

# **The Raging River: Certified Nursing Assistants' Experiences in Rural, Long-Term Care**

Nicole Carlson, PhD, RN<sup>1\*</sup>

Robin Brown, PhD, RN<sup>3</sup>

Kay Foland, PhD, RN, PMHNP-BC, PMHCNS-BC<sup>4</sup>

Mary Isaacson, PhD, RN, RHNC, CHPN, FPCN<sup>2</sup>

<sup>1</sup> Assistant Professor, College of Nursing, South Dakota State University,

[nicole.carlson@sdstate.edu](mailto:nicole.carlson@sdstate.edu)

<sup>2</sup> Associate Professor, College of Nursing, South Dakota State University,

[robin.brown@sdstate.edu](mailto:robin.brown@sdstate.edu)

<sup>3</sup> Professor Emerita, College of Nursing, South Dakota State University, [kay.foland@sdstate.edu](mailto:kay.foland@sdstate.edu)

<sup>4</sup> Associate Professor, College of Nursing, University of Nebraska Medical Center,

[misaacson@unmc.edu](mailto:misaacson@unmc.edu)

\*Correspondence: Nicole Carlson

## **Abstract**

**Purpose:** Certified nursing assistants (CNAs) are essential, direct caregivers within the long-term care (LTC) setting. When traumatic events occur within LTC, CNAs are often involved, resulting in potentially negative consequences for the CNA. There has been limited research about rural LTC CNAs, which is a concern due to CNAs' important role and rural disparities they encounter. The purpose of this study was to explore the experience of CNAs who have faced a traumatic event while working in the rural LTC setting.

**Sample:** Nine CNAs were purposively recruited from two rural LTC facilities in a predominately rural upper Midwest state. Inclusion criteria included being a CNA, having experienced a traumatic

event in a LTC workplace setting, speaking English, being at least 18 years old, and working in a rural area as defined by HRSA.

**Method:** This study used an interpretive phenomenological design. Semi-structured interviews occurred via Zoom. Analysis involved an iterative process that included dwelling with the data and the use of a hermeneutic circle.

**Findings:** All participants were white females, which is consistent with the CNA demographics within the area. An overarching theme of The Raging River emerged, along with the five supporting themes of Forward Motion, Nourisher, Drowning, Cold Resources, and Desperation for a Lifeline.

**Conclusions:** The CNAs described complex experiences, demonstrating both their strength to continue forward and their vulnerability and necessity of support. Caring for residents in the rural LTC setting brings unique challenges. This study demonstrated a clear need for future research to provide better support to rural LTC CNAs.

*Keywords:* rural, trauma, long-term care

### **The Raging River: Certified Nursing Assistants' Experiences in Rural, Long-Term Care**

Certified Nursing Assistants (CNAs) are vital employees within the long-term care (LTC) setting. They are the caregivers who provide the most direct care to residents. However, burnout (Yeatts et al., 2010) and high turnover rates (Zheng et al., 2022) are widespread within the CNA population. Moreover, CNAs who work in rural areas are at a uniquely higher risk of health disparities (Rural Health Information Hub [RHIfhub], n.d.), as well as experiencing a smaller workforce (Meyer et al., 2014).

When traumatic events arise within LTC, CNAs are often significantly involved in the situation due to their direct care duties and rapport with residents. Traumatic events can lead to

staff turnover and decreased care quality (Kennedy et al., 2020; Pickering et al., 2017). Thus, it is essential to study CNAs' experiences with traumatic events to learn more about their encounters and to identify how to best support CNAs before, during, and after traumatic events.

### **Background and Objectives**

Certified Nursing Assistants are imperative to quality care within the LTC setting as they provide the majority of the direct care to residents; however, they are regularly not valued by leadership (Travers et al., 2020). Additionally, CNAs are regarded as a vulnerable population (Molero Jurado et al., 2018). Within the United States (US), the majority of CNAs are minority and female (PHI, 2019) and most have not finished post-secondary education (PHI, 2019). Nearly half of the CNAs in the US live in low-income households (PHI, 2019), and many have additional caregiving obligations involving dependent children and other relatives (Van Houtven et al., 2020). Long-term care workers often work another job alongside their LTC position (Van Houtven et al., 2020). When CNAs work 6-7 days per week and at least two double shifts per month, there is a strong association with CNAs experiencing depressive symptoms (Geiger-Brown et al., 2004). Burnout is prevalent within the CNA population (rural and urban) and can affect CNA retention and performance (Yeatts et al., 2010), with the overall CNA turnover rate being 48.7% (Zheng et al., 2022).

