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Burned Out and Unappreciated: Exploring Emotional Support for Certified Nursing Assistants in Skilled Nursing Facilities

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Burned Out and Unappreciated: Exploring Emotional Support for Certified Nursing Assistants in Skilled Nursing Facilities

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Thesis Approval Form

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The signatories of the committee members below indicate that they have read and approved the thesis of Andrea Hannah Miller in partial fulfillment of the requirements for the degree of Master of Social Work.

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Accepted and approved on behalf of the Graduate Faculty

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Date

Dedication

This study is for all the CNAs who give their blood, sweat, and tears every day. You are not nearly appreciated or supported enough despite *everything* you do daily. I will never stop fighting for you all. Thank you from the bottom of my heart.

Acknowledgments

To my committee, thank you so much for believing in me and my project. The support you have given me has been immense, and for that, I am greatly appreciative.

Thank you to the professors in the social work department who encouraged me to write this thesis.

To my parents, who have *always* believed in me, no matter what crazy thing I do to push and challenge myself-like voluntarily doing a thesis or traveling to Hong Kong to present a research poster as an undergrad-. The love and support you have always provided have made me the person I am today. Thank you times a million.

Thank you to my friends, classmates, and boyfriend who sit and listen to me babble about older adults and how to support them and the people taking care of them better. Thank you for always cheering me on and not saying that I am crazy for voluntarily doing a thesis even if you were thinking it. Thank you for reading over my writing, giving me validation, and telling me no when I say that I am quitting.

To Koko, who was willing to take on a sophomore in college that knew *nothing* about research as a research assistant. Although I did the work, you helped me find my passion for research. Never in a thousand years did I think responding to your email would bring me to where I am now, but I am *so* happy that it did.

To all the older adults whom I cared for, thank you. Without all of you, I would not be the person I am personally and professionally.

Abstract

This qualitative exploratory study involved individual interviews with three certified nursing assistants (CNAs) working for skilled nursing facilities within the West Michigan area. Using semi-structured questions, the researcher asked the CNAs about the different critical incidents (CIs) and job demands they experience. CNAs were also asked about the support resources they currently have through their SNF employer, if those resources are meeting their needs, and if CISM could be a beneficial resource option. Thematic analysis was used to code and interpret the data from the interview to find four main themes: *Burnout, Communication, Inconsistency, and Teamwork.* Participants identified physical and emotional burnout, lack of communication on available support resources, not being able to confide in management, inconsistencies in resident care and the treatment of staff, and a work environment where teamwork is limited and CNAs are underappreciated, as their main stressors and CIs. This study's findings emphasize that although increasing wages for these workers is necessary, interventions, resources, and an empowering environment is just as essential to retain and recruit CNAs.

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Chapter 1 Introduction

Introduction

When certified nursing assistants (CNAs) working at skilled nursing facilities (SNFs) feel supported, their work improves, they enjoy their job more, and they are less likely to resign. (Travers et al., 2020). Therefore, CNA employers such as SNFs (skilled nursing facilities) must work to create an environment that provides necessary resources that helps CNAs feel empowered and supported (Travers et al. 2020). Retention of CNAs is critical, as maintaining sufficient staffing and high-quality nursing home care is currently a significant issue (Plaku-Alakbarova, 2018).

Zhang et al. (2014) suggests that many CNAs currently lack the necessary supportive work conditions, which makes them more vulnerable to on-the-job stressors. According to Marney et al. (2007), specific occupational stressors and events can become traumatic and potentially affect those involved tremendously. These experiences are referred to as critical incidents (CIs). The state of cognitive, physical, emotional, and behavioral arousal resulting from CIs is known as critical incident stress (CIS). In order to assist professionals with the CIS and CIs, they experience, JT Mitchell provided a formal framework known as critical incident stress management (CISM) (Marney et al., 2007). CNAs experience CIs and CIS often. However, Mayer (2018) found that they do not have a resource such as CISM to cope. In Mayer's (2018) study, nurses attended formal CISM debriefings following a CI and reported hearing comments that made them feel validated, supported, and not alone. Although not a CISM session, when provided CNAs with a regular support group, participants appreciated the opportunity to hear their coworkers' opinions (Burack and Chichin 2001). This research study aimed to explore whether CISM is a job resource that CNAs could benefit from to feel better supported.

Schaufeli (2017) mentions how examining psychosocial factors at work and improving employee well-being is essential. They explain that poor working conditions and burned-out workers lead to increased sick days, occupational injuries, poor job performance, and reduced productivity. As a result, psychosocial elements and employee well-being eventually transfer into financial company results. (Schaufeli, 2017). The Job Demands Resources (JD-R) model can be applied to increase job engagement and limit burnout as a conceptual framework for workplace evaluation. Due to its comprehensive, broad, flexible, and communicative nature, this research study will be utilizing the JD-R model as its conceptual framework (Schaufeli, 2017). The JD-R model has been successfully used within nursing research (McVicar 2016; Keyko et al., 2016; Broetje et al., 2020). According to Schaufeli (2017), within the JDR-model, resources are aspects of a job that help achieve work goals, reduce job demands and any physical and mental costs, or assist workers' growth and development. Examples of job resources include the support from others, which CISM provides to professionals. As a result, the researcher believes that the JD-R model can be used while discussing CNA's job demands and resources.

Researcher Bio

The researcher became passionate about exploring the use of CISM with CNAs due to personal experience. They worked at an assisted living facility for three years as a resident aide. During that time, they experienced a lot of physically and mentally draining moments. They were overworked, underpaid, and underappreciated. However, the most significant influence for this project came after witnessing a traumatic incident regarding a resident's death. Despite the incident's emotional toll, management provided no support or resources to cope with what had happened. At that point, the researcher realized there was a major systematic issue: care facilities expect their staff to care for their residents without providing them with any resources to care for

themselves. The researcher searched for resources or support services specific to their situation as a formal caregiver but had little luck. Several years later, amid their MSW program and witnessing the COVID-19 pandemic that has shined a spotlight on the need to support our frontline workers, the researcher learned about CISM and how it has helped so many professionals cope with the incidents' they experience. The researcher started looking into how CISM might help CNAs, which led to the development of this project.

It is important to note that personal experience and knowledge of the researcher can influence observations and conclusions. Because the researcher has experience working in an assisted living center as a resident aide, there is the chance that personal biases will have impacted the research study. However, the researcher feels that their personal experience was also an advantage during this study, as they were able to relate and connect with the CNA participants on a level that someone who hasn't worked in direct care might not have been able to.

Definitions

- **Certified Nursing Assistant: "**Certified nursing assistant (CNAs) work under the supervision of a nurse and assist patients with daily living tasks" (Stefanacci and Cusack, 2016, para.15).
- **Skilled Nursing Facilities:** "Nursing homes provide skilled nursing care and related services for residents who require medical or nursing care and rehabilitation services for people with injuries, disabilities, and illnesses. The term "nursing homes" includes facilities certified to participate under the Medicare and Medicaid programs, specifically skilled nursing facilities (SNF) that participate in Medicare and nursing facilities (NF) that participate in Medicaid only, but not assisted living facilities" (MITRE, 2020, p.6)

Purpose

The purpose of this qualitative study was to explore whether CISM would be a beneficial emotional support resource for CNAs within the West Michigan area. In the research study, CISM was defined as a "system of education, prevention, and mitigation of the effects from exposure to highly stressful critical incidents" (Occupational Safety and Health Administration, 2021). Emotional support will be defined as the "verbal and nonverbal processes by which one communicates care and concern for another, offering reassurance, empathy, comfort, and acceptance" (American Psychological Association, 2020).

Scope

The researcher conducted three interviews with current CNAs over the age of 18, within the west Michigan area. Participants were asked about the different CIs and job demands they experience. Using open-ended questions, CNAs were also asked about the support resources they currently have through their SNF employer, if those resources are meeting their needs, and if CISM could be a beneficial resource option. Participants were educated on what CIs and CISM were.

Research Questions

This research study sought to explore the following questions: 1. From the perspective of CNAs, what are the different CIs and job demands they experience? 2. What emotional support resources do they currently have through their SNF employer and are they meeting their needs? And 3. Could CISM be a beneficial emotional support resource for these workers?

Significance

Mayer (2018) states that although there is research on health care professionals (HCP) and CISM, most of it focuses on prehospital HCPs or nurses working in emergency settings and

ICUs. As a result, the personal and professional impacts of CIs on other HCPs, in SNFs are unknown (Mayer, 2018). Furthermore, there are limited studies that discuss CNAs connected to CIs or CISM, which this research study aimed to explore. Dreher et al. (2019) also state that CNAs are an understudied population of direct care workers, which is why the researcher chose them as the target population.

Along with that, due to the expected increase in the older adult population, evidence-based retention interventions for CNAs are more essential today than ever before (Dreher et al., 2019). There are many aspects of supporting staff to retain them, including supporting them emotionally. However, Freyer et al. (2016) found that CNAs often report their employers having plans to implement debriefing to increase emotional support but failed to follow through. Therefore, the most common support method for participants is informal peer support. Although these informal discussions were valuable, most CNAs favored a more formal debriefing process (Fryer et al., 2016), which CISM would provide.

Chapter 2 Review of Literature

Review of Literature

The Need for CNAs

Older adults living in SNF's rely on CNAs to provide 90% of their direct care needs (Pfefferle & Weinberg, 2008). By 2030, there will be 70 million people aged 66 and over in the United States (Knickman & Snell, 2002). However, the World Health Organization (2014) states that by 2035, there will be a shortage of 12.9 million healthcare workers-this includes CNAs-worldwide. Knickman and Snell (2002) deem this to be the "2030 problem" (p. 849) as there will be an immense challenge in providing sufficient care resources and an effective service system that meets the needs of the aging Baby Boomer cohort. The rapidly aging population will likely lead to more individuals moving into nursing homes, as approximately 3.9 million Americans already receive care in nursing homes each year (Denny-Brown et al., 2020).

