Online Journal of Rural Nursing and Health Care, 26 (1)
https://doi.org/10.14574/ojrnhc.v26i1.813

RESEARCH ARTICLE OPEN ACCESS

Exploring the Phenomenon of Hope for Rural Midwest Frontline RNs in Critical Access Hospitals During COVID-19

Stephanie Orth, PhD, RN [1]
Tracy Evanson, Ph.D., R.N., P.H.N.A.-B.C. [2]
Rhoda Owens, Ph.D., R.N. [3]
Shawnda Schroeder, PhD, MA [4]
Darlene Hanson, PhD [5]

[1] Associate Professor, NCLEX Success, Nightingale College, sorth@nightingale.edu
[2] Professor, UND College of Nursing and Professional Disciplines, University of North Dakota, Grand Forks, tracy.evanson@und.edu
[3] Associate Professor; PhD in Nursing Program Director; Nurse Educator Certificate Program Director, University of North Dakota, Grand Forks, rhoda.owens@und.edu
[4] Director of Curriculum and Course Design, Assistant Professor, Indigenous Health, University of North Dakota, Grand Forks, shawnda.schroeder@und.edu
[5] Clinical Professor Emeritus, College of Nursing & Professional Disciplines, University of North Dakota, hanson.darlene@gmail.com

*Correspondence: Stephanie Orth

Received: January 2, 2026, Accepted: April 6, 2026, Published: May 18, 2026

Abstract

Purpose: The purpose of this qualitative research study was to understand the phenomenon of hope among registered nurses (RNs) working at critical access hospitals (CAH) in South Dakota (SD), North Dakota (ND), and Minnesota (MN), and what facilitated hope during the COVID-19 pandemic. Past research has shown that hope can be a valuable mechanism for sustaining psychological well-being, developing personal goals, achieving goals, and promoting coping However, little research has explored what might facilitate hope for RNs during times of healthcare crises.

Sample: Ten participants met the inclusion criteria, which included RN licensure in MN, SD, or ND, English-speaking, 20+ hours per week direct patient care during COVID-19, and ability to use Zoom. It was a homogenous sample of 10 Caucasian, female RNs, between the ages of 22 and

67, whose years of nursing experience ranged from 1 to 47 years. Four participants were from SD, two were from ND, and four were from MN.

Method: The study used an interpretive, hermeneutic phenomenological method. Semi-structured interviews were completed virtually, lasted between 20 and 60 minutes, and were recorded. van Manen's hermeneutic analysis method was used to construct components and themes.

Findings: The phenomenon of hope for these RNs can only be understood within the context of hopelessness, which emerged prominently in the study. An unexpected finding of the study was that some components/themes sparked agency, which helped foster hope, while others stifled agency, contributing to hopelessness.

Conclusions: CAH RNs experienced hopelessness and hope on the frontlines. The role of agency in relation to hope necessitates further inquiry. It is anticipated that the knowledge gained from this study will explain how hope may be fostered (and hopelessness navigated) to support and retain rural frontline nurses in future healthcare crises.

Keywords: hope, rural, nursing, COVID-19, hopelessness

Exploring the Phenomenon of Hope for Rural Midwest Frontline RNs in Critical Access Hospitals During COVID-19

Rural registered nurses (RNs) who worked on the frontlines of COVID-19 in critical access hospitals (CAHs) were instrumental in caring for patients during this life-altering healthcare crisis (Fahs, 2020). The full impact of the COVID-19 pandemic on the nursing profession is still unfolding. At the time of this research study, rural areas of the US continued to experience a maldistribution of healthcare professionals, resulting in severe staffing shortages in these communities (Health Resources and Services Administration [HRSA], 2024). After many nurses chose to leave nursing or expedited their retirement because of the pandemic the post-pandemic workforce, was less experienced (National Council of State Boards of Nursing [NCSBN], 2024), with increased burnout, stress (including post-traumatic stress), emotional exhaustion, and intent to leave (NCSBN, 2024; Smiley et al., 2023; Smiley et al., 2024). The nurse-to-population ratios in rural areas are lower, and an increase in rural nurse vacancies is expected in the next decade, primarily attributed to nurse retirement (MacKay et al., 2021, p. 2; Hendrickx et al., 2022). Given global nursing shortages, it is imperative to understand issues affecting retention and recruitment of nurses in rural areas (MacKay et al., 2021; NCSBN, 2024).

Recognizing the workforce shortage for nursing staff, and RNs specifically, while also understanding the experiences of burnout, stress, and early retirements among RNs in rural areas during the pandemic, this study sought to address a gap in the literature: identifying what led to hopelessness, but more importantly, what role hope can play in sustaining nurses during a

healthcare crisis. The purpose of this qualitative research study was to explore the phenomenon of hope for RNs in SD, ND, and MN during the COVID-19 pandemic.

Background

The nursing workforce shortage continues, in part due to intense mental and emotional strain placed on nurses during and since the COVID-19 pandemic (Dimino et al., 2020; NCSBN, 2022; Wan, 2021). Workforce research conducted by the NCSBN in 2023 revealed 100,000 nurses left the profession during the pandemic due to burnout, stress, and retirement, and others plan to follow suit. According to the NCSBN (2023), "Another 610,388 RNs reported an 'intent to leave' the workforce by 2027 due to stress, burnout, and retirement" (para 4). Research studies focused on rural nursing revealed that they experienced role conflict and emotions such as sadness, anger, overwhelm, hopelessness, emotional exhaustion, and job burden during the pandemic (MacKay et al., 2021; Smiley et al., 2024). However, little is known about what positive emotions and feelings, such as hope, may have impacted their experiences during the pandemic.

According to the NCSBN, workforce demographics underwent a *dramatic shift* since 2020, with many experienced nurses (55 and older) leaving the profession (NCSBN, 2024). Specifically, in 2020, nurses 55 and older comprised 43% of the RN workforce, and 42% of the LPN workforce (NCSBN, 2024, p. S6). In comparison, the 2022 workforce report showed a decrease in this same age group to 31% RNs and 30% LPNs (p. S6). This equated to a loss of 200,000 experienced RNs and 60,000 experienced LPNs/LVNs (NCSBN, 2024, p. S6).

Unremitting nurse hiring and training are time-intensive, costly, and resource-intensive (Keith et al., 2021). Occupational research conducted before the COVID-19 pandemic showed that job stress negatively affects mental health, while personal and job-related resources can positively influence well-being (Reis & Hoppe, 2015). Retention and support of nurses remained critical worldwide as the COVID-19 pandemic continued, with heavier workloads and worsening staffing shortages (Batra et al., 2020; Holmes et al., 2020; Kurtzman et al., 2022; Wood et al., 2021; Smiley et al., 2024). Furthermore, the COVID-19 pandemic highlighted the shortage and maldistribution of nurses in rural areas of the US (Fahs, 2020; Schou, 2021). According to the 2022 National Nursing Workforce Survey (Smiley et al., 2023; Smiley et al., 2024), "With the majority of nurses reporting feeling emotionally drained from work, used up at the end of their workday, and fatigued when they wake up, and with about a quarter of the population contemplating leaving the profession, the impact of the pandemic may still be felt in the future" (Smiley et al., 2023, p. S82).