In addition to burnout, when CNAs are rural residents, they are at risk for significant health disparities (RHIhub, n.d.). Risk factors include geographic isolation, decreased socioeconomic status, more risky health behaviors, and less access to healthcare specialists (RHIhub, n.d.). Rural residents are less likely to carry health insurance via work or have insurance through Medicaid (RHIhub, n.d.); this is applicable to both CNAs and the residents they serve. Rural areas also maintain a smaller workforce related to population density (Meyer et al., 2014), which may

contribute to staffing shortages. Moreover, rural CNAs have reported little respect, little recognition, workload issues, and pay concerns (Meyer et al., 2014). Because rural workers face unique disparities and concerns, the impact of a traumatic event in the rural workplace may be magnified.

According to the Centers for Disease Control and Prevention (CDC, 2003) “Traumatic events are marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death” (para.1). Often, CNAs are unprepared to experience a traumatic event in the workplace, as well as the trauma that follows. There is typically little emotional support provided to a CNA after a traumatic event in LTC. When CNAs are not supported, mental health and job performance may be negatively affected. LTC caregivers’ discontent and eventual burnout are related to elevated turnover and reduced resident care quality (Fisher et al., 2021). In addition, many of the disparities CNAs face, including socio-economic factors, gender, and race, can add to life stressors that affect occupational stressors (Lathren et al., 2021).

Overall, there is a dearth of literature regarding CNAs in rural LTC settings. This is concerning because of CNAs’ considerable role within rural LTC. It is imperative to understand the CNA experience with traumatic events in the workplace, as well as what can be adjusted for the future to ensure support, retention, and higher care quality within the rural LTC setting. This is foundational for future research because of its impact on health outcomes for CNAs.

The purpose of this study was to explore the experience of CNAs who have faced a traumatic event while working in the rural LTC setting utilizing an interpretive phenomenological approach. We defined rural using the Health Resources and Services Administration (HRSA) definition, which includes non-metro counties and metro areas of at least 400 square miles where population

density is 35 or less (HRSA, n.d.). The research question for this study was “What is the experience of rural LTC CNAs who have encountered a traumatic event within the workplace?”

## **Research Design and Methods**

### **Study Design**

To understand CNAs’ experiences with traumatic events in rural LTC, this study utilized an interpretive phenomenological design. Interpretive phenomenology explores the meaning of experiences, providing a discernment of interactions with our world and investigates a phenomenon as it is. Humans understand their world via experiences and interpretations (Dibley et al., 2020). Phenomenology involves the study of experience by the researcher’s immersion into and interpretation of each participant’s description of their experience, illuminating and revealing the phenomenon. By sharing participants’ descriptions of their experiences, truth is uncovered. The researcher knows that the complexity of the world and humans, including the researcher, will limit complete understanding of the particular experience (Benner, 1994). However, through reflection and inclusion of previous understanding, one can understand an experience better than through neglect of previous understanding (Dibley et al., 2020).

Each individual has their unique horizon of understanding, which is enhanced through each experience. This horizon of understanding guides the interpretation of the individual’s experiences. The interpretation is also impacted by the individual’s background and traditions. Both the participant and the researcher have their own horizon of understanding and therefore, a fusion of horizons occurs amongst the participants and the researcher (Dibley et al., 2020).

An interpretive phenomenological design aligned with this study’s purpose to explore the experience of CNAs who have faced a traumatic event. Very little is known about their experiences, yet they are a vital part of LTC. Through the principal investigator’s (PI)

conversations with the CNAs, the PI listened to their personal stories of trauma in the workplace, expressed through their individual contexts. The PI heard what they felt, what it meant, and what emotions were elicited. These conversations broadened the PI's own personal horizon of understanding. This enhanced understanding assisted the PI in revealing the phenomenon from their perspectives.

### **Sample and Recruitment**

When determining sample size for hermeneutic phenomenology, it is important to note that small sample sizes that provide data with more impact are suitable (Dibley et al., 2020). Homogenous samples were found to reach saturation at low numbers (9-17) in interviews and (4-8) in focus groups in a systematic review across four data bases (Hennink & Kaiser, 2022). The PI's goal was to collect data until common themes or patterns emerged. Purposive sampling was utilized.