Job Demands

So why is there such a shortage of CNAs and other healthcare workers that is only going to keep growing? Part of it has to do with the job demands. According to Schaufeli (2017), the JD-R model describes job demands as aspects that require physical or mental effort and are associated with specific physiological and psychological costs. According to Denny-Brown et al. (2020), CNAs do physically demanding work, receive limited training, care for many residents per shift, receive low wages and few benefits, and have limited prospects for career advancement. As a result, 45 percent of CNAs are somewhat or very likely to leave their jobs within the year (Denny-Brown et al., 2020). Geiger-Brown (2004) states that the shortage of CNAs has led to longer shifts, limited breaks, and more weekends for current workers. CNAs

also reported heavy emotional demands as they often struggle to complete their work assignment with insufficient time to provide needed emotional support to their clients (Geiger-Brown, 2004).

Demanding work schedules have also been shown to reduce psychological well-being and increase the risk of cardiovascular disease, gastrointestinal symptoms, and sleep difficulties (Geiger-brown et al., 2004). There has also been an increased risk of coping with maladaptive behaviors, such as cigarette smoking, alcohol, drug use, and excessive caffeine intake (Geiger-brown et al., 2004 p.293). Because the quality of care for SNFs residents is directly linked to the capable and caring presence of a CNA, the physical and mental health status of the workers directly impacts the overall well-being of the residents they care for (Geiger-brown et al., 2004). As a result, Muntaner et al. (2006) argue that CNAs working in SNF are in dire need of occupational mental health prevention and health promotion interventions (Muntaner et al., 2006).

Work Safety

An individual's work environment and how safe it is can potentially be a major CI, which in turn causes CIS. According to Lapane et al. (2016), SNFs have one of the highest occupational illness and injury rates in the United States. As a result, CNAs also have among the highest rates of sprains, strains, and tears of all occupations in the United States (Lapane et al., 2016). In fact, Denny-Brown (2020) states that CNAs are three times more likely to be injured on the job than the typical United States worker, and more than half of CNAs had incurred at least one work-related injury within the past year (National Academies of Science, Engineering, & Medicine, 2022). Despite this, 63 percent of CNAs will not receive paid leave (Denny-Brown, 2020).

COVID-19

The Corona Virus (COVID-19) pandemic was a major CI for many. But for CNAs working in SNF it has added significant strain to their already vulnerable workforce, which has historically experienced high levels of turnover, chronic staffing shortages, and high burnout (White et al., 2020). During the midst of the COVID-19 pandemic, SNF workers saw one of the highest death rates among all occupations according to the National Academies of Science, Engineering, & Medicine (2022) Specifically, White et al. (2020) found that SNF residents have made up 27% of total COVID-related deaths in the US (Chapman & Harrington, 2020). Furthermore, CNAs in SNFs are particularly vulnerable to COVID-19 exposure and illness due to the high level of personal care required in this setting (White et al., 2020), and that one in five SNFs has had a severe personal protective equipment shortage during the COVID-19 pandemic (Kaldy, 20201) There was also the challenges of protecting all residents, but especially those with dementia who have difficulty adhering to social distancing and universal masking policies. (National Academies of Science, Engineering, & Medicine, 2022).

Death

Experiencing a person dying is inevitable when working with the vulnerable older adult population in a SNF. However, according to Van Riesenbeck et al. (2015), CNAs often feel emotionally unprepared for the death of their residents. In addition, Burack and Chichin (2001) report how most CNAs feel that caring for a dying person is an emotionally draining, distressing, and stressful experience that often leaves them feeling helpless. Moreover, Ersek et al. (2000) found there is no formal grief support resource implemented within SNFs for CNAs after a residents' death. This is an issue, as dealing with grief is necessary for CNAs to effectively care for dying residents on an ongoing basis (Burack & Chichin, 2001). Furthermore, some CNAs

believe that their management simply views the care of dying residents as a part of the job, so therefore no real consideration has been given to providing them grief support. Along with this, the authors found that CNAs expressed frustration that they are taught how to provide the best possible care to residents and families while their own needs are ignored (Burack and Chichin, 2001).

Burack and Chichin (2001) also report that CNAs understand they should not get overly attached to residents. A few CNAs even said they maintain an emotional distance from residents to protect themselves from the pain of loss. However, most CNAs still end up becoming attached to their residents and often consider them to be like family (Burack & Chichin, 2001). For example, Fisher and Wallhagen (2008) found that CNAs phone their coworkers on the job to check on a resident who has suddenly declined in health, fallen, or approaching death. Or they might arrive early to work to hear about the resident's status (Fisher & Wallhagen, 2008). In other words, the bond can become powerful between a CNA and their residents, because over time they not only care for them as residents, but as humans (Fisher & Wallhagen, 2008). But with a strong bond, comes an increase in risk of experiencing CIs and CIS related to a resident's death.

For instance, one responsibility that many CNAs have reported as distressing is taking care of a resident's body after death (Burack & Chichin, 2001; Barooah et al., 2015). This task was reported to be particularly challenging when it happened early in the CNAs' work experience. One CNA said, the first time they had to clean the body of one of her residents, they ended up scared and emotional, hiding in the bathroom (Burack & Chichin 2001). CNAs also said they find it difficult to adjust to the fact that a resident's bed is filled immediately after a resident's death with someone new, as it leaves little to no time to grieve.

In addition, CNAs share how it can be difficult to think about starting a new relationship so soon after losing someone due to the thought of experiencing the whole process and the feelings that come with it again. To help better cope with these incidences, Burack and Chichin (2001) found that CNAs desired ongoing education and more information on what to expect on the job. It was mentioned how although they are taught the mechanical components of the job when it comes to emotional involvement and responses, there is little to no conversation or preparation. (Burack & Chichin 2001). Overall**,** given the role that emotional attachment and multiple losses have on staff, strategies that support and guide CNAs through the death of their residents are needed (Ersek et al., 2000). As a result of these interventions, they will improve the experience of the CNA, which will, in turn, improve the quality of life of the residents (Van Riesenbeck et al., 2015).

Violence

Exposure to violence from residents towards CNAs happens as well. According to Antai-Otong (2001), workplace violence refers to physical assault, threatening behavior, or verbal abuse within the workplace. It also includes psychological traumas, including threats, an intimidating presence, and harassment of any nature, such as being followed, sworn at, or shouted at. Lachs et al. (2013) share how 15.6% of CNAs reported having residents direct aggressive behaviors toward them over two weeks of the duration of the study.

The threats posed by a potentially aggressive resident can be a substantial work stressor for CNAs (Lachs et al., 2013). Resident-to-staff aggression (RSA) may damage staff through physical injury, psychological distress, reduced job satisfaction, burnout, and emotional reactions (Lachs et al., 2013). Flannery et al. (2000) mention how although medical attention to CNAs is readily available after RSA, the focus on the worker's mental well-being is minimal. As Antai-

Otong (2001) states, this is an issue, as exposure to this workplace violence and stressful situations increase the risk of stress-related illnesses, including acute stress disorder, PTSD, and adverse medical outcomes.

Antai-Otong (2001) also states that RSA may also lead to abuse or neglect of the resident. Staff also may react to RSA by avoiding contact with aggressive residents, causing them to receive poorer quality care potentially. Unfortunately, SNF administrators and staff victims frequently do not report and, when possible, even ignore RSA, which is often considered just another part of the job. Altogether, RSA may negatively affect the quality of care, resident and staff safety, and staff job satisfaction, morale, and turnover (Lachs et al., 2013).

Critical Incidents

When a critical incident (CI) happens, the impact it causes can be monumental (Lim et al., 2000). Working in a high-stress occupation such as a CNA can cause multiple CIs to build up over time. When this happens, it creates a domino effect when the stress is not addressed and dealt with effectively (Lim et al. 2020). Maxwell (2020) states that more severe impact incidents usually involve sudden deaths or severe injuries and accidents within SNFs. When these types of events occur, the probability is high that there will be severe impacts, not only on other employees but residents as well. As a result, there is frequently a need to provide staff with grief support services and information. Despite this, planning for these incidents and having support available often does not happen. (Maxwell 2020).

Critical Incident Stress Debriefings

According to Lim et al. (2000), In the 1980s, Jeffrey Mitchell, founder of the International Critical Incident Stress Foundation (ICISF), proposed a crisis intervention program called Critical Incident Stress Debriefing (CISD). Mitchell believed it could assist workers with any CIs or distress from their jobs. CISD is made up of structured group sessions as well as follow-up interventions. Sessions typically happen between 24 and 72 hours after the CI event and are facilitated by a qualified mental health practitioner (Lim et al., 2000).

The main goal of the sessions is to provide workers the opportunity to process and discuss the incident and any thoughts or feelings they may have regarding it with their peers and a professional. Mayer (2018) had nurses attend formal debriefings following a CI in their study. Following the CISD session, the nurses shared that hearing comments from their coworkers provided validation, support and made them feel less alone in how they felt regarding the incident (Mayer, 2018). It is important to note that although CISD is beneficial, it is not counseling nor a substitute for psychotherapy (Lim et al., 2000). However, it is unreasonable to believe that one process, such as a single debriefing session, is enough to support every employee involved in an incident, as it is simply one system component (Lim et al., 2000).

CISM

Critical Incident Stress Management (CISM) was later used to replace the generic CISD (Everly and Mitchell, 1997). *Overall, CISM represents* a more holistic approach and a better overarching representation of the CISD process, according to Swab (2020). Although CISM was originally intended to assist public safety professional, it has evolved to include workers outside the public safety professions such as HCP (Swab, 2020).

There are also several types of CISM interventions. Two that may be beneficial for CNAs due to the CIs and CIS's they experience, are the CISM grief and loss sessions, and pre-crisis education sessions. According to Cardinal (2021), a grief and loss session, is an intervention following a death that assists people in understanding their grief reactions as well as creating a healthy atmosphere of openness and dialogue around the circumstances of death. The pre-crisis education sessions provide individuals with the information to increase their knowledge in incident awareness, crisis response strategies, and stress management coping skills (Cardinal, 2021).