Historically, pandemics have placed a significant strain on healthcare workforces and resources (Dentinger & Kolwait, 2021). The adverse effects of the COVID-19 pandemic on rural communities, rural fiscal resources, and healthcare workers exacerbated the rural bedside nursing shortage (Murphy, 2021; Schou, 2021). Another confounding issue was that, while virus surges occurred later or in smaller numbers in rural settings than in urban areas, fewer cases were needed to devastate rural healthcare systems (Fahs, 2020). Staffing shortages in rural areas were dependent on local pandemic conditions and were exacerbated by various factors (Rural Health Information Hub, n.d.).

Mental health resources can be scarce (including those for healthcare personnel) and contribute to isolation among rural nurses and community members (Fahs & Rouhana, 2021; MacKay et al., 2021). Further, the stigma attached to seeking care and the lack of anonymity in rural settings are complicating factors to seeking mental health support (Kelly et al., 2022). Nurses faced staffing, retention, and burnout challenges before the COVID-19 pandemic, which negatively impacted their mental health, whereas these issues have deepened in post-pandemic years (Kurtzman et al., 2022; Shaw, 2020). The rural nursing workforce needs support to foster and retain personal resources. Personal resources, including hope, are personal traits generally associated with resilience and involve an individual's self-perceived ability to manage and influence their environment (Hobfoll et al., 2003). Thus, hope, as a personal resource, can positively influence mental well-being, job engagement, and work satisfaction, and can nurture post-traumatic growth (Nouzari et al., 2019; Ozyilmaz, 2020; Reis & Hoppe, 2015). Research has shown that hope can foster coping among nurses and serve as a catalyst for well-being (De Kock et al., 2021). Hope has been shown in the literature to influence: (a) resilience, (b) self-efficacy, (c) affective well-being, (d) and post-traumatic growth (Dimino et al., 2020; Groah & Quinlan, 2021; Nouzari et al., 2019; Ozyilmaz, 2020; Reis & Hoppe, 2015). At the time of this study, there was a notable gap in the literature regarding the impact of hope on rural nursing during the COVID-19 pandemic. A review of the hope literature five and a half years from the onset of the COVID-19 pandemic showed new research on topics such as: (a) impact on nursing educator workforce, (b) nursing student experiences with hope, and (c) resonant leadership and proactive vitality management, whereas trustworthy relationships and fostering an environment of hope are key retention strategies (Awad et al., 2025).

Purpose and Specific Aims

The purpose of this qualitative research study was to understand the phenomenon of hope among registered nurses (RNs) working in critical access hospitals in SD, ND, and MN and to examine what facilitated hope during the COVID-19 pandemic. In this study, the term *nurse* refers to a registered nurse (RN), and rural nurses were defined as those working in Critical Access Hospitals (CAHs). Critical access hospitals are hospitals that improve access to healthcare for their rural communities, are designated by the Centers for Medicare and Medicaid Services, and are eligible if they: (a) have 25 or fewer acute care inpatient beds, (b) are located more than 35 miles from another hospital, (c) maintain a length of stay that averages 96 or fewer hours for acute care patients, and (d) provide 24/7 emergency care services (Rural Health Information Hub, n.d.).

The specific aims of this study, which focused on rural Midwest CAH nurses, were:

1. To describe how nurses defined hope in the context of the COVID-19 pandemic.
2. To identify what gave nurses hope during the COVID-19 pandemic.
3. To explain the role of hope in coping with the demands of frontline work during the COVID-19 pandemic.

4. To understand nurses' experiences of hope in relation to hopelessness during the COVID-19 pandemic.

Method

Design

The study employed interpretive hermeneutic phenomenology, in which human stories can be told holistically and analytically, bringing participants' experiences to life (Green & Thorogood, 2014). Interpretive phenomenology is a design of inquiry derived from philosophy and psychology in which the researcher expresses "the lived experiences about a phenomenon as described by participants" (Creswell, 2014, p. 14). The researcher serves "as instrument" through "Dasein," a German term meaning "being there" or "presence," to give voice to participant experiences (van Manen, 1997, p. 176). Notably, the hermeneutic circle occurs during both data collection and data analysis. Although not all interviews may be concluded, the analysis process begins, is circular, and unfolds as the final interviews are conducted (van Manen, 1997). The subsequent data analysis and completion of the hermeneutic circle took six months.

Sample

Sampling for this study was purposive. Specifically, participants were selected based on their self-reported experiences with the phenomenon, rather than randomly chosen (Green & Thorogood, 2014). After obtaining Institutional Review Board (IRB) approval, over 35 nurse colleagues from three upper Midwest states (ND, MN, SD), who were personal and professional contacts of the PI (first author), were contacted via email to request help recruiting potential participants. Inclusion criteria were as follows: (a) current licensure as a registered nurse in SD, ND, and/or MN, (b) English-speaking, (c) experience with direct patient care in a rural, CAH during the COVID-19 pandemic, (d) access to computer/internet and ability to use Zoom, and (e) working no less than 20 hours per week during the COVID-19 pandemic. The three states were chosen because of their large rural populations, multiple CAHs, and established personal and professional networks. Additionally, these three states had varying rates of COVID-19 cases and varying degrees of governmental regulation in COVID-19 mitigation efforts. Notably, the use of social media was unsuccessful in obtaining a sample of nurses with rich variations in experiences (Polit & Beck, 2017, p. 499). A Facebook post that invited potential participants from SD, ND, and MN resulted in multiple spam and illegitimate inquiries. Nursys (n.d.), a free, national public database of licensed nurses, was thereby used to validate the interested nurse's full name and board of nursing licensure origination.

Interested nurses contacted the PI and were screened via a brief phone call to determine eligibility. For those eligible and still interested, informed consent was obtained from the participants (signed consent was waived by IRB). Sampling continued until saturation was reached, at 10 participants. This was a somewhat homogeneous sample of Caucasian female

nurses, aged 22 to 67, with years of nursing experience ranging from 1 to 47 years. Four nurses were from SD, two from ND, and four from MN.