After obtaining Institutional Review Board approval, the PI reached out to the Directors of Nursing at two rural LTC facilities in South Dakota to explain the study and ask permission to recruit CNAs from their facilities. The PI hung fliers in each facility and went to both facilities at various shift change times to meet with CNAs between June through September 2023. There, the PI explained the study and passed around sheets on which CNAs who wished to be contacted wrote their names and phone numbers.

Only one CNA from one facility responded to contact and was interviewed via Zoom in September. Thus, after receiving IRB approval, the PI reached out to Directors of Nursing from four additional rural nursing homes in South Dakota and Iowa and increased the incentive amount for participation from a \$25 Amazon gift card to \$75 in cash. Only one Director of Nursing responded from one of the South Dakota facilities and the Director of Nursing recruited eight

CNAs from their facility. With permission from the CNAs, the Director of Nursing provided the PI with the CNA names and phone numbers. The PI reached out to the CNAs and interviewed all eight in October 2023 via Zoom.

Inclusion criteria included being a CNA, having experienced a traumatic event in a LTC workplace setting, speaking English, being at least 18 years old, and working in a rural area as defined above by HRSA. The inclusion criteria were chosen because the research question directly relates to the CNA population and the phenomenon of experiencing a traumatic event.

The age criterion was present to ensure that the CNAs could consent for their participation in the study. There is conflicting data as to whether recall of traumatic events is accurate. Furthermore, recall and memory of trauma details may vary depending on whether an individual has post-traumatic stress disorder and whether the individual experienced a single trauma or multiple traumas (Mattsson et al., 2021). Since there is no proven time frame of accurate recall versus inaccurate recall, no time limit was used in this study regarding the date of the traumatic event. Furthermore, to ensure more complete data collection, the PI included a question prompt in the interview guide that asked when the traumatic event occurred.

### **Data Collection**

Semi-structured interviews were conducted that lasted between 18-55 minutes on Zoom. Prior to the interview, the PI sent each participant an electronic copy of the consent form, which included the study information. Participants provided verbal consent at the start of the interview. The participants verbally answered demographic questions (see Table 1). Pseudonyms were used to protect confidentiality.

**Table 1***Demographics*

<b>CNA</b>	<b>Age (years)</b>	<b>Length of Time worked as CNA</b>	<b>Length of Time as CNA at Current Facility</b>	<b>Highest Education</b>	<b>Gender</b>	<b>Ethnicity</b>	<b>Marital Status</b>	<b>Religion</b>
1	25	7 years	2 years	High school diploma; Currently in college	Female	White	Married	None
2	25	5 years	4.5 years	High school diploma	Female	White	Single	Christian
3	19	6 months	6 months	High school diploma; Currently in college	Female	White	Single	None
4	21	5 months	5 months	High school diploma; Currently in college	Female	White	Single	Christian
5	18	4 months	4 months	High school diploma	Female	White	Single	Christian
6	46	30 years	19 years	High school diploma	Female	White	Married	Christian, Earth, Wiccan
7	39	10 years	10 years	Technical college diploma	Female	White	Single	Christian
8	41	22 years	12 years	High school diploma	Female	White	Single	Christian
9	42	18 years	3.5 years	Associates degree	Female	White	In a relationship	Christian

The PI read the CDC (20023) definition of a traumatic event, followed by the lead-in question (see Table 2). The interview guide included open-ended questions to help facilitate discussion. The interviews were recorded using Zoom and SoniClear. The PI took field notes throughout each



interview as necessary. The first participant was provided a \$25 Amazon gift card at the completion of the interview, and then \$50 in cash once the incentive increase was approved. All other participants received \$75 in cash. The PI transcribed each interview script verbatim, incorporating pseudonyms. To ensure accuracy, the SoniClear recording was used to double check the Zoom transcript.

