An Exploration of Work Related Stressors Experienced by Rural Emergency Nurses

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Abstract

Purpose: Nursing in a rural emergency department is a physically and emotionally demanding job. The challenges of working under these conditions can be very stressful for nurses. Work place stress can result in nurses developing mental health issues with subsequent physical consequences. These mental health issues, when experienced by nurses, can compromise patient care and safety. The consequences of work related mental health challenges are not isolated to the workplace but also have the potential to disrupt and destroy nurses' careers and family life. This article addresses the following research question: What are the experiences of rural emergency nurses that can contribute to, or leave rural emergency nurses vulnerable to, the development of work related mental health issues?

Sample: Participants were emergency department registered nursing staff from one hospital located in a rural community north of Toronto.

Method: An exploratory qualitative descriptive study design was chosen, in which rural emergency department nurses were invited to share their stories through face-to-face in-depth interviews.

Findings: Rural emergency nurses are challenged by a lack of resources, anxious about working outside their scope of practice, and are concerned about issues related to patient privacy and their own anonymity in the community. Added to this is the emotional impact of caring for young trauma patients, family, and people they know from the community. These experiences also affect their family members and can be expressed by lashing out, impatience, and withdrawing from interactions with them.

Conclusion: Workplace challenges faced by rural emergency nurses can contribute to occupational mental health issues such as compassion fatigue and burnout. Managers of rural emergency departments need to acknowledge the unique working conditions of the nurses, improve communication, and tailor support programs to meet the needs of each individual nurse who has experienced an occupational threat to their mental well-being. *Keywords:* Rural Emergency Nurses, Mental Health, Compassion Fatigue, Stress, Burnout, Occupational Health

An Exploration of Work Related Stressors Experienced by Rural Emergency Nurses

The nurses who work in rural emergency departments (ED) care for members of their community during long shifts in a fast-paced environment with limited resources. Nursing in a rural ED is a physically and emotionally demanding job. The challenges of working under these conditions can be very stressful for nurses (Healy & Tyrell, 2011; Yuwanich, Sandmark & Akhavan, 2016). Work place stress can result in nurses developing mental health issues and physical consequences (Kilic,

Aytac, Korkmaz & Ozer, 2016; Potter et al., 2010; Yuwanich et al., 2016). These mental health issues, when experienced by nurses, can compromise patient care and safety (Christodoulou-Fella, Middleton, Papathanassoglou & Karanikola, 2017; Van Bogaert et al., 2017). The consequences of work-related mental health challenges are not isolated to the workplace but also have the potential to disrupt nurses' careers and family life (Showalter, 2010; Yuwanich et al., 2016). Previous studies have focused on ED nurses and stress, however, there is a dearth of research exploring how working in a *rural* ED may impact the mental health of the nurses who work in this environment. According to the Rural and Northern Health Care Report Executive Summary (Government of Ontario, 2011) "Rural communities in Ontario are those with a population less than 30,000 that are greater than 30 minutes away in travel time from a community with a population of more than 30,000" (p. 4). Being a rural resident means there can be added challenges to access health care. For example, transportation, limited healthcare supply, perceived lack of quality of health care, social isolation and financial constraints can limit health care access (Bolin et al., 2015; Goins, Williams, Carter, Spencer & Solovieva, 2005).

Mental health issues such as anxiety, depression, compassion fatigue (CF), burnout, and posttraumatic stress disorder (PTSD) have all been identified as a consequence of workplace stress (Aycock & Boyle, 2009; Cocker & Joss, 2016; Mealer, Burnham, Goode, Rothbaum, & Moss, 2009). Studies have shown that emergency nurses have a high prevalence of CF (Hooper, Craig, Janvrin, Westsel, & Reimels, 2010) and symptoms of burnout (Harkin & Melby, 2014). In addition, one study found that 1 in 3 emergency nurses' experienced sub-clinical levels of anxiety/depression and 8.5% met clinical levels of PTSD (Adriaenssens, de Gucht, & Maes, 2012) as a result of the work they do. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is the first edition to include a chapter on trauma and stressor related disorders

acknowledging that work experiences can give rise to mental health problems such as PTSD and CF (American Psychiatric Association [APA], 2013). Understanding how the challenge of rural emergency nurses' work can contribute to PTSD, CF, and burnout is imperative in order to manage the deleterious effects of these mental health issues for these nurses.