According to Swab (2020), CISM received significant criticism regarding its processes. During the 1990s, researchers were challenging the benefits of CISM, stating that it was an unhelpful intervention and even increased the one-year risk of PTSD after a traumatic event. As a result, other stress management options such as psychological first aid (PFA) were explored. However, according to Swab (2020), PFA does not meet the unique needs of first responders or HCP experiencing CIs as CISM does. CISM allows attendees to be present with their peers who responded to the same incident, CISM team peers who understand the profession, and CISM mental health professionals who understand the psychology of the situation.

Despite the criticisms, Swab (2020) found that 2/3 of those who participated in a CISM intervention at some point in their career found it helpful. Along with that, CISM still remains the most widely accepted form of stress management for first responders and HCP (Swab, 2020). Furthermore, Everly and Mitchell (1997) state that as crises and disasters continue to become an epidemic, the need for effective crisis response resources is essential. As a result, crisis intervention programs are being recommended and even mandated in a wide variety of

community and occupational settings. Overall, CISM provides a cost-effective approach to crisis response that would benefit many workers, including CNAs, which this study explores further.

Chapter 3 Methodology

Methodology

Discussion of Research Design, Methodologies, and Methods

This is a cross-sectional, phenomenological qualitative research study. The study was cross-sectional because the researcher wanted to take a snapshot in time of the experiences of the participating CNA's. This was phenomenological research, due to its focus on the lived experiences of the participants. The following study was also deemed as an exploratory study due to its small sample size.

Data was collected through one-on-one interviews. Focus groups were originally chosen as they provide a more relaxing environment than a one-on-one interview and allow for collaboration resulting in different perspectives emerging from the discussion (Barret & Twycross, 2018). However, the researcher had challenges with recruitment, time alignments and time limitations with completing this project, so one-on-one interviews were deemed to be the best option.

The interviews used semi-structured open-ended questions, allowing the participant to share their experiences within the boundaries of the researcher's topic (Mitchell, 2015). The questions inquired about different CIs and job demands participants experienced, the support resources they currently have through their SNF employer, if those resources meet their needs, and if CISM could be beneficial as a resource option for these workers.

Interviews were conducted via Zoom video teleconference to provide researchers and participants with a convenient and safe alternative to in-person meetings during the COVID-19 pandemic (Santhosh et al., 2021). The flexibility of video teleconferencing was also able to eliminate transportation and transit time barriers. It also allowed the researcher to be more

accommodating and flexible for scheduling interviews at nontraditional times that worked with participants' schedules. Zoom was selected as the teleconferencing software for its instant recording of both video and voice of participants, its accessibility via multiple platforms, and its video and audio file storage can be sent directly to the researcher's computer immediately after the session (Matthews et al., 2018). Interviews were digitally recorded and transcribed through Zoom's live transcription and edited for misspellings by the researcher.

Participants Recruitment

In order to recruit participants, the researcher reached out via email to the Grand Valley State University's School of Social Work's listserv, the Grand Valley State University's Nursing program, Grand Valley State University's Student Nurses' Association, Grand Valley State University's Pre-Nursing Association, Grand Rapids Community College's CNA training program, Grand Rapids Community College's Gerontology program, Grand Rapids Community College's Nursing program, Goodwill's CNA training program, Western Michigan University's Nursing program, Western Michigan University's Gerontology program, IMPART Alliance, and community partners through the researchers internship at the Area Agency on Aging of Western Michigan. The researcher's social media accounts were also used. However, the researcher ended up mostly relying on snowball sampling through one of the participants sharing the studies information with their coworkers.

Sampling

The participants were required to be over the age of 18 and be employed as a CNA at an SNF within the western Michigan area. Purposive, non-random sampling was used to recruit individuals who met these requirements. Three individuals met these qualifications and agreed to participate in this study. All 3 participants were female, but their ages were not discussed beyond

the over 18 years of age requirement. Two participants identify as Asian Americans, and one identifies as White. The participants reported an average length of service of 4.6 years, with a range of 3 years to 6 years. Pseudonym's given to the participants include Cassie, Mia, and Ava

Table 1 Participant demographics (n = 3)

Race	Number of participants
Asian American	2
White	1

Research Ethics

The research study was reviewed by the Institutional Review Board at Grand Valley State University. The protocol number is: 22-245-H.

Bishop et al.'s (2008) study mentions the importance of being aware that many individuals are reluctant to share their candid views of their jobs and supervisors due to their employer finding out. As a result, making efforts to build their trust in the research process through confidentiality and understanding of research goals was essential. Although geographic subdivisions were provided for the location of employment, participants were only required to provide the town or city their employer resides in to make sure it was in West Michigan. Individuals interested in participating in the focus group had to contact the co-investigator via email. Their names were included in the email, as well as in the screening survey that are password protected. Names were required in the survey because one of the survey questions asks about their date and time availability for the interview. Once the interviews were completed, the researcher used pseudonyms to replace the names of CNAs. Other identifiable information included resident experiences, which was all de-identified.

Interviews were conducted online via Zoom, and the participants were asked to find a quiet, secluded location to provide confidentiality. Verbal consent from participants was obtained for the video and audio recording. Verbal consent to participate in the study was also obtained once the researcher went through the informed consent form and asked if they had any questions. The researcher also provided attendees with a password-protected electronic invitation to ensure the session's privacy, and there was also a waiting room to further protect the meeting. Some of the interview questions were sensitive, including asking about CIs the participants have experienced. Participants were informed that these questions had the potential to cause them discomfort, distress, or frustration or bring up past traumatic events. To minimize the risks of that happening, participants were told they could request a break or skip questions. Furthermore, the participants were also able to choose to stop participating, and withdrawal from the study at any time, for any reason without experiencing any consequences, or prejudice. The participants were also provided with free mental health resources that they can access independently.

Data Collection Procedures and Protocol

A recruitment email and flyer outlining the study objectives was sent out to the Grand Valley State University's School of Social Work's listserv, the Grand Valley State University's Nursing program, Grand Valley State University's Student Nurses' Association, Grand Valley State University's Pre-Nursing Association, Grand Rapids Community College's CNA training program, Grand Rapids Community College's Gerontology program, Grand Rapids Community College's Nursing program, Goodwill's CNA training program, Western Michigan University's Nursing program, Western Michigan University's Gerontology program, IMPART Alliance, the researcher's social media accounts, and community partners through the researchers internship at the Area Agency on Aging of Western Michigan. Interested CNAs responded to the researcher

via email. Participants were then provided with an online survey link via Qualtrics to collect basic demographic information-name, race, gender, -and information to make sure they qualified— did they work at a nursing home as a CNA, geographical location of the workplace— and to indicate their preferred meeting time by day of the week, and time of day.

After participants were deemed eligible, they were provided with the consent form, which they were instructed to read through carefully. A date and time for each interview was coordinated, and participants were provided with an information guide that included the digital link to the video-enabled online interview, links to support for any technological issues with Zoom, as well as to free mental health services to support and help participants cope with any emotions that the interview may bring up. In addition, the guide had an overview of the interview expectations, including keeping their camera on throughout the session other than if there were internet connection issues. Participants were also reminded within the guide as well as throughout the entire process, that their involvement was voluntary, and that they could choose to withdraw from the study via email request at any time until data reporting. The researcher started each interview by asking if the participants had any questions about the consent form, and then each person verbally consented to participate.

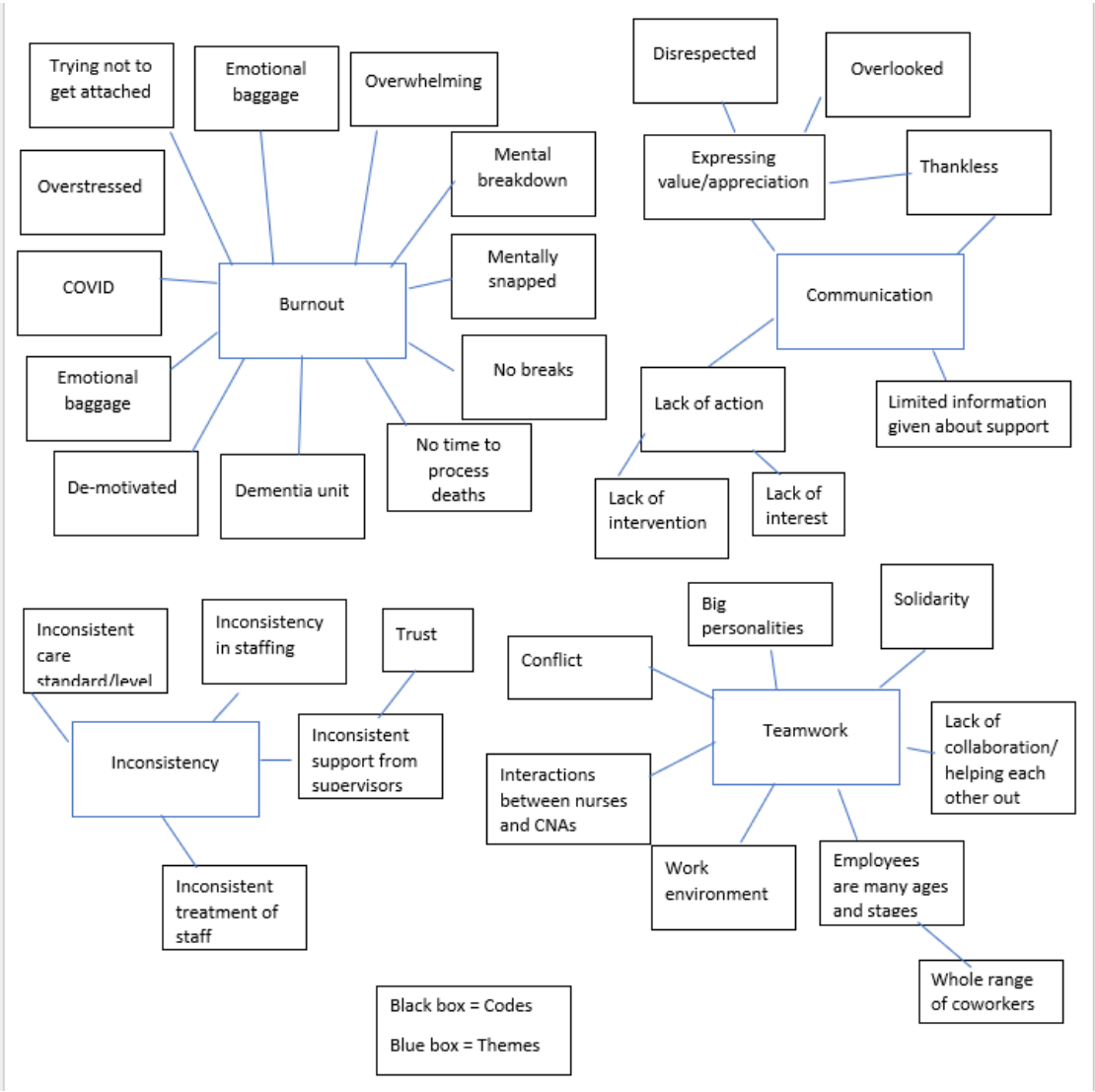
Each interview was between 40 minutes to 1 hour and 10 minutes. A Dell Intel Core 15 10th Generation laptop was used for the interview via Zoom. The Zoom sessions were recorded only to the cloud, not the laptop. As soon as the recording was ready, the recording was transferred to a Panopto secured folder where the researcher was the only one with access and deleted from the Zoom cloud. The researcher edited the transcription completed through Zoom's live transcription. Upon completion of the transcription, the video recording was deleted. The transcriptions were saved on the researcher's encrypted portable storage device. The researcher