**Table 2**

*Interview Guide*

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1. Greet participant and thank them for agreeing to meet
  2. Review consent and have participant sign consent
  3. Gather demographic data from Appendix A
  4. Provide definition of traumatic event:

*The focus of this study is to explore certified nursing assistants' experiences with traumatic events at work in a rural long-term care setting. According to the Centers for Disease Control and Prevention (n.d.), "Traumatic events are marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death" (para. 1). It is important to note that classifying an event as traumatic is very specific to the individual. For instance, two people may experience the exact same event, but one may consider it traumatic and the other may not.*

5. Provide opening statement:

*Tell me about a time at work when you experienced a traumatic event.*

6. Probing questions to further explore participants' experiences:

*When did the traumatic event occur?*

*Tell me how that traumatic event made you feel.*

*Tell me about your actions or reactions before, during, and right after the traumatic event*

*Tell me how you coped with the traumatic event in the workplace?*

*Tell me how you coped with the traumatic event outside of the workplace?*

*What would have helped your coping?*

*How has this experience changed you?*

*How has this experience changed your relationship with loved ones? With coworkers? With management?*

*How have you changed to help heal from this experience?*

*How does that event affect you today in your home life?*

*How does that event affect you today in your work life?*

*Are there any triggers that you experience that bring you back to event?*

*What training or education have you had to help you address traumatic events in the workplace?*

*What kind of support or resources do you have at work to help with coping after traumatic events?*

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*What could the facility do to help you heal?*

*What would you tell another CNA who is going through or just gone through a similar situation?*

*What recommendations do you have to help CNAs experiencing traumatic events in the future?*

7. Conclude Interview

*Are there any other traumatic events in the workplace that you have experienced and that you would like to share? (If so, start over with question #1 and include probing questions as needed).*

*Is there anything else that you would like to share?*

8. Close Interview

Thank participant

Give participant incentive for participating

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CDC (2003).

## **Data Analysis**

Data analysis occurred in alignment with interpretive phenomenology with NVivo (Lumivero, 2023) used to help organize the data. An iterative process occurred as each interview transcript was read in its entirety from start to finish. They were then read again while taking notes about anything that stood out. Initial coding occurred as the PI marked a comment or potential code to the side of the text. Early themes or patterns that appeared, as well as direct quotes, were identified. Dwelling with the data occurs by thinking through connections, developing meaning, and ultimately interpreting the data through pondering and wondering (Dibley et al., 2020). The PI dwelled with the data by reading it, making connections while moving within it. The PI was also open to dwelling with the data at other times when directly working on this project. To assist in the analytic process, the PI included a hermeneutic circle.

A hermeneutic circle involves reviewing both parts and whole together, as they inform each other, allowing for a deeper understanding of the lived experience (Dibley et al., 2020). Validation needs to occur through experts in the field, allowing for the identification of missing content (Beck, 2021). The hermeneutic circle included the PI, as well as two other researchers trained in hermeneutic phenomenology. The three researchers each followed the standardized process

described above separately. This process provides for inquiry to arise centered upon themes that continue to present themselves within the data (Benner, 1994). Once all members of the group independently interpreted the interview transcripts, they met via Zoom. Discussions focused on identifying common themes and shared meanings. The fusion of horizons or new understanding occurred as a result of the meeting and dialogue between the researchers (Dibley et al., 2020). The team reached a consensus regarding the results.

### **Rigor**

Rigor was preserved throughout the study as indicated by credibility, confirmability, dependability, and transferability. Credibility occurred through creating a safe environment to allow for rapport and trust to develop between the interviewer and participant. Confirmability was evident through the review and discussion of transcripts by two experts in hermeneutic phenomenology and the PI. Dependability was demonstrated by using direct quotations of the participants and retaining written transcripts and recordings per the consent form. Finally, transferability occurred through the detailed description of methodology, allowing for it to be utilized in other studies (Lincoln & Guba, 1985).

### **Results**

Nine participants were interviewed, and common themes emerged. All participants worked in rural, LTC facilities as CNAs within South Dakota. Eight worked in the same facility, and one worked in a facility in a different town, though had previously worked at the same facility as the other eight. The overall work experience of the CNAs ranged from 4 months to 30 years with a mean of 10.36 years of experience. All participants were white females and their ages ranged from 18 to 46 years with a mean of 30.67 years. Regarding highest education, one participant had an

associate's degree, and one had a technical college diploma. The other seven participants' highest degrees were high school diplomas, though three of those were currently in college (See Table 1).

Each interview began with the same lead-in question (See Table 2). The discussion between each CNA and the PI focused on the traumatic events they wished to share, and how those events impacted them personally and professionally, short term and long term, positively and negatively. While each participant's experience was unique and individualized, common themes and patterns surfaced. The analysis exposed the overarching theme of the raging river with five supporting themes: (a) forward motion, (b) nourisher, (c) drowning, (d) cold resources, and can desperation for a lifeline.