This study addresses the following research question: What are the experiences of rural emergency nurses that can contribute to, or leave rural emergency nurses vulnerable to work place stressors? The study design is an exploratory, qualitative descriptive study that aims to (a) explore the experiences of rural emergency nurses that can affect their mental health; (b) give voice to rural emergency nurses regarding the everyday challenges of caring for their patients; (c) contribute to knowledge, that when disseminated amongst nursing and health professionals can inform policy and program development to address rural emergency room nurses' occupational mental health issues

Method

An exploratory qualitative descriptive study design was chosen, in which rural ED nurses were invited to share their stories through face-to-face in-depth interviews. This approach provided rich data to help illuminate the challenges and multiple influences on the participants' experiences. The exploratory qualitative descriptive approach is a viable and acceptable research design for qualitative research that seeks to explore a phenomenon where little is known about the topic (Sandelowski, 2000). As there is very little research done on work related stressors rural emergency nurses face, an exploratory descriptive approach was chosen.

Participants

Participants were 10 ED registered nurse (R.N.) staff. They were located in one Canadian hospital located in a rural community north of Toronto, in Ontario Canada.

Data Collection

After ethical approval was received from the York University Research Ethics Board and from the local Hospital Research Ethics Board, the nurse manager of the hospital ED provided her nursing staff with verbal information about the study through staff meetings and casual discussions. A semi-structured interview guide was used to guide all the individual in-depth interviews (See Appendix). The guide consisted of thirteen open-ended questions and additional probing questions to facilitate elaboration and depth of exploration of the nurses' experiences working in the ED. The interviews lasted from 30 to 60 minutes and recordings were transcribed verbatim for analysis. Demographic data was included, however, any information that could lead to identification of the participants or the hospital was removed and the nurses were given a pseudonym to ensure the anonymity of the nurses and the hospital.

Data Analysis

Qualitative content analysis as described by Hsieh & Shannon (2005) was used as the method for analyzing the data. Content analysis is the "subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (Hsieh & Shannon, 2015 p.1278). The transcripts were read word-by-word, highlighting exact words that represented key thoughts or concepts (Hsieh & Shannon, 2015). The emerging themes were organized and entered as nodes (a meaningful cluster) in NVivo computer software (NVivo, 2012). These processes continued (using constant comparison) until themes emerged from the data that were representative of more than one key thought (Hsieh & Shannon, 2105). During the process of analysis, two overarching themes emerged from the data. These included the *working in a rural ED is stressful* and *work stress in a rural ED broadly affects nurses and patients.*

To develop trustworthiness of the findings, the study was guided by Lincoln and Guba's (1985, 1994) trustworthiness framework. This framework consists of five criteria, i.e. credibility, dependability, confirmability, transferability, and authenticity (Lincoln & Guba, 1985, Guba & Lincoln, 1994). All the interviews were initially coded by one researcher as described above. Then, a second experienced researcher independently coded the interviews and results were discussed among the team until a consensus was reached. In addition, the research team kept comprehensive field notes, careful documentation of the research proposal, and tracked any document changes or revisions to any methodological and analytical decisions contributing to the audit trail.

Findings

Demographics

Ten nurses currently working in the ED were interviewed. The participants' demographic characteristics are presented in Table 1.

Table 1

Demographic Characteristics of Participants

Demographic Variable	N	%
Gender		
Female	10	100
Marital Status		
Married	6	60
Divorced	3	30
Single	1	10
Age		
25-29	1	10
30-34	1	10
35-39	1	10
45-49	2	20
50-54	4	40
55-59	1	10
Nursing Education		

Diploma	7	70
University Degree	2	20
Graduate Degree	1	10
Years Working as an R.N.		
< 5	2	20
5-9	1	10
10-14	2	20
15-19	2	20
20+	3	30
Years Worked in the E.R		
< 5	1	10
5-9	3	30
10-14	0	0
15-19	3	30
20+	3	30
Lives in Community		
Yes	9	90
No	1	10
Employment Status		
Full-time	6	60
Part-time	4	40

Note. *Diploma nursing graduates are those that graduated from a 2-3 year program from a community college, university graduates have a 4-year bachelor degree in nursing, and graduate program nurses have an advanced degree such as a masters or PhD in nursing.*

The nurses were open about their ED experiences caring for patients in their community. They shared stories about the challenges and personal impact of nursing in a small rural ED. Two overarching themes as well as multiple subthemes emerged from the data (Table 2).

Table 2

Themes and Subthemes

Overarching Theme	Subthemes
Working in a rural ED is stressful	1. Lack of resources
	2. Scope of practice and liability concerns
	3. Lack of privacy in the community

	4.	Personal relationships with patients and/or their families
	5.	Extreme stress in treating young trauma patients
	6.	Feeling trapped in the ED
Work stress in a rural ED broadly affects nurses and patients	1.	Results of the emotional stress of working in the ED
	2.	Impact of work stress on home life
	3.	CF experience and perception
	4.	Machismo as a way to deal with work stress

Working in a Rural ED is Stressful

The first overarching theme is that working in a rural ED is stressful. Subthemes describing specific work stressors included lack of resources, scope of practice and liability concerns, lack of privacy within the community, personal relationships with patients, extreme stress in treating young trauma patients, and feeling trapped in the ED. All the participants believed that working in a rural ED presented challenges that were different than working in a larger or urban center. Quotes from the participants representing the subthemes of this overarching theme are presented in Table 3.