assigned each participant a number to differentiate between participants during data analysis while keeping them unidentifiable. In writing the final research paper, the researcher assigned pseudonyms to the interviewees and de-identified other individuals discussed during the interview. After the thesis defense, the transcriptions and any personal data were deleted, and the only thing remaining is this research paper.

Data Analysis

The researcher thoroughly read the three transcripts while jotting down preliminary themes on paper. The transcripts were each read through again several times, and the process of coding began. Because there were no pre-defined categories, open coding was used, and the researcher independently and manually coded the transcripts to find common concepts and patterns. The researcher then took the three transcripts and generated as many codes as possible that were closely tied to the data as well as the studies research questions. A general inductive approach to data analysis was adopted because it enabled the researcher to identify themes as they emerged from the raw data, and the codes were used to narrow down and find the data's most common themes: *Burnout, Communication, Inconsistency, and Teamwork.* Figure 1 provides a visual of the codes and themes found within the three interviews. Because the student researcher was the only one coding and analyzing the data, transcripts were read until a saturation point within the research process when no new information was reached. The following results section is the final reporting of this study.

Figure 1: Themes and Codes



Chapter 4: Results

Burnout

According to the Mayo Clinic (2022), burnout can involve physical or emotional exhaustion. Regarding the physical aspect, both Ava and Cassie stated that there is a lot of lifting and assisting with residents' daily living tasks. As a result of the lifting, Ava mentioned that there had been quite a few times when she injured her back. Mia also stated that even while the unit was short-staffed and exhausted, their management still had a mentality of "you can't sit down because there's always something you can do." Ava also spoke about this, saying that many days they don't even have time to take a 15-minute break.

In terms of the emotional aspect though, Ava mentioned that the hardest thing for her is trying not to get attached to the residents. She explained how when she is with the same residents every day, it becomes "really sad" to see them decline and eventually pass away. While talking about emotional stressors, Cassie had a similar answer. She stated that what burns CNAs out the most "is the emotional baggage you can carry working with people." Cassie went on to explain:

> When you are working with a population that you know is not gonna be there necessarily the next year you're there, you just kind of gotta adjust to people leaving and coming and going pretty fast, honestly, to maintain the care of other people that are still there.

All three participants frequently work(ed) in the facility's memory care unit with the residents who have dementia. Ava explained how working in the memory care unit can be emotionally exhausting. She mentioned that she often feels much more mentally exhausted working with those residents than the others. Similarly, Cassie described how depending on the residents' [dementia] behaviors, caring for them can be overwhelming at times. She shared

how she constantly works to get everyone's needs met even "when those needs sometimes are not in the best interest of your residents." She then gave an example:

> Like they want to go home when it is like 5 degrees outside. They do not want to wear a coat, they just want to go outside with their jacket off, or with their shoes and their slippers and everything, and I gotta kinda divert that kind of stuff.

Mia shared about her time working in the memory care unit during the COVID-19 Pandemic:

> You cannot trap a resident [with dementia] in their room [for quarantine] because they have the tendency to wander, so it was just hard. And you definitely had to be safe and gown up, but it was also hard because, in the memory unit, residents would say, "why are you dressed like that?" And they're confused as is already, but that added an extra layer.

Cassie shared how there have been times when residents have passed away alone because their family did not want to come, or they could not make it in time and the impact that has on her emotionally:

> We had this one resident that passed away, and we opened the windows so the cold air could come in and keep the body okay. But having the windows open messed with the heat in that room, so it actually turned out to be really hot in that room instead of cold. So, the funeral home took like 6 hours to get there, and by that time, the body was smelling. It just felt like there should have been more done to have her dignifiedly be picked up and brought somewhere reserved. That one did not sit well with me.

Both Cassie and Ava mentioned how as a result of the Pandemic, many residents passed away around the same time. Ava seemed frustrated and had this to say: "We lost a lot of residents, and all it took was one person to come in knowing that they had COVID, to pretty

much just spread it throughout the whole building." However, despite the significant amount of loss, Cassie explained that there was no chance to process it, which was difficult as she stated how some of them, she really loved, so when they did pass, she stated that it was a massive shock. As she reflected, Cassie said she would have appreciated more time from her managers or even other CNAs to "recognize the fact that we did lose a lot of people, and this is not a normal thing, so it should not be taken as a normal with a normal reaction." Ava shared her experience and feelings when her residents are actively dying. She said that the last couple of days are the scariest and the hardest, but she tries not to get too emotional while doing their care. She went on to explain: "I try to just cry about it like one time, and then I'm like, okay, well in a couple of days, they won't be in pain anymore, and it'll be okay, they'll be in a better place."

Communication

In terms of communicating preparation for work stressors such as a resident's death during training, Ava explained that it was not brought up during her initial training at the facility, or in her CAN certification class. She said: "they just told us to try not to get attached, which I guess is easier said than done. But they didn't really talk about how to deal with it." Regarding the communication about the support resources available, Cassie shared that during their training, the CNAs are told there is a long-term care ombudsman, and they can anonymously call them if a resident needs help. But she went on to explain that it was communicated that the ombudsman was really for the residents. In addition, Ava shared that the facility pays for ten therapy sessions with a mental health professional within their network. But she then explained that the facility does not give its employees information on how to take advantage of this benefit.

Concerning how management communicates their appreciation for their employees, Cassie explained that they are "not very vocal about things like that" and believes that they

"take the good employees for granted." Overall, Cassie stated that she does not think that management values them as much as they should or that "they don't value us really at all." This is partly due to her management telling her and her coworkers after they voiced their concerns that they "don't have to work here. We can always find someone to replace you guys to do your job." When asked what their facility could say or do to make them feel more supported, Cassie had this to say:

> I think with our facility. Communication is key, and not just communicating you're doing a bad job all the time but maybe saying, "Hey, you know, I know it's been really hard lately, but I appreciate you guys still showing up and treating the residents nicely," because definitely, not everyone does that. So just maybe a little recognition.

Cassie also shared that management "never really stops to chat about just you." She explains how if they did start a conversation, it was always "oh, this person needs this, oh, you're doing a bad job at this, it needs to be improved."

As for communicating their frustrations and emotions connected to work stressors and CIs, Ava mentioned that she goes to therapy for other reasons but often talks about work stuff there or talking with her coworkers. Cassie stated that for a while, she confided in my coworkers. However, looking back on it now, she does not believe it was very beneficial because "it did more harm than good." So now she has been venting "outside parties" like her boyfriend, which has helped. Mia said she has one or two really good friends that she could vent to, but otherwise, she never really had a way to cope with what was going on at work. As a result, she had this to say:

> I remember getting into my car and just sitting, and [sigh] and like kind of on the verge of a mental breakdown every other day…. It was a lot of stress and anger building up, eventually to me snapping mentally and also to me quitting. I just felt under-appreciated.

Cassie shared how communicating grievances with managers is not workers first option because "you share one thing with one manager suddenly everyone knows and like that's just caused a lot of problems, so I wouldn't feel like comfortable sharing like anything about like personal emotional things like that honestly." Cassie also told a story about when she and her coworkers went "up to the top to like the head guy" regarding a CNA who "frequently called in, did not do any work and babied the residents." Cassie said that, at first, it was nice that he wanted to meet with them to talk. However, she then said, "after we spilled all our guts and everything, all the issues going on, nothing changed." She went on to say that she and her coworkers were told, "Oh, well, the CNAs are just grouping up together, trying to make all this drama and everything." They even called them the "Mean Girl Club." Cassie stated that the whole instance was "really insulting, honestly."

Mia talked about how she would visit her supervisor's office once a week to sit down and talk and express her issues. Mia explained how her supervisor would usually say there is nothing she could do but that she understood why she was feeling the way that she was. However, compared to Mia's new job at a hospital, she shared that they offer their staff counselors and support hotlines. Mia had this to say: "don't get me wrong, it was nice to vent to my supervisor at the time. But I think if I'm venting at once a week every week for two and a half years, and nothing is changing, it's not enough."

Cassie also mentioned how a "train" of new employees came in and "just screwed around, messing up the whole place." As a result, she said how for a while, she was pretty anxious about going to work and could not sleep the night before work. However, when she told her managers that this had become such an issue that she was bringing it home and that she could not sleep, she said, "they still really just didn't care, and basically told us to mind our own business." She said that going to management to voice her opinion and feeling, and the having them not really care made her feel helpless. She had this to say:

> What we were saying I felt like reflected the care and the needs of our residents, and if they're not listening to us, then and they're not asking the residents directly, then I feel like they have no idea what they're talking about.