### **The Raging River**

The processing of a traumatic event by CNAs in rural LTC is not static. Rather, the CNAs dynamically unraveled their experience as if navigating a raging river. The CNAs described their personal experiences as a passageway, a trajectory that they were suddenly thrust into alone and cold, and strived to stay afloat. While on this unpredictable river's route, they grasped for help and fought to survive.

Trauma propelled these CNAs in directions beyond their control and the event precipitating the trauma was unique to the individual. These events included: a) expected and unexpected resident deaths, b) the COVID-19 pandemic, c) the overall lack of staffing and not feeling able to perform adequate cares, d) the process of becoming certified as a CNA, e) being reported to the state for neglect, f) being smeared with a resident's bowel movement, g) caring for residents with dementia or hallucinations, h) performing CPR, and i) experiencing verbal abuse, physical violence or the threat of violence from residents. Thus, each CNA's reason for their voyage on the river was different, yet the journey along the river was a shared, common experience. While the

river itself represents the milieu of the journey, the supporting themes expose key elements of the life-changing journey the CNAs found themselves on.

### ***Forward Motion***

The raging river propels everything to move forward no matter the resistance and likewise, the CNAs all shared how after the traumatic event they continued forward, carrying on with their assigned duties. The water swiftly moved them onward through their shift. All the CNAs in this study described how after a traumatic event, they continued caring for all their residents and fulfilling other obligations, rather than taking a necessary break or going home. They shared feeling as if they were unable to stop. Kristen described the forward momentum she felt throughout her shift after a resident slammed her head against the wall:

I remember just going about my shift as normal...they were like, just go step outside for...10, 15 minutes come back, and I think I had, like 2 or 3 hours left on my shift that I had to finish. I went back to work and had ice on my face while trying to help other patients.

The traumatic experiences vary, but the overall response of continuing forward persisted. Nora shared about the forward motion after a resident death:

I obviously had to continue on with all my call lights, so I couldn't just stop for that...I was upset...she was like, one of the first ladies that like, made me feel comfortable working there...So I was upset about it, and I kinda had to just keep going with my job, which felt like my head wasn't even on my body.

In the process of being carried forward in the current, the CNAs in this study often bottled their emotions inside, pushing them down to move on with their duties, while at the same time providing quality care to their residents. Many did not want to demonstrate any emotion related to the incident whilst at work. Kim described this when working with a dying resident's family:

I was...trying to be strong...I don't want the family to see me cry...their emotions are really high because they're losing their parent...you have to be strong and be okay for them to be their support...I bubbled it up and moved on...I just was like I just gotta power through this and do what I gotta do to make sure my other ones are taken care of.

While Kim described her “powering through” immediately after the event, several of the CNAs shared that they would find themselves in a situation that triggered a past event and have to “power through” the experience again. These triggers are similar to the meandering paths a raging river can take as it moves forward. For instance, Anna experienced a traumatic event of unsuccessfully performing CPR on a resident who was on dialysis and who was also a family friend. When she worked with dialysis patients many years later, the traumatic experience comes rushing back, yet she continues forward: “...you just push it in the back of your head and move on...” Kenzie described saving and then periodically digging out obituaries or funeral programs of residents who passed away to reminisce for short time. The memories were important for her, but she recognized that she needed to focus on the forward flow: “Let it out once in a while, but then you just tuck it back in and get going.”

In addition, rivers do not completely freeze and stop their forward motion. Likewise, the CNAs did not freeze or minimize the care they provided to their residents, despite the traumatic event or the later associated triggers and memories. While the raging river appears to only be a source of trauma, the river also can provide nourishment both in and around the river.

### ***Nourisher***

As the river's water provides nourishment for life, both in and around the river, the CNAs metaphorically followed along this path of water and nourished the life of their LTC residents. Even though the CNAs were on the river's path due to a traumatic event, they still focused on their

residents and stressed the importance of providing quality care for residents. Each CNA spoke with great love and compassion about how they cared and advocated for the residents. JoAnn exemplified this by advocating for her residents' safety regarding medication errors and switching med aides often during a shift. She told management: "...when you guys keep switching off and on with the med cart...you're messing around with people's medication...Cause you know, I might have a different system [of passing medications] than the next med aide..." Kristen shared how she limited her personal time with friends and family during the COVID-19 pandemic to prevent transmitting an infection to her residents at work: "And they're like, No, like, I'm going out, and I'm like, Oh, my God, please stop!...Don't come over here. Don't come near me...I got people's grandparents to take care of."

