. My life is in my hands and I am in control of it.					
31. In achieving life's goals, I have felt completely fulfilled.					
32. Some people are very frightened of death, but I am not.					
33. I daydream of finding a new place for my life and a new identity.					
34. A new challenge in my life would appeal to me now.					
35. I have the sense that parts of my life fit together in to a unified pattern.					
36. I hope for something exciting in the future.					
37. I have a mission in life that gives me a sense of direction.					
38. I have a clear understanding of the ultimate meaning of life.					
39. When it comes to important life matters, I make my own decisions.					
40. I find myself withdrawing from life with an "I don't care" attitude.					
41. I am eager to get more out of life than I have so far.					
42. Life to me seems boring and uneventful.					
43. I am determined to achieve new goals in the future.					
44. The thought of death seldom enters my mind.					
45. I accept personal responsibility for the choices I have made in my life.					
46. My personal existence is orderly and coherent.					
47. I accept death as another life experience.					
48. My life is running over with exciting good things.					

FSRQ
Faith and Spirituality Resources Questionnaire

With this assessment tool, I am going to read a list of statements about some religious and spiritual aspects of your life and your homelessness. Please think about each statement, carefully as I read it and tell me whether you *strongly agree* with it, *disagree*, *neither agree or disagree*, *agree*, or *strongly disagree* with it.

Your responses will be kept completely confidential. The purpose of asking about these private matters is not to judge you or intrude in your business, but to try to better understand your situation so we can figure out how to help you get out of homelessness.

There are a number of statements, and some of them may seem to be repeating others that you have already heard, but please be patient and try to respond to each one as honestly as you can.

Directions for Respondent: Please respond to each item using one of the following phrases for all items.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Please rate the following items about religious faith using the scale above. Indicate the level of agreement (or disagreement for each item).	1	2	3	4
1. I am a very religious person.				
2. I am a very spiritual person.				
3. God is a strong force in my life.				
4. A higher power is a strong force in my life.				
5. I belong to a specific faith, church, or spiritual group.				
6. I play an important role in my faith, church, or spiritual group.				
7. I seek support regularly from my faith, church, or spiritual group.				
8. I receive needed support from my faith, church, or spiritual group.				
9. I can count on my faith, church, or spiritual group to help me when I am in difficult situations.				
10. I regularly attend the services of my faith, church, or spiritual group.				
11. Getting to my faith, church, or spiritual group is not a problem for me.				
12. I regularly read religious or spiritual literature.				
13. Although I am homeless, my faith makes me to be a resilient person.				
14. I am able to cope with the trauma of homelessness because of my faith.				
15. My faith helps me be optimistic about getting out of homelessness.				
16. My faith helps me to meet my goal of to get out of homelessness.				
17. When homelessness overwhelms me, I seek comfort in my faith.				
18. I worry less about my homeless situation because of my faith.				
19. My faith provides support for getting out of homelessness.				

Santa Clara Strength of Religious Faith Questionnaire

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Please rate the following items about religious faith using the scale above. Indicate the level of agreement (or disagreement for each item.	1	2	3	4
1. My religious faith is extremely important to me.				
2. I pray daily.				
3. I look to my faith as a source of inspiration.				
4. I look to my faith as providing meaning and purpose in my life.				
5. I consider myself active in my faith or church.				
6. My faith is an important part of who I am as a person.				
7. My relationship with God is extremely important to me.				
8. I enjoy being around others who share my faith.				
9. I look to my faith as a source of comfort.				
10. My faith impacts many of my decisions.				

Reference: Plante, T. G., & Boccaccini, M. (1997). The Santa Clara Strength of Religious Faith Questionnaire. *Pastoral Psychology, 45*, 375-387.

APPENDIX C

LETTER OF APPROVAL FROM HUMAN INVESTIGATION COMMITTEE

WAYNE STATE UNIVERSITY

HUMAN INVESTIGATION COMMITTEE
101 East Alexandrine Building
Detroit, Michigan 48201
Phone: (313) 577-1628
FAX: (313) 993-7122
http://hic.wayne.edu

CONCURRENCE OF EXEMPTION

To: Jean Gash
Health Research Center
683 Kimberly

From: Ellen Barton, Ph.D. E. Barton (Elves)
Chairperson, Behavioral Institutional Review Board (B3)

Date: August 12, 2009

RE: HIC #: 076509B3X
Protocol Title: Helping Older Minority Women Move Out of Homelessness
Sponsor:
Protocol #: 0907007336

The above-referenced protocol has been reviewed and found to qualify for **Exemption** according to paragraph #4 of the Department of Health and Human Services Code of Federal Regulations [45 CFR 46.101(b)].

- Waiver of consent has been requested and approved.

This proposal has not been evaluated for scientific merit, except to weight the risk to the human subjects in relation to the potential benefits.

- Exempt protocols do not require annual review by the IRB.
- All changes or amendments to the above-referenced protocol require review and approval by the HIC **BEFORE** implementation.
- Adverse Reactions/Unexpected Events (AR/UE) must be submitted on the appropriate form within the timeframe specified in the HIC Policy (http://www.hic.wayne.edu/hicpol.html).

NOTE:

1. Forms should be downloaded from the HIC website at each use.
2. Submit a Closure Form to the HIC Office upon completion of the study.

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ABSTRACT

EXAMINING THE RELATIONSHIP BETWEEN SPIRITUAL RESOURCES, SELF-EFFICACY, LIFE ATTIDUES, COGNITION, AND PERSONAL CHARACTERISTICS OF HOMELESS AFRICAN AMERICAN WOMEN

by

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Major: Nursing

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African Americans comprise 12% of the American population and 45% of the homeless sheltered population (United States Department of Housing and Urban Development [HUD], 2007). The fastest growing segment is African American women and African American women with children. The purpose of this study was to examine the relationship between spiritual resources, self-efficacy, life attitudes, cognition, and personal characteristics (e.g., physical and mental health, age, marital status, number of children, number and length of times homeless and perceptions of being at risk for serious illness) of homeless African American women 30 years of age and older who were trying to become domiciled.

This nonexperimental exploratory, descriptive research study used data collected as part of a larger study on African American women and homelessness. A total of 160 women participated in the study by completing a demographic interview with the researcher, the Life Attitudes Scale, the Self-Efficacy Scale, and the Faith, Religion, and Spiritual Resources (FSRQ) Scale. To determine if cognitive ability was impaired, the women completed the Mini-Mental State (MSSE) exam. Women who scored less than 23 on this test were excluded from the study.

The findings of this study indicated that self-reported physical and mental health were not related to the three subscales, homeless faith coping, instrumental religion, and spiritual resources on the FSRQ. The relationships between general and social self-efficacy and life attitudes were not mediated by the three subscales and total scores for the FSRQ. No statistically significant correlations were obtained between the FSRQ and the 11 measures of the MMSE. However, a statistically significant correlation was found between total scores for the FSRQ and the MMSE. Number of times homeless and length of time homeless were predictive of faith, instrumental coping, and spiritual resources. The age cohorts differed on life attitudes (purpose in life, death acceptance, and existential transcendence).

Further research is needed to explore the role of spirituality in helping African American homeless women move into domiciled living. Nursing interventions can be developed to help the women use their spirituality to develop self-efficacy that can help improve their life attitudes.

AUTOBIOGRAPHICAL STATEMENT

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