Lack of resources. Many participants talked about working with a lack of resources in the rural ED that directly affected their workload and quality of patient care. This included both lack of ancillary staff such as technical and clerical support, and mismatched patient to nurse ratios during periods of heavy ED traffic such as summers and weekends.

Scope of practice concerns. A few nurses said that they sometimes had to work outside their scope of practice to save patients' lives. This led some of the nurses to be concerned that they might be endangering their nursing registration. One participant wondered if her patient might have had a better outcome if the treatment had been initiated more quickly. She was concerned this patient's case would be reviewed by hospital administration or the College of Nurses of Ontario and the nursing staff would be held legally responsible for the poor outcome.

Lack of privacy in the community. The nurses identified that working and living in a small community meant they were recognized outside of work by members of the community and sometimes asked about their work and patients they had cared for. This could include inquiries by former patients as well as questions from patients' friends or family members who heard about an incident at the hospital. These requests for information put the nurses in awkward positions as they had information they could not share. All participants were aware of privacy legislation and had strategies to deal with situations when they were asked by family or friends to disclose personal information about patients.

Personal relationships with patients and/or their families. For the participants, working in a small community meant they sometimes treated family and friends in the ED. One participant described doing CPR on friends and how it disturbed her that she did not recognize the patients. Another said treating family members could be *"upsetting and embarrassing"*. Still another described feeling self-conscious about treating people she knew in the department and how situations at the hospital have the potential to be retold in the community.

Extreme stress in caring for young trauma patients. One of the most challenging situations discussed by most of the participants was caring for pediatric and young adult trauma patients. During a pediatric crisis, many of the nurses shared that they identified with the distressed

families and also often thought about their own children. In addition, when the ambulance dispatch called ahead to notify of an incoming child trauma the nurses were sometimes concerned that it could be their own child. One participant described feeling guilty for hoping the incoming trauma was not her child. Although she felt relieved that the trauma patient was not her child, she described the 'relief' to be short lived because she was overwhelmed by the reality that the trauma was somebody else's child.

The nurses had vivid memories and recalled with great detail the young trauma patients they cared for. The participants specifically discussed how pediatric traumas affected them emotionally and, in turn, their ability to function on the job. One participant candidly about reliving the experience of caring for a pediatric patient that passed away. These thoughts were so intrusive that they kept her awake at night. Another shared that after caring for a child experiencing severe pediatric trauma she had difficulty focusing on her work and would have benefited from a day off to recover.

Feeling trapped in the ED. Another subtheme which repeatedly surfaced was that nurses could feel trapped in the ED. This sense of feeling trapped was attributed to living in a small community and therefore, they would be unable to make the same income and maintain the same lifestyle due to a lack of other types of nursing positions. In addition, nurses who had worked for many years in the hospital remained in their jobs because they had built up seniority, vacation time and pensions. This security made it a difficult decision to switch jobs, even if they wanted a different job. When asked where they saw themselves in ten years, most of the nurses said that they would not be working in this ED.