Kenzie demonstrated empathy for her residents during death on the COVID-19 unit, despite it being difficult for her:

... the hardest part is when they pass away. That's the hardest for me...Because I don't think anybody should pass away alone...I think they should always have someone there. So, when I have the opportunity I...I try to spend time...I had my phone and I had Pandora on, and I have a Christian station...And I would take it and I would play Christian music. Because a lot of people, a lot of them ones in the rural area around here...are more Catholic and stuff...I'd hold their hand. Tell them I'm there.

Interestingly, the CNAs in this study consistently prioritized the residents' needs, even in situations when residents were the aggressor in a traumatic event or wouldn't remember the event, and even when the CNA was ostracized for certain actions. Kristen described how a resident held her up against a wall by the neck. She shared how she didn't want to hurt him to protect herself:

He hadn't lost that much muscle, so he had, had me up off my feet with both hands around my neck, and you cannot hit a patient, or give them any bruises of any kind. So, you're kind of left to your own devices and I was like, I'm not in an area that has a camera...it's my story against somebody who doesn't have the ability to protect themselves.

Rachel discussed prioritizing the care of her resident, despite experiencing aggression and the resident likely not remembering:

He would just hit you with the cane or the walker...threatened to kill you and everything and your family...the biggest thing on my mind is making sure he's safe and everything...he doesn't know what's going on, so he doesn't mean anything that he's saying.

The CNAs nourished the residents through their compassionate care, even in trying circumstances. While the CNAs strived to provide nourishment through quality care, they continued their forward movement. However, it was not unusual for them to experience sensations of drowning.

### ***Drowning***

The river, while providing nourishment, can also become turbulent and violent, churning mercilessly, and placing all in its path at risk of drowning. The CNAs also experienced similar sensations of drowning after a traumatic event. They felt intense, overpowering emotions including shock, frustration, stress, devastation, fear, trauma, and terror. Iris described the emotions she experienced when a resident unexpectedly passed away:

I...was in shock...we just had her out to breakfast, and then came in...to get her laid down and changed...when I walked in, 'cause she was facing towards her TV...I could just smell something, and I'm like, Oh, my God! We gotta get her laid down and changed now!...I



looked at her, and I'm like, Oh, my God!...And so I was running down the hallway to tell the nurse, and I was...surprised and shocked...

Kristen demonstrated the overpowering emotions when she described her experience being choked by a resident:

Like what do I do? I'm gonna pass out. He's not gonna know how to stop. Like what if he breaks my neck? I, I was terrified, and I think I had been up there, for I don't know how long. I don't know...long enough to where I felt like I was about to pass out, because I hadn't been able to breathe.

The sensation of drowning, struggling to stay afloat, can occur during, immediately after, or sometimes hours after a traumatic event. Kim shared what it was like going home after a traumatic event: "I...was a wreck. I...was like I wanted to just hide away, you know...it was very hard afterwards."

In general, the environment surrounding a traumatic event contributed to the sense of drowning. Often, lack of staffing or resources coincided with the water churning faster and stronger. Jenna revealed how the staffing circumstances helped foster a feeling of drowning when she was reported for neglect for not taking care of a patient's incontinent bowel movement quickly enough, though she was following policy by waiting for another CNA to help with the mechanical lift:

...it just more frustrated me...I was the only one on that hall with him...The other CNAs weren't coming down, and the nurse was busy. So....it was just stressful, taking care of 12 residents on the one hall by myself, and then having him as a two-assist when there's only me at the time.

Sophia described the environmental stressors that impacted her traumatic event and contributed

to the sense of drowning:

We are just really short staffed right now...I had to go to all four hallways, and I usually only work on my one...I didn't know people. I didn't know their routines...I was already just kind of stressed, and then I had to go into a room on one of my hallways...I didn't know her routine...it was just hard, because she was just yelling at me...And it just kind of heightens my emotions...I was just very stressed.

The sensation of drowning is terrifying and yet, the CNAs continued forward, nourishing their residents. The CNAs sacrificed themselves to ensure the needs of their residents were met. Yet, at what cost? When CNAs needed support themselves, they described facing an icy, cold splash to the face.