Human Subjects Protection

This study received expedited approval through the Institutional Review Board (IRB) at the University of North Dakota. Given the remote online setting, permission to waive written consent was requested and granted by the IRB. Anonymity was protected by assigning each participant a unique alphanumeric code. Risks and benefits of participation were discussed as part of the consent process. Potentially sensitive and upsetting conversations were anticipated, so participants were informed that online therapy sites such as talkspace.com and betterhelp.com were available as needed. None reported needing to access these or other therapy services. All audio and video recordings were deleted after the transcripts were verified. All potentially identifying information was removed from transcripts prior to analysis.

Data Collection

Data collection took place over six months in 2023, as this method is an "unfolding" over time form of inquiry. Each participant completed a demographic form, and the PI conducted semi-structured, audio-recorded interviews. The difficulty of digital remote interviews in a rural setting included potential broadband barriers and other isolating factors, which are noted as limitations. Inclusion criteria included the ability to utilize digital means to meet for interviews, such as via Zoom, or, at a minimum, a reliable phone connection. Some limitations of digital and/or phone interviews included potential and actual missed verbal, facial, or body language cues that may have indicated a range of concerns about the study participants. To account for this, the hermeneutic circle was used to review and prepare for the follow-up interview, in part to confirm findings with participants. All but one participant was interviewed twice. The mean total interview time per participant was 65.5 minutes. Interviews were audio- and video-recorded; a backup digital data recorder was used to ensure audio capture. All the nurses had access to broadband internet; on one occasion, technical difficulties prevented a Zoom connection. Due to technical difficulties and participant time limitations for the scheduled interview, Zoom was turned off, and a 20-minute phone interview was conducted. While this interview was shorter than others, it still provided meaningful data.

The initial core questions for the interviews were derived from the study's first three specific aims and are listed in Table 1. As initial interviews proceeded, it became apparent that participants could not discuss the phenomenon of hope without discussing the context of hopelessness in which it occurred. In keeping with the dynamic and responsive nature of interpretive phenomenology, an additional specific aim (#4) related to describing hopelessness was added, along with an additional core question of "Tell me about an experience during the pandemic that made you feel hopeless." Throughout the interviews, additional open-ended questions were included to facilitate an understanding of the RNs' life worlds and experiences within the context of frontline nursing care during the COVID-19 pandemic.

Table 1
Core Interview Questions

Interview Questions
Tell me about an experience at work during COVID-19 where you felt hope?
What was it about that experience that made you feel hope?
Tell me what role hope played in helping you cope with the demands of being a frontline nurse?
Tell me about an experience during the pandemic that made you feel hopeless.
Describe some experiences you recall in your rural hospital that were difficult during the pandemic OR
Describe some difficult experiences that were unique to your unit/workplace during the pandemic.
Share an experience as a nurse when you felt hope prior to the pandemic.

According to van Manen (1997), "As we interview others about their experience of a certain phenomenon, it is imperative to stay close to experience as lived. As we ask what an experience is like, it may be helpful to be very concrete" (p. 67). Thus, the core questions were focused on getting the RNs to describe their actual experiences during the COVID-19 pandemic, rather than their beliefs, opinions, or perceptions. Still in keeping with qualitative interview methods, additional questions were used spontaneously throughout the interviews to probe for further information, as participants responded in their own way, with their unique linguistic narratives (Green & Thorogood, 2014).

Analysis

van Manen's hermeneutic interpretive approach, using the following steps, guided analysis of the transcripts: (a) uncovering thematic aspects, (b) isolating thematic statements, (c) composing linguistic transformations, and (d) gleaning thematic descriptions (van Manen, 1997). Writing is a key part of the method (van Manen, 1997). The use of the hermeneutic circle (think, write, read, think, write, read, listen for meaning, and allow understandings to emerge) and researcher interpretation facilitated the co-creation of meaning regarding the phenomenon of hope, guiding the research process (Smythe et al., 2008). Prior to commencing the study, the PI initiated a reflexive journal, noting her own feelings and experiences with the phenomenon. This reflexive process continued throughout both data collection and analysis, as well as methodological memos.

Fundamental to van Manen's (1997) phenomenological approach is the belief that reflecting on the lived experience cannot occur while the person is still living it; therefore, it is the retrospective reflection of the person who has lived through the experience that needs to be captured by and co-created with the researcher. The qualitative data management system, Dedoose, facilitated the organization and digitization of the coding process. The first author, in collaboration with the second author, categorized patterns in the data and organized the themes systematically to address specific aims. As components of the phenomenon and themes emerged, they were discussed, validated, and elaborated upon during the second interviews. This process was part of the audit trail and contributed to the study's increased rigor.

Findings

Hopelessness

The COVID-19 pandemic descended quickly, requiring nurses to adapt in unprecedented times. Very early in the research study, conversations were heavy and intense. It was clear that participants could not discuss their experiences with hope without also discussing the concept of hopelessness during the pandemic. Hopelessness emerged as a key finding of the participants' experiences on the frontlines of COVID-19. The phenomenon of hopelessness consisted of four components and descriptions: "Uncharted Waters," "Heavy Fog," "Not Enough," and "Sea of Discord." (See Table 2). The RNs described unfamiliar and frightening patient care scenarios, which are described as "Uncharted Waters." The contagion was unknown and not understood, which led to the feeling of nursing in a "Heavy Fog." There were also "Not Enough" supplies, staff, knowledge, beds, and preparedness for what was ahead.

During one interview, the discussion had a wavy cadence, as if we were on a boat navigating a sea of discord. The researcher sketched a pattern of wavy turmoil in efforts to describe the Sea of Discord. She told a story of being unable to transfer a patient to a higher level of care (lack of resources). Still, then in her next breath she said, "There's risks with any profession, and we know the risks, and that's why we went into it was to help our patients so that they could get the best care that they deserve and so that they could see that there maybe is a light at the end of their tunnel."

After repeated viewings of one participant's transcript and video, it became evident how to categorize the experience of daily televised governor updates, she described. The participant stated, "We stopped in our tracks" to watch the updates at their patients' bedsides. It was an eerie feeling, as she described how "everything stopped at noon to get the Governor's update; it kept us in the loop and gave us hope.*"* This emerged as "Things that sparked agency." Participants consistently described hopeful and hopeless scenarios. When they discussed things that gave them agency, such as teamwork, seeing patients recover, or being "kept in the loop." it became strikingly apparent that these things contributed to their hope.

One of the participants tearfully explained a moral dilemma (which came to be understood as part of "Sea of Discord") of having to decide who to give their remaining oxygen tanks to. "There wasn't enough." Her tearful recollection of this ethical dilemma was an intense moment to bear witness to. "Not Enough" was a profound component of the phenomenon of hopelessness and contributed to "Things that stifled agency."