Inconsistencies

Regarding how much support CNAs would receive from supervisors and management, Ava said that it often "depends on the day." Ava went on to explain how she believes that often supervisors are there only when they want to be. Mia also shared her experience with inconsistent support from supervisors. She explained how for the first two and a half years; she was working at the facility; she did not feel she had support from her supervisor. However, during the last two and a half years she worked there, she explained how the facility hired a new supervisor who was "more down to earth." Cassie shared how recently management has been coming up to the workers and saying things such as "you've actually been doing really good lately." However, she had this to say: "that's like the first time in years that they have said that to me." When asked if the facility does anything to support the staff after a resident death, this was Cassie's response: "Hell, no man, no! Not that I heard of, at least, they don't do nothing for us."

She then said that the managers might talk about the resident's death if they happen to be there, and the CNAs are talking about it. However, there is mostly just discussion amongst the CNAs. In terms of inconsistencies of standards for residents care and treatment, Cassie had this to say:

> It's hard because like we're all there for the same reason to take care of residents. But it seems like everyone has their own version of like what is the quality standard of care, so that can be frustrating if you work with someone who doesn't really respect the residents as much as you do, or want the same things for the resident as you do, and that also follows in with the manager, too, because there's some managers for sure that are more like dictators, and wanting you to do this and this and that, for the sake of like us looking good, but they don't necessarily take in the consideration of the residents needs and unique needs and you know they're just overall comfortability and their preferences. So that can be hard.

Cassie went on to share an experience having to do with a resident known for falling because they have Parkinson's Disease:

> One morning they were pretty adamant about going home, and they were trying to just get out of bed. Another CNA and I were there because it just felt like people needed to be there, so they didn't fall. We were talking and trying to calm them down, and then my nurse came up, and she's like, what are you both doing here? You don't need to be here like he can do what he wants; he'll be fine if you leave him alone. Five minutes later, they fall. The other CNA and I hear it, and we're trying to get their vitals making sure he's okay, and then my nurse comes over, and she's like, "Oh, my gosh! They fell! Who was watching them? This is a teachable moment; they should have been watched!" And it's just like, Ugh! Really lady? That's what we were saying! But it was just so frustrating like

> I don't want anyone to fall like some of the managers have been going around being like, "Oh, it's their right to fall, you know." And yes, it is their right to fall because they are adults. But if they're in a facility, I'm sure their families don't want us to just watch them fall.

Mia shared that running short staff was a significant stressor during her time at the facility. She explained that since the unit that she worked on was "heavy"-meaning there were a lot of mechanical lifts to assist residents-realistically they should have one nurse and five CNAs on staff. However, she told the researcher that there were many shifts where they would start three CNAs, and if they "were lucky," they would get another aide during the shift.

Teamwork

Improving teamwork was another theme brought up consistently throughout the interviews. Mia discussed that to implicate an intervention like CISM into the facility, the staff would need to come to a "common ground on certain topics and not be against each other." Similarly, Ava said that there are many "strong personalities at work" and that she is not sure having them all come together is a good idea. Mia also explained the challenge of having a whole range of coworkers made up of people right out of high school to those who have been working at the facility for 25 years. Cassie also spoke to the ranging ages but stated how she believes that having a CISM session "where you can learn from each other and learn from other people's experience and their grieving processes" would be helpful. Cassie shared how being able to come together through a CISM session would be nice because they used to have monthly group meetings where the employees could vent to their managers. She explained that "it was kind of nice to bring a little solidarity and bring everyone together from all the units." However, she said that since COVID "hit," the meetings have stopped.

The participants also spoke about teamwork and support from their supervisors. One commonality between all the participants was how supervisors rarely helped the CNAs catch up on resident's care. Ava stated that often she feels that supervisors act like they don't have time to go on the floor. She explained how one day she needed toileting a few people and her supervisor said, "Oh I'm not a nurse." Mia also revealed that what most annoyed her about being short-staffed was that management never helped on the floor. She had this to say: "you know they have LPN or nursing backgrounds, but they're really good at telling you what to do rather than helping you out."

A lack of trust between the SNF staff was also discussed throughout the interviews as a barrier to better teamwork and support. Cassie had this to say:

> I don't necessarily need a lot of support from them, but maybe that's just because I feel like the bridge, for that was burned a long time ago, and even if they offered support now, I don't think I'd trust it. Just because with like our managers, I feel like there's a lot of talking back and forth. Like you share one thing with one manager, suddenly everyone knows, and that just caused a lot of problems. So, I wouldn't feel comfortable sharing anything about personal emotional things like that, honestly.

Mia also had this to say regarding her hesitancy toward opening up in a CISM session: "it's a whole trust thing. It's just a like a game of telephone you say one thing and then someone else will say it differently from how you approached it, and things will just more often go downhill." She went onto explain how most people would feel more comfortable venting to an

anonymous person than their coworkers or managers, because "they know nothing will happen, or they'll just use the information as ammo for later."

Mia stated that there are times that instead of helping her out with care, the nurse left her "drowning." She shared this story as an example:

> It was me and another CNA, a nurse, and a trainee nurse on her last day of orientation working. The other CNA wasn't doing much, and it was 9 p.m. We had a resident fall; this resident was giving me the hardest time ever. They were belittling us, yelling, swearing everything up and down. The nurses left, and they left me to take care of this resident by myself, and it was just the most difficult time ever. I finally finished with the resident, came out, and checked on one last resident. As soon as I left the room, the nurse was gonna delegate something else for me to do. Keep in mind this entire eight-hour shift, and she was micromanaging me to do this do that. And then I just mentally snapped, and I yelled, "leave me the fuck alone!" as I went into the kitchen squatting, and I was on the verge of a mental breakdown.

Mia, who took a pay cut with her new job shows how important teamwork and support can be:

> At [Facility], I got paid $21 an hour, which sounds great. But like I said, every other day was a hot mess express mentally. And at work where [Hospital] currently I get paid $15.50 an hour, but I have a phenomenal crew, a phenomenal support system. You know it's less stressful.

Overall, Mia went on to explain how there is a "stigma" between nurses towards CNAs and their job that doesn't have to be there and makes the work environment stressful. As a result, she said that attitude towards CNAs and their work often led to her feeling demotivated to take

care of the residents, lose the love for her job, and feel underappreciated. Overall, she explained how the attitude from all the staff should be that no matter what job position a person is in, they should be willing to help, because ultimately, they are on the same team and the residents, and their care should be everyone's priority.

Chapter 5 Discussion and Conclusions

Discussion

The participants defined physical and emotional burnout, lack of communication on available support resources, inability to confide in management, inconsistencies in resident care and the treatment of staff, and a work environment where teamwork is limited, and CNAs are underappreciated as their main stressors and CIs.

This research study sought to explore from the perspective of CNAs what are the different CIs and job demands they experience. Based on the data collected from the three participants, the occupational stressors and CIs that impact them the most include their residents, whether that is figuring out how to provide the best possible care for residents with dementia, the physical strain of the daily care, or experiencing and processing the residents' deaths. These stressors and CIs correspond well with what the researcher found within the available literature.

Interpersonal relationships with coworkers and supervisors and the lack of teamwork were also considered a significant stressor and CI. The main issue brought up by the participants was specifically the nurses and management not assisting CNAs with care due to it being below them and their role. As a result, this leaves the CNAs who are often working on understaffed units frustrated, overworked, and exhausted. These specific findings did not come up in the researcher's literature review. However, there is previous literature from Travers (2019) stating that other HCP, such as nurses, find the work to be unskilled and unimportant, which portrays a similar attitude and mindset. Furthermore, it was found that supervisors and upper management do not always take the CNAs' concerns and needs seriously. Again, although the management comments were not specified in the literature, Travers et al. (2021) mention an overall lack of respect and recognition of what CNAs have to say regarding their residents or their coworkers.

The research study also explored what emotional support resources the CNAs currently have through their SNF employer and are they meeting their needs. Although the facility the participants work(ed) for does provide resources such as 10 free therapy sessions or contacting the Long-term Care Ombudsman, these resources were not considered accessible by the participants. In terms of emotional support provided by supervisors, it was deemed inconsistent, and did not fulfil the CNAs needs.

As far as whether CISM would be a beneficial emotional support resource for these workers, the three participants seemed receptive towards the intervention, and believed that it would be beneficial. However, they mentioned the barriers of trying to get workers to get along with each other, and the fear of anything that they share being used against them in the future. Realistically, it is hard to fully answer this without implicating CISM. However, this study's findings emphasize why providing an empowering and supportive environment with resources is essential. And although increasing wages for these workers is important in ensuring CNAs are financially supported, interventions, resources, and an empowering environment that can assist these workers in coping with stressors and CIs is just as essential in order to retain and recruit.

Potential Implications

Despite decades of improvement efforts, nursing homes still face many long-standing challenges in delivering quality care (The National Consumer Voice for Quality Long-term Care 2022). The COVID-19 pandemic serves as a powerful motivation for addressing long-standing issues in nursing home care. But the current crisis of inadequate staffing is also a byproduct of years of failure to invest in staff wages, benefits, and training. SNF staff members have frequently been called "heroes." Yet they are continuously provided inadequate staffing burdens and unmanageable workloads that lead to high rates of turnover and high stress with no support.

Achieving necessary change will require assessing key challenges within the SNF workforce such as low wages, minimal training requirements, and lack of respect and recognition. More than 527,000 CNAs were employed or contracted by nursing homes across the US in 2020. And because of their crucial role in SNFs, significantly improving the quality of care requires investment in CNAs. In 2021, Congress introduced the Nursing Home Improvement and Accountability Act, which seeks to address investing in staff wages, benefits, and training, increasing enforcement, and oversight, and transparency in how nursing homes spend taxpayer dollars. However, as of April 2022, it has yet to be passed. It is recommended that Congress continue to work on this necessary SNF reform by taking every step necessary to ensure the new policies announced by the Biden Administration are put into place (The National Consumer Voice for Quality Long-term Care 2022).