### ***Cold Resources***

Snow melts into the river, altering the water temperature to a frigid coldness. After a traumatic event, CNAs often experienced little or no response from management, feeling an icy, cold void. They often felt they were left alone to cope and were unaware of the resources present at their facilities (if any). Some CNAs were provided no resources by their facility after a traumatic event. Many CNAs did not know if their facility had any resources available. Kristen exemplified this void with her experience with resident deaths: "I think the most they do is they do a little, almost like prayer service with the residents...I don't think I've ever had any resources offered to me after a patient died. It just, it's how it goes." After being assaulted by a resident, Kristen was not offered any resources: "They had just been, Oh, well just keep an eye on it, like it's just a black eye. It'll be fine...I wish resources would have been offered."

Nora wasn't sure if she had any support or resources at work to help after a traumatic event: "I would assume so, but they must not advertise it well enough for me to know."

When the CNAs were provided resources from their facility, they were very frosty, impersonal resources. This included being given phone numbers or cards for counseling or helplines. Anna shared about this cold experience with resources: "...they provided a counseling service...number for me so I just called that and spoke about it." Iris revealed: "So they had help lines. I guess you could call...I did a couple counseling sessions." Regarding the pandemic, Kristen shared:

I think maybe at one point, we got a card of somebody, and they were like, you can get three sessions with your insurance, but it's gonna cost 90 bucks a session. And I was like, this is not doing me any good...three sessions in therapy will get me a whole lot of nowhere... Kim stated, "I think it's like a hotline that we can call and have someone to talk to if we need it."

While the resources offered were cold and impersonal and left to the CNA to initiate, the management was also described as being cold and distant, standing to the side while the CNAs were shivering in the cold, icy water. The CNAs yearned for management and administration to be warm and more empathetic to their experiences, and to intermingle more with the CNAs. Jenna explained an impersonal, cool meeting about her traumatic event: "...she kind of explained the situation to me...got my side of the story of like, what all happened and stuff, and she just said that they had to report it to the state cause it was a neglect report." Kristen described this distant coldness regarding administration's role in the COVID-19 pandemic and exemplified how administration was not traveling alongside her in the river, but instead adding to the coldness of the water:

...she was very hands off...I think she worked from home for the entirety of the pandemic...it was very frustrating knowing that the person who was in charge and was telling me I couldn't stay, was not experiencing the same pandemic that I was.

Kim shared about management's secluded role and how she hoped for more warmth from management:

...I'd love to see just like management, maybe help out a little bit more...I get management's got a lot to do in the office...But sometimes I would love to just see them out and about more and maybe like working the floor with us aides, and seeing what's going on fully, like when we're short staffed...sometimes I feel like they're just hidden in their office and in conferences.

In the midst of their hardship, CNAs faced chilly, unemotional responses. They hoped for warmth and cordiality from management to combat the icy cold, drowning river that they were forever moving forward on. The CNAs demonstrated a dire need for a human lifeline.

### ***Desperation for a Lifeline***

As they were processing the traumatic event, drowning and cold, the CNAs within this study grasped for any human connection that could serve as a lifeline. The CNAs talked through their experience with loved ones, coworkers, and even resident families. Talking through the experience helped these CNAs with coping. After Sophia's traumatic event, she described talking with coworkers while experiencing drowning emotions: "I just kind of talked to the nurse for a little bit about it...she just kind of like, checked in on me the rest of the night." Jenna described the benefit of talking with other CNAs: "It's nice to relate to someone who's had like, similar experiences." Rachel also mentions the benefit of talking with CNAs: "...just talking really helps...It's the nurses, CNAs. More probably CNAs cause we're in the same situation." Kenzie demonstrated an enduring lifeline connection with fellow CNAs after a traumatic event: "It's more of a reminiscing about different things that happen, or you have something that happens, that resident pops in your head. You're like, oh, my gosh! Remember when so and so did this?" Some of the CNAs shared

how they were able to talk with their family members. Kim was able to talk with her mother after a traumatic event: “I was able to talk to my mom a little bit because she’s a CNA herself...she’s like, got 13 years of experience...So that helped me a lot after I talked to her.” Jenna, one of the younger CNAs, utilized her parents as a lifeline: “I just talked to my parents about it...my mom talked to one of her friends, who’s a nurse, and she said...this happens more often than you think.”