Table 2

Components of Hopelessness

Component	Description	Examples
Uncharted Waters	Unfamiliar experiences or situations, in the context of providing patient care in their CAH setting.	Fear of the virus and unknown contagion, fear from the public, changing PPE policies, patient acuity, inability to transfer to higher care/negotiate for beds, lack of staff/resources.
Heavy Fog	A disconcerting, heavy, haunting feeling that initially went unnamed settled over the conversations when nurses discussed difficult or challenging topics or the work, they were required to do during COVID-19. This heavy fog stifled nurses' agency.	Heavy Fog stifled agency in various ways and involved conflict, moral dilemmas, lack of resources, witnessing death, suffocating feeling of PPE, long hours, fear of virus, and public comments that "Covid isn't real," etc.
Not Enough (Lack of Resources)	Those times when nurses described the pervasive lack of or minimal availability of resources needed to do their work and maintain patient care standards, as well as their own overall health and well-being. There were so many "things" that were absent during the pandemic that were pertinent to providing patient and self-care. The lack of these things also stifled agency.	Lack of resources, supplies, and adequate staffing, Patient beds, Personal Protective Equipment (PPE), oxygen for patients, inability to transfer to a higher level of care, not enough knowledge/understanding of the pandemic, lack of rest/sleep, vacation time to get away and recoup.
Sea of Discord	The abrupt onset of near constant conflict and turmoil, accompanied by ongoing uncertainty. Nurses were working in an environment that felt like a "Sea of Discord."	Nurses vocalized multiple types of conflict (internal and external, moral, relational, communication, and role). The constant push and pull, internally and externally, with difficult situations that stifled their agency and contributed to hopelessness.

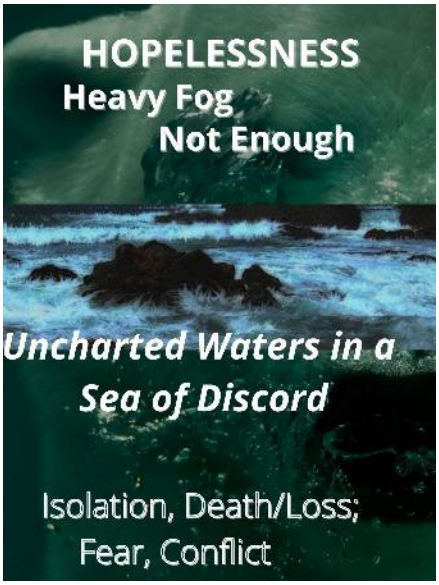
Participant exemplar:

> They're sick, and they're more than likely not going to make it, and they still think they're going to make it. I find that to be the most difficult thing to deal with-that to me is hopeless, because it's not my role- it's conflict. And that is to me one of the hardest things to deal with, where I felt, 'I don't think I can do this anymore.

Participants frequently described their stories within the context of hopelessness. Anchored to hopelessness in a "Sea of Discord" were the themes of "Isolation," "Death/Loss," "Fear," and "Conflict." Figure 1 shows the components and themes of hopelessness.

Figure 1

Hopelessness



Hope

The phenomenon of hope consisted of three components: "Lifting Fog," "Calmer Seas," and "Navigating a New Course" (see Table 3). Finding hope required the nurses to navigate a new course, which could not fully happen until there were "Calmer Seas" and "Lifting Fog." Eventually, they were able to "Navigate a New Course," through the themes of "Teamwork," "Survivability and Recovery," "Creative Resourcefulness," and "Sheltering from the Storm." Hope was cultivated through teamwork during the pandemic. Teamwork, knowing your coworkers, getting help from nurse managers, as well as caring for patients from the community, helped the nurses feel more hopeful and connected, despite the burnout and constant turmoil in the "Sea of Discord." (See Figure 1 above).

The interviews with the nurses led to a new, co-created definition of hope. The initial conceptual definition of hope, derived from Snyder's hope theory, involved an *individual's ability* to cultivate agency or motivation, to meet desired goals through pathways derived from agency (Snyder, 1995). The definition changed from the pre-study conceptual definition to a *collective, team-oriented* definition of hope for these rural nurses working in CAHs. Hope, in this study, meant the ability to gather strength and mobilize resources, come together in a less stressful environment, survive in a new normal, and mutually carry on towards the light at the end of the tunnel.

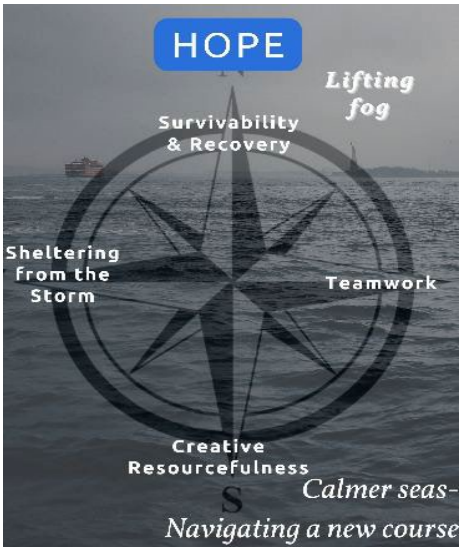
Table 3

Components of Hope

Components	Description	Examples
Lifting Fog	The thoughts and feelings experienced when things started to get better, when patients recovered, when they no longer had to wear PPE so diligently, more adjusted to COVID-19, to be able to see the light at the end of the tunnel. The lifting fog sparked agency among the nurses.	Things that sparked agency included attending virtual self-help groups, vaccine availability/helping with clinics to vaccinate the community and lifting of strict PPE requirements.
Calmer Seas	Essentially, the feeling of less fear and settling into a new normal. After more was known about the virus and the interventions to support and alleviate suffering evolved, there were periods of calm.	Examples included: experiencing less fear and understanding more about the virus; less strict PPE, and knowing what to expect at work from one day to the next.
Navigating a New Course	What occurred when the nurses had to gather as a team to figure out a new way to proceed, whether that was professionally in the patient care realm, or in their personal time away from nursing, with family, friends, and each other.	Things that sparked agency and helped the nurses to navigate a new course included working as a team, supportive management, actions of self-care, learning new skills, and creative resourcefulness- being able to expand their skillset and adapt sparked agency.

Figure 2

Hope



Nurses' experiences of "Creative Resourcefulness, "Sheltering from the Storm," "Survivability and Recovery" and "Teamwork" all helped them in "Navigating a New Course" on "Calmer Seas." When the nurses were able to use "Creative Resourcefulness," which included learning new skills, trying new procedures to accommodate the lack of resources, etc., it added to their hope on the front lines. "Sheltering from the Storm" through self-care activities such as family time, camping near the hospital to remain available, and taking Epsom salt baths to relieve muscle and back aches helped nurses in this study feel agency. "Survivability and Recovery" was an important aspect of hope. As treatments and care protocols became more evidence-based, patients were able to survive in greater numbers, and this helped to renew nurses' sense of hope. The intimate CAH environment allowed the nurses to know and rely on each other at work. During COVID-19, collaboration with nurse managers became a key aspect of "Teamwork." "I mean we just all work together. I mean cause there is only two nurses on per shift, so you must depend on the person you're working with. In general, we were always there for each other." CAH nurse teams can be as small as six nurses on staff for the entire facility. As one participant stated, regarding a coworker exhibiting burnout, "Hey, I see this is your sixth shift in a row; how are you doing? I know you've been doing extra for us; can I do your shift for you? Is there anything we can do to support you?"