Federal guidelines dictate that facilities must have sufficient staff to assure the safety of residents and attain or maintain the highest possible level of physical, mental, and psychosocial well-being of each resident. But daily staffing levels varied greatly by the facility and are often below the CMS recommended levels. For example, 75 percent of nursing homes were almost never in compliance with staffing levels (National Academies of Science, Engineering, & Medicine, 2022). The National Consumer Voice for Quality Long-term Care (2022) believes that adequate staffing in SNFs has been difficult to achieve for multiple reasons, including a negative perception of nursing homes, unsupportive working conditions, and poor pay and benefits. Increasing SNF staffing has been a consistent recommendation for improving the quality of care (The National Consumer Voice for Quality Long-term Care 2022). But until there is a supportive environment provided, staffing and retention will continue to be an issue.

Onboarding other staff into the SNF interdisciplinary team such as social workers is also recommended. According to The National Consumer Voice for Quality Long-term Care (2022), within SNFs, social workers are responsible for providing counseling and conflict management to residents, families, and staff. Currently, federal regulations only require SNFs with 120 or more beds to hire a qualified social worker on a full-time basis, which means two-thirds of SNFs are not required to employ a social service staff member. However, the qualified social worker does not need to have a social work degree. It is recommended that these current federal regulations be reconsidered, as having a trained social worker on staff at all SNFs would allow staff, residents, and their families to have consistent support services available (The National Consumer Voice for Quality Long-term Care 2022). Social service staff could also be a great option as the person within an SNF trained in CISM that provides CISD sessions, and grief and loss sessions, due to their social work training and being a safer staff member for CNAs to confide in compared to a nurse or supervisors.

Through speaking with the participants, the researcher learned that there is minimal education or resources provided to help prepare CNAs for what they will encounter while on the job, such as residents' deaths and how to cope with them both through their facility and their CNA training classes. Because of this, another suggestion is adding more training for CNAs to feel confident and knowledgeable in their work, and also feel better prepared for on-the-job stressors and CIs. As of now, CNAs are required to have a minimum of 75 hours of training plus at least 12 hours of CE annually, including 16 hours of supervised practical training, that covers basic nursing services, personal care services, basic restorative services, the mental health of residents, and social services that may support them, care of cognitively impaired residents, and resident rights. However, the minimum number of hours and topics covered by CNA training has

been a cause for concern as these requirements have not changed since the passing of the Nursing Home Reform Act, part of the Omnibus Budget Reconciliation Act of 1987. Not only that, but at the beginning of the COVID-19 pandemic, The Centers for Medicare and Medicaid Services (CMS) waived the training requirements for CNAs. As a result, most newly hired staff received as little as 8 hours of training, instead of the minimum required 75 hours, leaving them with inadequate knowledge on how to address the complex needs of their residents. As of April 2022, the waiver remains in place (The National Consumer Voice for Quality Long-term Care 2022).

When CNAs have been required to do additional training, it has been associated with improved SNF care quality and CNA job satisfaction. Training focuses specifically on work-life skills, such as problem-solving, task organization, and working with others, which helped to increase satisfaction. As a result, it is suggested that the number of required hours for training be increased to between 100 and 120 hours, with 50 to 60 of those hours going toward practical training. In addition, CNAs need ongoing professional development to be able to continue to adapt. The current federal requirement for professional development is that CNAs must receive 12 hours of in-service or CE each year. The inclusion of topics such as infection control, care of the cognitively impaired, behavioral health, resident rights, skincare, communication techniques, safety and disaster training, and resident confidentiality may help ensure the competency of CNAs in carrying out their responsibilities.

The researcher also believes that CISM pre-crisis education and grief and loss sessions provided to staff training to increase their knowledge in incident awareness, crisis response strategies, and stress management coping skills would be beneficial (Cardinal, 2021). The National Institute of CNA Excellence is a project which provides virtual training that goes

beyond traditional training in clinical skills to include topics like team building, leadership skills, conflict resolution, resident advocacy, and communication (National Academies of Science, Engineering, & Medicine, 2022). The researcher believes that implicating these virtual training would also be extremely beneficial.

The National Academies of Science, Engineering, and Medicine (2022) also state how high turnover is expensive for nursing homes and negatively affects the quality of the care provided to residents. The authors found that the top reasons CNAs leave their jobs include lack of respect, low salary, staff shortages, lack of appreciation by the facility, lack of teamwork among the staff, lack of tools to do the job, lack of good relationships with supervisors, and not being informed of changes before they are made. Further, they mention how the immediate supervision of CNAs workers is typically carried out by both LPN and RNs. These relationships are often challenging because of power dynamics arising from the hierarchical structure of most nursing homes, incivility, bullying, and undue time demands. But when these groups work together to communicate and support one another, it makes for a better relationship, better teamwork, and provides more supportive behaviors. (National Academies of Science, Engineering, & Medicine, 2022).

Relationships among workers can also be improved by leadership training for all levels of supervisors and managers, improving information sharing between nurses and CNAs, team building, and involving CNAs in care management decisions (National Academies of Science, Engineering, & Medicine, 2022). Ultimately SNF leadership is responsible for creating a desirable working environment in the SNF. This includes providing a culture of values that foster respect, trust, collaboration, and team building. (National Academies of Science, Engineering, & Medicine, 2022).

According to Snyder, Chen, and Vacha-Haase (2007), the reasons behind CNA's underreporting CIs-whether it involves their coworkers, supervisors, or residents-include experiencing pressure against reporting from coworkers or supervisors. Not only that, but CNAs also have been found to perceive institutional reporting policies to be complicated and time-consuming and believe the supervisor and facility will not follow up on reports. There was also hesitancy connected to the fact that reports are not anonymous (Snyder et al., 2007). In terms of CIs involving CNA coworkers, an allegation form can be submitted to file a complaint against a CNA through the Michigan Department of Licensing and Regulatory Affairs (LARA). The goal of the complaint process is to help protect vulnerable residents from abuse, neglect, and mishandling of property by CNAs. Complaints may be filed by a facility or an individual and may be filed anonymously. There is also the option to file a complaint with The Bureau of Community and Health Systems accepts and processes complaints against SNFs. It is recommended that along with resources such as contact information like the Long-term Care Ombudsman, and reporting procedures through the SNF, CNAs receive information for reporting coworkers and the facility itself through LARA and the state.

Limitations of Proposed Study

Limitations to this study included recruitment of participants and time constraints to complete the study. Initially, the researcher aimed to recruit 12-16 individuals to participate in two focus groups made up of 6-8 people. Although the researcher reached out to various sources, there was limited interest. Due to time constraints, the researcher switched to individual interviews and began recruiting again. The researcher was able to recruit three individuals and schedule an interview, but two of the three failed to show up. However, the one individual from that group who participated was able to recruit some of their coworkers.

Although the snowball sampling was helpful, all the participants are from the same facility, which creates the potential to limit the number of differing experiences provided. This also created a sampling bias. For future studies, the researcher recommends expanding the geographical area of CNA participants establishing other parameters to set the boundaries of the research. The availability of digital technology makes the study accessible outside geographical boundaries set by distance.

Although the researcher aimed only to interview CNAs who are currently employed by an SNF, due to limited participants and the time constraint, the researcher still decided to interview Mia. The decision ended up being beneficial, as Mia was eager to participate and felt, in her own words, freer to reminisce and reflect on her experience. Having some distance from the experiences seemed to be beneficial in the participant's ability to recount their experience. Because of this, further research with CNAs who no longer work at an SNF and those who are currently employed at an SNF are recommended, as both groups bring critical and essential information that will help create change.

The researcher believes that the limited time to complete this study and its cross-sectionalism will impact the available findings. Future studies should create a longitudinal study working with CNAs regarding CIs and emotional support. Furthermore, this research study does not provide CISM for the CNA participants; it is just discussed to see if it would be a beneficial intervention based on their needs. Future studies should work with SNFs to provide CISM to the CNAs and research the actual application.

Appendix A

Questions for Participants

1. Why did you initially decide to become a CNA?
2. Describe the stressors you experience on the job (physical, emotional, etc.)
3. How do you cope with work stress?
4. What emotional support resources does your facility provide?
5. What can your facility do to make you feel better supported?
6. How supported do you feel by your supervisor?
7. What are your thoughts on a CNA support group?
8. Explain what CIs are. What CIs have you experienced as a CNA?
9. What are your thoughts on participating in a CISM session?
10. What might be potential challenges or barriers to participating in a CISM session at work?

Appendix B

Informed Consent Form

Title: Supporting our silenced care workers: Exploring the use of critical incident stress management

Principal Investigator: Andrea Miller

Thesis Committee Members: Dr. Paola Leon School of Social Work, Dr. Lihua Huang School of Social Work, Dr. Sally Pelon School of Social Work

1. **Purpose:** The purpose of this research study is to describe the emotional support needs of certified nursing assistants (CNAs) who routinely experience critical incident stress and to explore whether critical incidents stress management (CISM) would be a helpful emotional support resource for CNAs within the West Michigan area.
2. **Procedures:** You will be asked to be a part of a one-on-one interview. The interview will be held virtually using the teleconferencing software Zoom. If you are not familiar with Zoom, you will be responsible for looking over the information on Zoom that is provided to you to minimize technology errors. If you choose to participate, you will be required to keep your camera on the entire session. If your internet connection becomes unstable, inform the researcher in the Zoom chat. You can then turn your camera off, which can help with the connection. If that does not help, you can call into the meeting on your phone. Instructions on how to do so will be provided to you before the session. The session will run for 45 minutes to 1 hour. When the date of the interview arrives, it is your responsibility to find a quiet place away from others to protect you and the other participant's confidentiality. If you cannot do so, please wear earbuds/headphones. The researcher will have guiding questions, but the session will rely on participants sharing their stories and thoughts. However, you are not required to answer any questions you do not want to answer and may stop your participation at any point. None of the procedures are experimental, and there are no out-of-pocket costs to participate.
3. **Risks:** Electronic data will be collected and stored on an encrypted storage device for this research project. As with the use of any electronic means to store data, there is a minimal risk that data could be lost or stolen. Participating in this study involves minimal risk. Some of the potential risks or discomforts of your participation include feeling distressed or frustrated recalling the treatment and stressors experienced at your workplace. There is also a minimal risk that electronic data could be lost or stolen, and your employer finds out you participated.
4. **Potential Benefits:** There is no direct benefit from your participation in this study. However, the potential benefits to society include a greater understanding of the emotional support needs of CNAs and CISM as a support source. This could contribute to future research and implementation of CISM to support CNAs.