The CNAs in this study wished that instead of cold clinical resources being given, they would have had a human lifeline through experiences such as debriefing with coworkers or a grief circle. Anna recommended the following:

...there’s a few counseling services, but maybe if they could come in and...brief after a death or something...especially with people...that are close to their residents and stuff...that would be a probably a good idea, especially, especially in small towns...That would be probably a good way to, to help with their staff with the grieving process of, of death.

Nora stated:

Maybe just like a little circle with all of our coworkers, cause...you end up spending more time with your coworkers than your own family...maybe just having a grief circle or something like that. I would say at our meetings, our CNA meetings, we all kind of debrief a little bit. But maybe if they made it a regular thing, that’d be nice.

### **Discussion and Implications**

The intent of this study was to acquire an understanding of CNAs’ experiences with traumatic events in the rural, LTC setting utilizing an interpretive phenomenological approach. The CNAs in this study provided valuable insight into what they experience as they move through and beyond a traumatic event in their workplace. The CNAs’ passion for their job emanated from their interviews, as did the importance, yet complexity, of their traumatic experiences.

The CNAs radiated strength and perseverance throughout their interviews. They faced extremely difficult situations as they were propelled forward by traumatic events yet continued to persevere to ensure that they provided their residents with the best care they could deliver within the circumstances' constraints. Their passion for their job was evident despite harsh emotions such as feeling as though they were drowning, alone and cold. This is something positive to note because it demonstrates that the CNAs are devoted to the people they care for, even with lack of support and recognition. This aligns with previous research, indicating that CNAs want to care for their residents and exemplify strength in their work (Carpenter & Thompson, 2008); However, this study highlights the uniqueness of caring for residents in LTC in rural areas.

Rural nurses are likely knowledgeable about resident backgrounds, which can allow for a better connection between nurses and residents; however, when nurses know a resident personally, role strain and confidentiality issues may arise (McCoy, 2009). This study focused on rural CNAs, rather than nurses, yet identified that there was a sense of community between CNAs and residents and their families. While this is beneficial at forming connections, it also can become challenging when a traumatic event involves family, friends or neighbors.

This study also reiterated that CNAs face stress and burnout in the job. They are often overworked, overwhelmed, do not feel supported by management and are not valued (Travers et al., 2020). Long-term care is a lifeline in the rural setting, allowing residents to remain near loved ones and the rural area they are familiar with. It is imperative that LTC workers are supported in the rural setting to ensure the health of the worker, but also to ensure that residents can remain in facilities close to their home and family.

## **Limitations**

The sample in this study is limited to two LTC facilities in the predominately rural state of South Dakota. The CNAs were all white, females. Thus, there is limited diversity, but the demographics are representative of CNAs in the area.

## **Recommendations**

This study indicated the need for additional research on methods to better support rural LTC CNAs, specifically pertaining to management, staffing, coping resources, and education. It is evident that support from management for CNAs is essential prior to, during, and after CNAs experience traumatic events in the rural setting. While this can be challenging due to lack of personnel and resources, it is necessary to ensure CNAs feel their voices are heard. CNAs who feel empowered are less likely to leave their position (Kennedy et al., 2020). By providing support and CNA empowerment, turnover rates may be reduced.

Furthermore, lack of appropriate staffing was brought up numerous times in interviews as a contributing factor to the traumatic event itself or to the feeling of drowning associated with the traumatic event. It is clear in the literature that staffing issues can be related to high turnover or low retention (Kennedy et al., 2020; Zheng et al., 2022). Further research on staffing for rural, LTC CNAs who experience traumatic events is imperative to ensure CNAs are supported.

The CNAs provided specific recommendations about how to better help CNAs after a traumatic event, including grief circles and debriefing. Further research should focus on identifying specific interventions to help rural LTC CNAs after a traumatic event occurs.

## **Conclusion**

CNAs are essential within the rural, LTC structure due to their direct care and compassion for residents. However, CNAs in this setting are unsupported and undervalued, particularly when traumatic events place them onto a raging river's path. It is imperative that CNAs possess the

ability to obtain the resources and assistance necessary to stay afloat and ultimately, thrive as they navigate after experiencing a traumatic event.

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### **Conflict of Interest**

The authors have no conflicts of interest to declare.

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