The support network extended outside of work as well. Small groups and teams with established familiarity worked well together and allowed for creativity. "I think just working together and bouncing off ideas with each other that kind of gave us the best hope that we could provide for each other, because it was SO tough, I mean, it still is."

The close-knit relationships inherent in living and working in a rural area contributed to teamwork. When asked about an experience that stood out for her (with her coworkers) that gave her hope, one nurse poignantly said:

> I rely heavily on my coworkers, just as they do me. And I think for that exact reason is I know them so well personally because we're all from the same area. We have relatives that are the same, we have friends and family, they're all the same and so we can kind of see in each other- gosh, it looks like you're having a bad day. It looks like you're feeling overwhelmed with your work. Is there something I can help you with? And so, I lean heavily on them, as they do me too. And when we see that, say let me help you.' Without them, I would have been burnt out a long time ago and I still enjoy coming to work and doing what I do every single day because of that. And there's nothing better than that.

Agency

One unanticipated finding was that, during the analysis, some components and themes sparked agency (which, in turn, contributed to hope), while others stifled it (contributing to hopelessness). Agency (motivating goal-directed energy) is a key component of hope, according to Snyder et al. (1991).

Discussion

This work sought to understand frontline rural RNs' experiences of hope within the context of hopelessness during the COVID-19 pandemic. At the time of the study, no studies were found on the topic of hope for rural frontline nurses. The COVID-19 pandemic posed immense challenges for RNs working in rural settings, including experiences that could be described as traumatizing (Cui et al., 2021, p. 130; Holtz et al., 2023, p. 198; Rollins, 2021, para. 9). These challenges included staff and supply shortages, barriers or lack of ability to transfer patients to higher levels of care, burnout and PTSD, insufficient training on policies and COVID-19 protocols, lack of funding, and challenges with access to mental health resources for patients and staff (Dimino et al., 2020). There are opportunities to change nursing practice, research, education, and policy to better support rural nurses. Studies have shown that hope is an intervening factor in well-being and is a component of psychological capital (PsyCap) (Ozyilmaz, 2020; Reis & Hoppe, 2015). Hope can provide "physical, emotional, and psychological resources that motivate employees" (Ozyilmaz, 2020, p. 188). Hope is a component of psychological capital (PsyCap), which includes self-efficacy, optimism, and resilience (Luthans & Youssef-Morgan, 2017). Interventions that foster hope improve the personal resource of hope, promote post-traumatic growth and PsyCap, and could provide nurses with approaches for better psychological support (Dimino et al., 2020).

Efforts to foster both hope and agency in rural staff have been initiated. Dr. T. Love, a chief nursing officer in rural Vermont, implemented gratitude huddles, pay increases, and team-building activities to improve culture and create cohesiveness among staff (Arespacochaga, 2023). A healthcare system in Oregon, Legacy, initiated a new grad coaching/nurse residency program aimed at improving RN wellness, reducing stress, and improving nurse retention since the COVID-19 pandemic (Kelly, 2024). The evolution of communication, access to care and information, and telemedicine has changed rural landscape, but broadband access can still be costly and challenging (Jakobs, 2022). The importance of the healthcare facility in rural culture is described by Winters and Mayer (2002) as follows: "Rural hospitals occupy an important position within the community, serving as the focal point for health care as well as a source of civic pride. Rural hospitals are important because of the jobs they create" (p. 76). This sense of pride was noted by the nurses in this study and enhanced their agency during the pandemic.

It should also be noted that these rural nurses felt great pride when caring for their familiar community neighbors. "By being known and connected within a rural community, rural nurses gain social capital" (Swan & Hobbs, 2022, p. 54). They loved being nurses in a rural area. One nurse stated, *"*I do it because I love the different hats, it's not the same thing every day.*"* The nurses were nonplussed when describing caring for people they knew personally. They exuded pride and confidence (despite their own fears about COVID-19) in their caregiving abilities, and as a result their agency was sparked, which gave them hope. Through caring for their familiar patients during COVID-19, the prior social capital and trust established facilitated social connection during an isolating pandemic situation (Swan & Hobbs, 2022). Nurses noted that caring for people you know personally is a different experience from caring for strangers. Several of the

RN participants noted that patients told them that having a nurse care for them who knew them personally was comforting.

It is imperative that nursing leadership build strong, supportive management and work to support and retain rural nurses before the next pandemic or crisis strikes. The increasing prevalence of telehealth and the creation of team-based interventions could be harnessed to foster hope and spark agency for rural nursing practice. Through cultivating robust management and teamwork, recruitment and retention in CAH facilities could improve, fostering hope.

This study showed that self-care measures were essential for rural nurses to help them "Shelter from the Storm" and find hope during this healthcare crisis. It is crucial that student nurses learn to incorporate healthful self-care strategies from the onset of their education and throughout their nursing journey. Bedside nursing is demanding and intense, on physical, mental, and emotional levels. According to Keith et al. (2021), millennial nurse turnover represents the most crucial factor in dwindling nurse supply. Almost 30% of millennial nurses will leave their positions in the first few years due to dissatisfaction with the profession and "unrealized expectations" (p. 223). Sweeping measures are needed to prepare nursing students to enter and be retained in the rural nursing profession. Access to grant funding, preceptorships, and other meaningful learning opportunities could help encourage novice nursing students to pursue rural careers; such programs may foster hope during the educational journey. Partnerships between urban and rural communities, whereas the bulk of training occurs at a large campus, with rural immersion experiences have been developed (Mayer & Bell, 2022).

Previous research confirms hope can facilitate coping for nurses and can promote mental health (De Kock et al., 2021). In this study, the importance of hope as a personal resource, agency, and PsyCap were discussed. Integrating these elements into nursing curricula as essential to self-care, could support retention of this unique generation of nurses through future healthcare crises. On the research front, studies have concluded that protective factors associated with rural caregiving reduce burnout and increase compassion satisfaction with work (Kelly et al., 2022). For example, research conducted during the pandemic in North Dakota found this to be the case when 771 surveys were collected from CAH staff assessing anxiety, depression, emotional distress, and quality of life around work. Compassion satisfaction was higher among rural workers, whereas burnout was higher among urban workers (Kelly et al., 2022). In addition, data indicated that "rural providers experienced greater protective factors, resulting in lower rates of burnout and higher compassion satisfaction. Rural communities, hospitals, and health systems may have characteristics" (p. 1) that offer added support for their staff's wellbeing (Kelly et al., 2022). For the nurses in the current qualitative study, the aspects of teamwork and supportive management were crucial to their ability to maintain hope and cultivate agency and may help explain the protective factors from the Kelly et al. (2022) study.