5. **Voluntary Participation:** Your participation in this research study is entirely voluntary. You do not have to participate. You may quit at any time without any penalty to you.
6. **Privacy and Confidentiality:** Your name will not be given to anyone other than the research team. All information collected from you or about you is for this research study's sole purpose and will be kept confidential to the fullest extent allowed by law. In very rare circumstances, specially authorized university or government officials may be given access to our research records for purposes of protecting your rights and welfare or to make sure the research was done correctly. The researcher will assign each participant a number to differentiate between participants during data analysis while still keeping them unidentifiable. In writing the final research paper, the researcher will give pseudonyms to the interviewees and de-identify other individuals discussed during the focus group.
7. **Personal Data:** Personal data to be collected in this study includes personally identifiable information such as name and email address, demographic data, racial origin, gender identity, and city location of employment. Sensitive personal data will be handled, processed, and kept on an encrypted portable storage device in a secure location accessible only by researchers conducting this study or by specially authorized university or government officials to ensure the research was done correctly.
8. **Data Transfer:** If you provide data to the researchers of this study while you are physically located outside of the United States, your data will be transmitted to a Grand Valley State University campus in the United States for processing.
9. **Data Security:** GVSU is committed to keeping your data secure. We have put in reasonable physical, technical, and administrative data protection measures for this research. If you suspect a data breach has occurred, please contact the Vice Provost for Research Administration at Grand Valley State University, 1 Campus Drive, Allendale, MI. Phone: 616-331-3197. Email: rci@gvsu.edu. The interview will be recorded on a password-protected device: Dell Intel Core 15 10th Generation laptop will be used for the focus group via Zoom. The Zoom sessions will be recorded only to the cloud, not the laptop. As soon as the recording is ready, the recording will be transferred to a Panopto secured folder where Andrea Miller will be the only one with access. The researcher will then transcribe the interview, and upon completion, the video recording will be deleted. The transcriptions will be saved on an encrypted storage device. The researcher will assign each participant a number to differentiate between participants during data analysis while still keeping them unidentifiable. In writing the final research paper, the researcher will give pseudonyms to the interviewees and de-identify other individuals discussed during the interview. After the thesis defense, the transcriptions will be deleted, and the only thing remaining will be the final research paper.

10. **Data Retention:** Personal data will be retained until the completion of this research and the final research presentation by May 2022.
11. **Withdrawing Consent:** You have the right to withdraw your consent to the collection and processing of personal and sensitive data at any time. If you would like to withdraw from participating in this study, please contact the lead researcher: Andrea Miller Phone: 616-322-7284. Email: millerah@mail.gvsu.edu. If you would like to request that your personal data, be removed from this study, please contact the Vice Provost for Research Administration at Grand Valley State University, 1 Campus Drive, Allendale, MI. Phone: 616-331-3197. Email: rci@gvsu.edu.

Note: The university requires data removal requests to go through the Vice Provost for Research Administration (VPRA) to ensure compliance with the General Data Protection Regulation. The PI will be contacted by the VPRA and/or ORCI with further instructions if any requests for data removal are received.

Agreement to Participate: By verbally consenting, you are agreeing to the following:

- The details of this research study have been explained to me, including what I am being asked to do and the anticipated risks and benefits
- I have had an opportunity to have my questions answered
- I voluntarily agree to participate in the research as described on this form
- I voluntarily agree to have my personal data used for this study and agree that the data can be transferred to the United States if originally collected outside of the United States
- I may ask more questions or quit participating at any time without penalty.

Contact Information

If you have any questions about the study, you may contact

NAME: Andrea Miller PHONE: 616-322-7284
EMAIL: millerah@mail.gvsu.edu

If you have any questions about your rights as a research participant, please contact the **Office of Research Compliance & Integrity** at Grand Valley State University, 1 Campus Drive, Allendale, MI. Phone: 616-331-3197. Email: rci@gvsu.edu.

This study has been reviewed by the Institutional Review Board at Grand Valley State University (Protocol # 22-245-H)."

Appendix C

Emails to Participants

Recruiting Email

Hello!

My name is Andrea Miller, and I am an MSW student currently working on a research project for my thesis. I am doing a study on whether critical incident stress management would be a beneficial emotional support resource for certified nursing assistants within the West Michigan area. I would like your help finding people willing to participate in a 45 minute to 1-hour focus group.

A focus group is a type of research where the researcher facilitates a collective interview of typically six to eight participants. Through a group dynamic, comes interactions and data that would not be possible in other types of research such as one-on-one interviewing. Focus groups have the ability to offer a powerful insight into people's thoughts and feelings, which allows the researcher to gain a more detailed and richer understanding of the group's perspective (Lavrakas, 2008).

How do you know if someone is qualified?

- Is the person a certified nursing assistant?
- Are they employed by a skilled nursing home facility in the west Michigan area?
- Are they 18 years old or older?

If you answered "yes" to all of these questions, please email me; or if you know someone who may qualify, please share our information with this person and ask them to contact us ASAP to discuss our study with this person!

Please respond by emailing me personally at millerah@mail.gvsu.edu directly, rather than replying to this email.

Thank you so much for your help!

Andrea Miller

Note: Participation is voluntary at all times, and you will be deidentified in order to protect your identity.

****

Email with Screening Questionnaire

Hello!

Thank you so much for your interest in my study! Before I can officially accept you as a participant, please take a moment and fill out a quick screening questionnaire here: https://gvsu.co1.qualtrics.com/jfe/form/SV_9B8mcybIXHM1I4C

Once that has been completed, I will send you the consent form to review.

If you have any questions, please feel free to email me.

Thank you so much!

Andrea Miller

Note: Participation is voluntary at all times, and you will be de-identified in order to protect your identity.

****

Consent Form Email

Hello!

Thank you so much for filling out the screening questionnaire!

Now that I know you are eligible to participate attached is an informed consent document. Please read it through carefully. At the beginning of the focus group session, I will have you verbally consent to participate.

If you have any questions, please feel free to email me.

Thank you so much!

Andrea Miller

Note: Participation is voluntary at all times, and you will be deidentified in order to protect your identity.

****

Email with Meeting Information

Hello!

Your interview will be on: **(insert date and time here)**

Here is the link for the meeting, along with its passcode: **(Link will be placed here)**

GVSU requires a waiting room for protection, so I will let you into the meeting once I see your name.

Technical Support Articles

- **Audio Issues:** https://support.zoom.us/hc/en-us/articles/201362283-Testing-computer-or-device-audio
- **Video Issues:** https://support.zoom.us/hc/en-us/articles/202952568-My-Vide0-Camera-Isn-t-Working
- **Software Issues:** https://windowsreport.com/zoom-video-not-working/#:~:text=If%20restarting%20your%20computer%20does,of%20Zoom%20video%20not%20working
- **Uninstalling Zoom:** https://support.zoom.us/hc/en-us/articles/201362983-How-to-uninstall-Zoom
- **Reinstalling/Installing Zoom:** https://zoom.us/download

If you have any more questions about Zoom, take a look at the Zoom support webpage here: https://support.zoom.us/hc/en-us or feel free to ask me!

During the interview, we will be discussing different stressors and incidents that have happened at work. These topics could potentially bring up feelings and emotions of distress, frustration, sadness, anger, etc. Below are some free mental health services to support you and help you cope with this interview as well as in the future.

- If you are experiencing emotional distress in the context of the COVID-19 crisis, get help from the Michigan Stay Well Counseling via the COVID-19 Hotline: Call

1-888-535-6136 Press "8" to talk to a Michigan Stay Well counselor. Counselors are available 24/7.

- Supporting Emotional Health of the Health Care Workforce: https://www.michigan.gov/documents/coronavirus/Healthcare_Workers_Final_685876_7.pdf
- Online Discussion Groups for Healthcare Workers and First Responders: https://www.michigan.gov/coronavirus/0,9753,7-406-98178_99557_104763-548373--,00.html
- Crisis Text Line: https://www.crisistextline.org/ text HOME to 741741 to connect with a Crisis Counselor
- SAMHSA Treatment Referral Helpline: 1-877-726-4727 Get general information on mental health and locate treatment services in your area. Speak to a live person, Monday through Friday from 8 a.m. to 8 p.m. EST.
- National Suicide Prevention Lifeline: 1-800-273-8255 or Live Online Chat: https://suicidepreventionlifeline.org/chat/
- If you want local help from the nearest Community Mental Health Services Program (CMH): https://cmham.org/membership/cmhsp-directory/

I am looking forward to our session!

Thank you!
Andrea Miller
Note: Participation is voluntary at all times, and you will be deidentified in order to protect your identity.

Appendix D

Qualtrics Survey

https://gvsu.co1.qualtrics.com/jfe/form/SV_9B8mcybIXHM1I4C

Please write your name here
Please state your race

- African American or Black
- Hispanic/Latino
- Asian
- American Indian or Alaska Native
- White/Caucasian
- Pacific Islander
- Other

Are you 18 years or older?

- Yes
- No

Please state your gender

- Male
- Female
- Non-binary / third gender
- Prefer not to say
- Other

Are you currently employed by a skilled nursing home facility?

- Yes
- No

Please state where the nursing home you are employed by is located. You do not need to say the name of the facility, just the town/city in which it is located in.
Please state both the days of the week and times that you would be available to participate in the focus group over Zoom.

References

American Psychological Association (2020). *Dictionary: Emotional support*. American Psychological Association https://dictionary.apa.org/emotional-support

Antai-Otong D. (2001). Critical incident stress debriefing: A health promotion model for workplace violence. *Perspectives in Psychiatric Care, 37*(4),125–139. https://doi-org.ezproxy.gvsu.edu/10.1111/j.1744-6163.2001.tb00644.x

Burack R. O., Chichin, R. E. (2001). A support group for nursing assistants: Caring for nursing home residents at the end of life. *Geriatric Nursing (22)*6. 299-307. https://pubmed.ncbi.nlm.nih.gov/11780003/

Cardinal, Sherry. (2021). What is CISM? CISM International. https://criticalincidentstress.com/what_is_cism_.