While nurse-patient familiarity can be comforting to the patients, prior studies have shown it can heighten the stress felt by rural providers. In a qualitative study published immediately before the onset of the pandemic, it was noted that caring for community members and patients known to rural emergency nurses compounded the stress they experienced (Dekeseredy et al., 2019). "The

consequences of work-related mental health challenges are not isolated to the workplace but also have the potential to disrupt and destroy nurses' careers and family life" (p. 2). The RNs in the current study reported that the lack of anonymity was true during the pandemic, but their familiarity with their patients was a source of comfort for both patients and nurses, and the ability to care for friends and neighbors was a source of pride for the nurses. Still, the one-time familiarity and lack of anonymity seemed challenging when community members became angry with the nurses about COVID-19-related issues, such as visiting hours, masks, and vaccination policies. This finding was consistent with a study of emergency room nurses, in which the moral injury they endured resulted from "the responsibility of refusing patient visitors" and the subsequent anger they were recipients of (Holtz et al., 2023, p. 199).

In the current study, finding hope required teamwork; the nurses found ways to navigate the COVID-19 changes, which could not happen until a "familiarity" with COVID-19 settled in, and they were able to implement creative resourcefulness as part of self-care and nursing care. According to Swan & Hobbs (2017), familiarity is a key aspect of rural nursing that gives rural nurses unique insight into people within the community they care for. More research is needed to understand the pros and cons of rural nurses caring for community members during public health crises.

Limitations

While the study sample demographics were similar to those of nurses in ND, SD, and MN, recruiting participants outside of Caucasian origin was challenging despite multiple recruitment efforts. Despite the lack of gender or ethnic variation, the variation in age and experience of the 10 participants added ample depth to the study. Thus, the transferability of the findings may be limited to other rural nurses outside the three Midwestern states, which are largely agricultural (for example, nurses in rural mining or migrant farmworker communities). However, "the highest COVID-19 case rates were found in farming-dependent and manufacturing dependent counties" (Economic Research Service, n.d., para 5). Residents of rural communities are older, have more health problems, and live in areas with scarcer healthcare resources (Winters, 2022, p. xviii), and thus may have experienced more comorbidities than those in non-rural communities. The study is also not likely to be transferable to non-rural nurses. (i.e., the findings are likely dependent on context). Since no similar studies with rural nurses had been conducted at the time of the study, it was difficult to compare the findings with other studies and draw strong conclusions. More research overall about the rural nursing workforce, their roles, and the issues they face is needed.

There were unforeseen limitations to the use of the interview method. Hermeneutic interpretive phenomenology asks that the researcher pay particular attention to their own emotions and bodies and those of their participants and reflect on these details in the journal (Frechette et al., 2020). This was difficult to accomplish, depending on the internet connection, echoing in the participant's room, and background noise. The two youngest nurses preferred not to have a video on during the interview, and the reasons are unknown. As noted, due to technology issues, one interview was conducted via phone. The difficulty of holding remote interviews without visual

cues was challenging, and it is possible that the phenomenon was not explored as fully as it might have been with in-person interviews.

Conclusion

There is a crisis in nursing turnover and an unprecedented nursing shortage in rural healthcare today. The COVID-19 pandemic emphasized gaps such as lack of access to mental health resources for frontline providers (Dimino et al., 2020). It is pertinent to urge policymakers, educators, administrators, nursing leaders, and researchers to prepare the nursing profession for the next healthcare disaster. Although staff shortages and retention in rural areas are not new concerns, the COVID-19 pandemic exacerbated both issues (Manemann et al., 2021; Topchik et al., 2021). Studies show the importance of retaining rural nurses in rural settings for better patient outcomes (Sellers, et al., 2019), but more research is needed.

This study intended to explore the meaning of the phenomenon of hope, however through the interview process, hopelessness emerged as a central experience for the participants; an exploration of hope *in the context of hopelessness* consequently occurred. Thus, the purpose of the research became to understand the meaning of the phenomena of hope *and* hopelessness for rural frontline CAH nurses during the pandemic. Additionally, the data analysis revealed that some components and themes sparked agency, while others stifled agency. This is remarkable, as the personal motivating factors that enable humans to cultivate agency (motivation) and create pathways to achieve goals could serve as an intervening factor in future healthcare crises.

Ultimately, hope was cultivated through teamwork, nurse managers' engagement, knowing your coworkers, seeking help from nurse managers, and caring for patients from the community they were familiar with. These factors helped the nurses feel more hopeful and connected, despite the burnout and constant turmoil of the pandemic. In this study, hope enabled the cultivation of strength and the mobilization of resources, the coming together through teamwork, the survival in a new normal, and the mutual perseverance towards the light at the end of the tunnel.

It is hoped that this knowledge will explain how hope and agency may be fostered (and hopelessness navigated) to support and retain rural frontline nurses through future healthcare crises. “We are not just the hospital taking care of the patients. We are a community taking care of each other, and there is nothing better.” (Study participant).

Conflict of Interest

The authors declared no conflict of interest, financial or otherwise.

Acknowledgements

None declared.

Funding

No funding declared.

References

Arespacochaga, E. (Host). (2023). *Retaining a rural nursing workforce: It takes a village.* [Audio podcast]. American Hospital Association. https://www.aha.org/advancing-health-podcast/2023-05-05-retaining-rural-nursing-workforce-it-takes-village

Awad, N.H., Elbassal, N., & Ashour, H. (2025). Resonant leadership and proactive vitality management in nurses: The mediating role of post–COVID-19 organizational compassion. *Journal of Nursing Research 33*(5), p e409, https://doi.org/10.1097/jnr.0000000000000695

Batra, K., Singh, T. P., Sharma, M., Batra, R., & Schvaneveldt, N. (2020). Investigating the psychological impact of COVID-19 among healthcare workers: A meta-analysis. *International Journal of Environmental Research and Public Health*, *17*(23) Article 9096. https://doi.org/10.3390/ijerph17239096

Creswell, J. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches.* Thousand Oaks, CA: Sage Publications, Inc.

Cui, P. P., Wang, P. P., Wang, K., Ping, Z., Wang, P., & Chen, C. (2021). Post-traumatic growth and influencing factors among frontline nurses fighting against COVID-19. *Occupational Environmental Medicine*, *78*(2), 129–135. https://doi.org/10.1136/oemed-2020-106540

Dekeseredy, P., Kurtz Landy, C., & Sedney, C. L. (2019). An exploration of work related stressors experienced by rural emergency nurses. *Online Journal of Rural Nursing and Health Care* 19(2), 2–24. https://doi.org/10.14574/ojrnhc.v19i2.550

De Kock, J. H., Latham, H. A., Leslie, S. J., Grindle, M., Munoz, S-A., Ellis, L., Polson, R., & O'Malley, C. M. (2021). A rapid review of the impact of COVID-19 on the mental health of healthcare workers: Implications for supporting psychological well-being. *BMC Public Health*, *21*(1), Article 104. https://doi.org/10.1186/s12889-020-10070-3

Dentinger, C.M. & Kolwaite, A.R. (2021). Infectious disease in a highly connected world: Nurses' role to prevent, protect, and respond. In D. J. Mason, Dickson, E., McLemore, M. R., & Perez, G. A. (Eds.). *Policy & Politics in Nursing and Health Care* (8th ed., pp. 625-634). Elsevier Health Sciences.

Dimino, K., Horan, K. M., & Stephenson, C. (2020). Leading our frontline HEROES through times of crisis with a sense of hope, efficacy, resilience, and optimism. *Nurse Leader*, *18*(6), 592–596. https://doi.org/10.1016/j.mnl.2020.05.011

Economic Research Service, U.S. Department of Agriculture. (n.d.). The COVID-19 pandemic and rural America. Retrieved 2021. https://www.ers.usda.gov/covid-19/rural-america/

Fahs, P. (2020). COVID-19 and rural health care [Editorial]. *Online Journal of Rural Nursing and Health Care, 20*(1), 1-5. https://doi.org/10.14574/ojrnhc.v20i1.626

Fahs, P.S. & Rouhana, N. (2021). Rural health care: Workforce challenges and opportunities. In D. J. Mason, Dickson, E., McLemore, M. R., & Perez, G. A. (Eds.), *Policy & Politics in Nursing and Health Care* (8th ed., pp. 437-446). Elsevier.

Frechette, J., Bitzas, V., Aubry, M., Kilpatrick, K., & Lavoie-Tremblay, M. (2020). Capturing lived experience: Methodological considerations for interpretive phenomenological

inquiry. *International Journal of Qualitative Methods*, *19*, Article 160940692090725. https://doi.org/10.1177/1609406920907254

Green, J. & Thorogood, N. (2014). *Qualitative methods for health research*. Sage Publications, Inc.

Groah L. & Quinlan, P. (2021). *A nursing state of mind: Hope is an action word* [Audio podcast]. American Association of Perioperative Registered Nurses (AORN). https://www.buzzsprout.com/235688/episode_players/6540049-a-nursing-state-of-mind-hope-is-an-action-word?t=0

Health Resources and Services Administration. (2024, November). *National center for health workforce analysis. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-health-workforce-report-2024.pdf*

Hendrickx, L., Mennenga, H.A., Johansen, L., & Gibson, N. (2022). Clinical placements in rural hospitals: Expanding nursing students' knowledge, skills, and attitudes toward rural healthcare. In C.A. Winters (Ed.), *Rural nursing: Concepts, theory, and practice* (6th ed., pp. 259-268). Springer Publishing Company LLC.

Hobfoll, S. E., Johnson, R. J., Ennis, N., & Jackson, A. P. (2003). Resource loss, resource gain, and emotional outcomes among inner city women. *Journal of Personality and Social Psychology, 84*(3), 632–643. https://doi.org/10.1037/0022-3514.84.3.632

Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Cohen Silver, R., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., … Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. *The Lancet Psychiatry*, *7*(6), 547–560. https://doi.org/10.1016/S2215-0366(20)30168-1

Holtz, H. K., Weissinger, G. M., Swavely, D., Lynn, L., Yoder, A., Cotton, B., Adil, T., Alderfer, M., Romig, B., Neils, K., & Rushton, C. H. (2023). The long tail of COVID-19: Implications for the future of emergency nursing. *Journal of Emergency Nursing*, *49*(2), 198–209. https://doi.org/10.1016/j.jen.2022.10.006

Jakobs, L. (2022). Emergency medical services on the frontier. In C. A. Winters (Ed.), *Rural nursing: Concepts, theory, and practice* (6th ed., pp. 183-196). Springer Publishing Company.

Keith, A.C., Warshawsky, N., & Talbert, S. (2021). Factors that influence millennial generation nurses' intention to stay: An integrated literature review. *The Journal of Nursing Administration 51*(4) 220-226, https://doi.org/10.1097/nna.0000000000001001

Kelly, K. M. (2024). Taking new approaches to coaching and care can lift nursing numbers. *Frontiers of Health Services Management 40*(3), 10-16. https://doi.org/10.1097/hap.0000000000000188

Kelly, D., Schroeder, S., & Leighton, K. (2022). Anxiety, depression, stress, burnout, and professional quality of life among the hospital workforce during a global health pandemic. *The Journal of Rural Health*, Article 12659, 795-804. https://doi.org/10.1111/jrh.12659

Kurtzman, E. T., Ghazal, L. V., Girouard, S., Ma, C., Martin, B., McGee, B. T., Pogue, C. A., Riman, K. A., Root, M. C., Schlak, A. E., Smith, J. M., Stolldorf, D. P., Nikpour Townley, J. N., Turi, E., & Germack, H-L. (2022). Nursing workforce challenges in the postpandemic world. *Journal of Nursing Regulation*, *13*(2), 49–60. https://doi.org/10.1016/S2155-8256(22)00061-8

Luthans, R., & Youssef-Morgan, C. M. (2017). Psychological capital: An evidence-based approach. *Annual Review Organizational Psychology and Organizational Behavior, 4. 330-336. https://doi.org/10.1146/annurev-orgpsych-032516-113324*

MacKay, S. C., Smith, A., Kyle, R. G., & Beattie, M. (2021). What influences nurses' decisions to work in rural and remote settings? A systematic review and meta-synthesis of qualitative research. *Rural and Remote Health*, *21*(1), Article 6335. https://doi.org/10.22605/RRH6335

Manemann, S. M., St. Sauver, J., Henning-Smith, C., Finney Rutten, L. J., Chamberlain, A. M., Fabbri, M., Weston, S. A., Jiang, R., & Roger, V. L. (2021). Rurality, death, and healthcare utilization in heart failure in the community. *Journal of the American Heart Association*, *10*(4), Article e018026. https://doi.org/10.1161/JAHA.120.018026

Mayer, D.M. & Bell, D. (2022). Where you live matters: Bringing interprofessional education to the rural healthcare workforce. In C. A. Winters (Ed.), *Rural nursing: Concepts, theory, and practice* (6th ed., pp. 269-284). Springer Publishing Company.