Chapman S., & Harrington, C. (2020). Policies matter! Factors contributing to nursing home outbreaks during the COVID-19 pandemic. Policy, Politics, & Nursing Practice, 21(4), 191–192. https://doi.org/10.1177/1527154420959021

Denny-Brown N., Stone, D., Hays, B., & Gallaghe, D. (2020). COVID-19 intensifies nursing home workforce challenges. US Department of Health & Human Services: Office of the Assistant Secretary for Planning and Evaluation n.p. https://aspe.hhs.gov/basic-report/covid-19-intensifies-nursing-home-workforce-challenges#note1

Dreher M. M., Hughes G. R., Handler A. P., Tavakoli S. A. (2019 September). Improving retention among certified nursing assistants through compassion fatigue awareness and self-care skills education. Journal of Holistic Nursing (37)3. 296-308. https://journals-sagepub-com.ezproxy.gvsu.edu/doi/pdf/10.1177/0898010119834180

Ersek M., Kraybill, Miller B., & Hansberry J. (2000). Assessing the educational needs and concerns of nursing home staff regarding end-of-life care. Journal of Gerontological Nursing, 26(10), 16-26. https://www.proquest.com/docview/204151879?accountid=39473

Everly, G.S. & Mitchell, J.T. (1997). Critical Incident Stress Management (CISM): A New Era and Standard of Care in Crisis Intervention. https://icisf.org/a-primer-on-critical-incident-stress-management-cism/

Fisher, L. T., & Wallhagen, M. I. (2008). Day-to-day care: the interplay of CNAs' views of residents & nursing home environments. Journal of gerontological nursing, 34(11), 26–33. https://doi.org/10.3928/00989134-20081101-04

Flannery, R.B., Anderson, E., Marks, L., Uzoma, LL (2000). The assaulted staff action program (ASAP) and declines in rates of assault: Mixed replicated findings. Psychiatr Q 71. 165-175. https://doi.org/10.1023/A:1004680504051

Fryer, S., Bellamy, G., Morgan, T., & Gott, M. (2016). "Sometimes I've gone home feeling that my voice hasn't been heard": a focus group study exploring the views and experiences of health care assistants when caring for dying residents. BMC palliative care, 15(1), 78. https://doi.org/10.1186/s12904-016-0150-3

Geiger-brown J., Muntaner C., Lipscomb J., & Trinkoff A. (2004). Demanding work schedules and mental health in nursing assistants working in nursing homes, Work & Stress (18)4. 292-304, DOI: 10.1080/02678370412331320044

Kaldy J. (2021, January 1). Not a pizza party: How to help frontline staff during the COVID-19 pandemic. Caring for the Ages, 22(1), 19. https://doi.org/10.1016/j.carage.2020.12.007

Knickman J. R., & Snell E. K. (2002). The 2030 problem: Caring for aging baby boomers. Health Services Research, 37(4). 849–884.https://doi-org.ezproxy.gvsu.edu/10.1034/j.1600-0560.2002.56.x

Lachs M. S., Rosen T., Teresi J. A., Eimicke J. P., Ramirez M., Silver S., & Pillemer K. (2013). Verbal and physical aggression directed at nursing home staff by residents. Journal of general internal medicine, 28(5), 660–667. https://doi.org/10.1007/s11606-012-2284-1

Lapane, K.L., Dube, C.E., & Jesdale, B.M. (2016). Worker injuries in nursing homes: Is safe patient handling legislation the solution? The Journal of Nursing Home Research Sciences, 2 1-15. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7278261/

Lavrakas, P. J. (2008). Focus group in: Encyclopedia of survey research methods SAGE Research Methods. doi: 10.4135/9781412963947

Lim J. J., Childs J., & Gonsalves, K. (2000). Critical incident stress management. AAOHN Journal 48(10). https://journals.sagepub.com/doi/pdf/10.1177/216507990004801007#:~:text=In%20the%201980s%2C%20Jeffrey%20Mitchell,these%20workers%20to%20normal%20duties.

Marney, N., Johar, K. S., DO, and Allison, J. E. (2007, April). Is critical incident stress management effective? Federal Practitioner. 15-26. https://cdn.mdedge.com/files/s3fs-public/Document/September-2017/024040015.pdf

Matthews L. K., Baird M., Duchesne G. (2018). Using online meeting software to facilitate geographically dispersed focus groups for health workforce research. Qualitative Health Research 28(10). 1-8. https://doi.org/10.1177/1049732318782167

Maxwell W. (2020). Critical incident in workplace: Safety, functional and administrative issues. Crisis, Stress, and Human Resilience: An International Journal, 1(4). 233-240.

https://www.crisisjournal.org/article/12212-critical-incident-in-workplace-safety-functional-and-administrative-issues

Mayer, D., M. (2018). Critical incidents in health care. Medsurg Nursing, 27(4), 231–237. https://web-b-ebscohost-com.ezproxy.gvsu.edu/ehost/pdfviewer/pdfviewer?vid=1&sid=c2163191-968c-4fb7-94f0-2ba25e57c8a0%40sessionmgr102

Mayo Clinic. (2022). Job burnout: How to spot it and take action. https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642

Mitchell, G. (2015). Use of interviews in nursing research. Nursing Standard 29(43), 44–48. doi:10.7748/ns.29.43.44.e8905

Michigan Department of Licensing and Regulatory Affairs. (2022). Nurse aide complaints. https://www.michigan.gov/lara/bureau-list/bchs/file-complaint/cna

MITRE (2020, September). Coronavirus commission for safety and quality in nursing homes: Commission final report. P.1-67. https://sites.mitre.org/nhcovidcomm/wp-content/uploads/sites/14/2020/09/FINAL-REPORT-of-NH-Commission-Public-Release-Case-20-2378.pdf

Muntaner C., Van Dussen J. D., Li Y., Zimmerman S., Chung H., Benach J. (2006). Work organization, economic inequality, and depression among nursing assistants: A multilevel modeling approach. Psychological Reports (98) 585-601. https://journals-sagepub-com.ezproxy.gvsu.edu/doi/pdf/10.2466/pr0.98.2.585-601

National Academies of Science, Engineering, and Medicine. (2022). The national imperative to improve nursing home quality: Honoring our commitment to residents, families, and

staff. Washington, DC: The National Academies Press. (p.47-302). https://doi.org/10.17226/26526.

Occupational Safety and Health Administration (2021). Safety and health guides: Critical incident stress guide. United States Department of Labor. https://www.osha.gov/emergency-preparedness/guides/critical-incident-stress

Pfefferle, S. G., & Weinberg, D. B. (2008). Certified nurse assistants making meaning of direct care. Qualitative health research, 18(7), 952–961. https://doi.org/10.1177/1049732308318031

Plaku-Alakbarova B., Punnet L., & Gore R.J. (2018). Nursing home employee and resident satisfaction and resident care outcomes. Safety and Health at Work (9)4. 408- 415. https://doi.org/10.1016/j.shaw.2017.12.002

Santhosh, L., Rojas, J., & Lyons, P. (2021, February 8). Zooming into Focus Groups: Strategies for Qualitative Research in the Era of Social Distancing. ATS Scholar 2(2). https://doi.org/10.34197/ats-scholar.2020-0127PS

Schaufeli, B. W., (2017). Applying the job demands-resources model: A 'how to' guide to measuring and tackling work engagement and burnout. Organizational Dynamics (46). 120-132.

Snyder, L. A., Chen, P. Y., & Vacha-Haase, T. (2007). The underreporting gap in aggressive incidents from geriatric patients against certified nursing assistants. Violence and Victims, 22(3), 367–379. https://doi.org/10.1891/088667007780842784

Stefanacci, R.G., Cusack, C.L.(Eds.). (2016). The long-term care team of the future. Annals of Long-Term Care.24(4), n.p. https://www.managedhealthcareconnect.com/articles/long-term-care-team-future

Swab, J. (2020, March). Critical incident stress management: Perspectives on its history, frequency of use, efficacy, and success. Crisis, Stress, and Human Resilience: An International Journal 1(4). file:///C:/Users/andre/Downloads/12211-critical-incident-stress-management-perspectives-on-it-s-history-frequency-of-use-efficacy-and-success%20(3).pdf

The National Consumer Voice for Quality Long-term Care. (2022). Inadequate staffing during the COVID-19 pandemic: and its catastrophic effects on nursing home residents. https://theconsumervoice.org/uploads/files/issues/suffering-in-lockdown.pdf

Travers, JL, Teitelman, AM, Jenkins, KA, Castle, NG. (2019). Exploring social-based discrimination among nursing home certified nursing assistants. Nursing Inquiry 27(1). 1-14 https://doi-org.ezproxy.gvsu.edu/10.1111/nin.12315

Travers, J.L., Schroeder, K., Norful, A.A., Aliyu, S. (2020) The influence of empowered work environments on the psychological experiences of nursing assistants during COVID-19: A qualitative study. BMC Nursing 19(98). n.p. https://doi.org/10.1186/s12912-020-00489-9

Travers, JL, Caceres, B.A., Vlahov, D., Zaidi, H., Dill, J.S., Stone, R.I., & Stone, P.W. (2021, February 13). Federal requirements for nursing homes to include certified nursing assistants in resident care planning and interdisciplinary teams: A policy analysis. Nursing Outlook. DOI: 10.1016/j.outlook.2021.01.004

Van Riesenbeck I., Boerner K., Barooah A., Burack R. O. (2015, July). Preparedness for resident death in long-term care: The experience of frontline staff. Journal of Pain and Symptom Management (50)1 9-16.

White, E.M., Wetle, T.F., Reddy, A., Baier, R.R. (2020). Frontline nursing home staff experience during the COVID-19 pandemic. The Journal of American Medical Directors Association. (22)1. 199-203. DOI: https://doi.org/10.1016/j.jamda.2020.11.022

World Health Organization. (2014, May 20). Global health workforce shortage to reach 12.9 million in coming decades. https://www.who.int/mediacentre/news/releases/2013/health-workforce-shortage/en/.