Murphy, R. (2021, March 12). *Why rural hospitals should consider international nurses*. National Rural Health Association (NRHA). https://www.ruralhealthweb.org/blogs/rural healthvoices/march-2021/why-rural-hospitals-should-consider-international

Nursys. (n.d.) https://www.nursys.com

National Council of State Board of Nursing. (2022). The NCSBN 2022 environmental scan: Resiliency, achievement, and public protection. *Journal of Nursing Regulation, 12(4), S1–S56.* https://doi.org/10.1016/S2155-8256(22)00015-1

National Council of State Boards of Nursing (2023, April 13). *NCSBN research projects significant nursing workforce shortages and crisis* [News Release]. https://www.ncsbn.org/news/ncsbn-research-projects-significant-nursing-workforce-shortages-and-crisis

National Council of State Boards of Nursing (2024). The NCSBN 2024 environmental scan: Every moment matters; realizing lasting impact. *Journal of Nursing Regulation, 14*(*Supplement)*, s2-s48. https://www.journalofnursingregulation.com/action/showPdf?pii=S2155-8256%2823%2900127-8

Nouzari, R., Najafi, S. S, & Momennasab, M. (2019). Post-traumatic growth among family caregivers of cancer patients and its association with social support and hope. *International Journal of Community Based Nursing & Midwifery*, *7*(4), 319-328. https://pmc.ncbi.nlm.nih.gov/articles/PMC6779924/pdf/IJCBNM-7-319.pdf

Ozyilmaz, A. (2020). Hope and human capital enhance job engagement to improve workplace outcomes. *Journal of Occupational and Organizational Psychology*, *93*(1), 187–214. https://doi.org/10.1111/joop.12289

Polit, D. & Beck, C. (2017). *Nursing research: Generating and assessing evidence for nursing practice. (10th edition)*. J. B. Lippincott.

Reis, D., & Hoppe, A. (2015). Change in affective well-being on change in perceived job characteristics: The mediating role of hope. *Journal of Occupational and Organizational Psychology*, *88*(1), 19–40. https://doi.org/10.1111/joop.12076

Rollins, J. (2021, October 9). *Frontline fatigue: ICU nurses taking brutal blows to their mental health.* Deseret News. https://www.deseret.com/utah/2021/10/9/22698779/front-line-fatigue-icu-nurses-taking-brutal-blows-to-their-mental-health

Rural Health Information Hub (n.d.). *Critical access hospitals*. Retrieved from https://www.ruralhealthinfo.org/topics/critical-access-hospitals .

Schou, P. M. (2021). Critical access hospital leaders beat challenges to support their communities and staffs. *Frontiers of Health Services Management.* 38(1), 27–31. https://doi.org/10.1097/HAP.0000000000000119

Sellers, K., Riley, M., Denny, D., Rogers, D., Havener, J., Rathbone, T. & Gomez-Di Cesare, C. (2019). Retention of nurses in a rural environment: The impact of job satisfaction, resilience, grit, engagement, and rural fit. *Online Journal of Rural Nursing and Health Care*, *19*(1), 4–42. https://doi.org/10.14574/ojrnhc.v19i1.547

Shaw, S. C. K. (2020). Hopelessness, helplessness and resilience: The importance of safeguarding our trainees' mental wellbeing during the COVID-19 pandemic. *Nurse Education in Practice*, *44*, Article 102780. https://doi.org/10.1016/j.nepr.2020.102780

Smiley, R. A., Allgeyer, R. L., Shobo, Y., Lyons, K. C., Letourneau, R., Zhong, E., Kaminski Ozturk, N., & Alexander, M. (2023). The 2022 National Nursing Workforce Survey. *Journal of Nursing Regulation*, 14(1, Supplement 2), S1–S90. https://doi.org/10.1016/S2155-8256(23)00047-9

Smiley, R., Reid, M., & Martin, B. (2024). The registered nurse workforce: Examining nurses' practice patterns, workloads, and burnout by race and ethnicity. *Journal of Nursing Regulation, 15*(1), 65–79 https://doi.org/10.1016/S2155-8256(24)00030-9

Smythe, E. A., Ironside, P.M., Sims, S.L., Swenson, M.M., & Spence, D.G. (2008). Doing Heideggerian hermeneutic research: A discussion paper. *International Journal of Nursing Studies, 45*, 1389-1397. https://doi.org/10.1016/j.ijnurstu.2007.09.005

Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. *Journal of Counseling and Development, 73*(3), 355-360, https://doi.org/10.1002/j.1556-6676.1995.tb01764.x

Snyder, C. R., Irving, L. M., & Anderson, J. R. (1991). Hope and health. In C. R. Snyder (Ed.), *Handbook of social and clinical psychology* (pp. 295–305). Oxford University Press.

Swan, M.A., & Hobbs, B.B. (2017). Concept analysis: Lack of anonymity. *Journal of Advanced Nursing*, *73*(5), 1075–1084. https://doi.org/10.1111/jan.13236

Swan, M.A. & Hobbs, B.B. (2022). Lack of anonymity: Changes for the 21st century. In C. A. Winters (Ed.), *Rural nursing: Concepts, theory, and practice* (6th ed. pp. 53-64). Springer Publishing Company.

Topchik, M., Brown, T., Pinette, M., Balfour, B., & DeLuca, L. (2021, November). *The COVID-19 pandemic's impact on rural hospital staffing: Vaccine hesitancy and nurse staffing shortages jeopardize access to care.* The Chartis Group. https://www.chartis.com/sites/chartis/files/documents/The-Pandemics-Impact-on-Rural-Hospital-Staffing.pdf

van Manen, M. (1997). *Researching lived experience: Human sciences for an action sensitive pedagogy* (2nd ed). Taylor and Francis. Kindle Edition.

Wan, W. (2021, April 22). *Burned out by the pandemic, 3 in 10 health-care workers consider leaving the profession.* The Washington Post. https://www.washingtonpost.com/health/2021/04/22/health-workers-covid-quit/

Winters, C.A. & Mayer, D.M. (2002). Special feature: An approach to cardiac care in rural setting. *Critical Care Nursing Quarterly, 24*(4), 75–88. https://doi.org/10.1097/00002727-200202000-00009

Winters, C.A. (Ed.). (2022). *Rural nursing: Concepts, theory, and practice* (6th ed.). Springer Publishing Company.

Wood, E., King, R., Senek, M., Robertson, S., Taylor, B., Tod, A., & Ryan, A. (2021). UK advanced practice nurses' experiences of the COVID-19 pandemic: A mixed-methods cross-sectional study. *BMJ Open*, *11*(3), Article e044139. https://doi.org/10.1136/bmjopen-2020-044139