Table 3

Quotes Forming the Subthemes of Working in a Rural ED is Stressful

Subtheme	Participant Quotes
Lack of resources	*"as a nurse you are really challenged…you are doing everything, ECGs, IV`s, any sort of procedure that in a teaching hospital the medical students or the interns would be doing*"
	"…you are very restricted in the resources you have…I have to run and phone for x-ray, I have to run and phone for blood work…no security, no registration."
	"Here we have barebones everything so I think it's just trying to figure out what you have to do and doing it."
	"[Patient visits] in key summer months, are similar to the volumes that I saw in downtown Toronto emergency with about a third of the staff."
	"It`s on the weekends when you are overwhelmed with numbers, because of this [vacation] area and the population…you know doubles, triples, whatever."
	"it's all about the hours and not getting burnt out...I can see why the nurses get grouch[y] here, because it is stressful…almost twelve o`clock and they haven`t been to breakfast yet [the morning break] *and I`ve been up since five thirty and didn`t sleep until four fifteen and I`m thinking it is hard to be here for so many hours and not even go pee or have something to eat"*
Scope of practice and liability concerns	*"Sometimes we cross the line, out of the scope of a nurse. But if I don't cross that line with my physician backing me up in the next room, this person dies. So we do cross the line and it`s not right, but it is what has to be done because it is for the patient"*
	"I worry for my license a lot here. I`ve never done that before."
Lack of privacy in the community	*"Privacy is huge, I would say it is a huge issue because people know everybody, people are related to everybody, people are married to everybody it seems. I just don't say anything about anyone; because …Everybody knows somebody to some degree and you are going to say something that will bite you in the ass".*
	"It's very difficult because often I am asked were you working. Did you see?"
Personal relationships with patients and/or their families	*"Yeah, so that part is really hard. I did CPR on a woman's husband once. I knew the woman more than I knew the husband but just, you are getting involved in the, you know, the whole code."*
	"I've done CPR on a couple of friends of mine that have died and I'm (years old). It's hard in that sense and then my neighbor, who was totally [pulmonary embolus] and purple, couldn't even recognize her. You know, you are doing CPR on your neighbor and the husband comes in and you're kind of going, shoot (shakes her head)"
Extreme stress in treating young trauma patients	*"Well, last night I was up till four in the morning because the last shift I worked I had an eleven month old. We were doing CPR, tubed her everything. She ended up passing away...it was a local family, you kind of know the family and so I was reliving that…and I was reliving till four fifteen in the morning and what you could have done differently, how could we have made that faster,*

	what could we have. Do you know what I mean? So it has a big impact, it really does, all this stuff and knowing people…. I`m having three hours sleep…I`ve been redoing (reliving over and over) it. You take a lot of it"
	"I had a 6 year old drowning a few years ago and we did CPR on him for six hours, he`d fallen through the ice and his baby brother sat outside the trauma room on a stretcher, and his dad stood at the end of the bed clapping, you know; come on (name) come on (name) and for six hours we tried to help this little kid and he didn`t make it".
Feeling trapped in the ED	*"And that`s one of the challenges in a smaller community too, is that most, a lot of nurses feel trapped in what they do because you cannot make the same income and maintain the same lifestyle, there`s not too many other opportunities".*

Work Stress in a Rural ED Broadly Affects Nurses and Patients

The second overarching theme that emerged from the data was that work stress in a rural ED broadly affects nurses and patients. This overarching theme pertains to how working in a rural ED affected the ED nurses' mental health, feelings, awareness and motivation, and thereby patient care and non-work social functioning. The subthemes that explicate the complexity of this overarching theme are: responses to the emotional strain of working in the ED, impact of work life on home life, compassion fatigue experience and perception, and machismo as a method to deal with work stressors. Quotes from the participants representing the subthemes of this overarching theme are presented in Table 4.

Results of the emotional stress of working in the ED. Many nurses talked about how they reacted to the emotional stress of working in an ED caused by such things as over work, dealing with trauma and a lack of resources. They also discussed the impact this stress had on their mental health. The participants responded to the stress they experienced at work in various ways. Half of the nurses described crying about traumatic work events either at home or while still at work. One participant described leaving work and driving to the lake to cry when she recalled the events of the day. Another described being angry and frustrated at work because she felt overwhelmed by her work and unable to cope. Still others described feeling "burnt-out" and "grouchy". One

participant connected the death of a 17 year old patient she cared for to an episode of depression she experienced. In order to cope with the emotional strain**,** two participants left nursing for a period of time; one for a year and one for three and a half years. Both participants indicated that their stressful work environment contributed to this choice.

Impact of work stress on home life. Most of the nurses stated their work impacted their home life in one way or another by this work stress. This was particularly evident after a "bad day", i.e. one with multiple trauma patients, difficult cases, or working without enough staff and not being able to take breaks. The participants talked about how a bad day at work would negatively impact their family. They described behaving more negatively toward their families by being angry or yelling after a stressful day at work. Some participants described emotionally withdrawing after a bad day from family, while others shared that they sought emotional support from their partners. Two participants mentioned using alcohol as a coping mechanism.

CF experience and perception. Most of the participants had heard of CF and agreed it was a real issue, and one many had experienced. The nurses shared how CF in their experience led them to distance themselves from having therapeutic relationships with patients. The nurses also felt there was a connection between CF and the nurses' feeling numb to emotions. One participant acknowledged the vulnerability of this group of nurses to CF because of the traumatic events they are involved with. Some participants indicated the staff had discussed CF in a work setting. Some nurses indicated that they would avoid emotionally supporting patients because it was too upsetting to get involved in their problems or they were too busy.

The nurses also spoke about guarding their own emotions to avoid distress by becoming hardened, cynical or blocking out situations that would normally be troubling to them. For

example, several participants coped by using humor or compartmentalization in addition to blocking out events.

Machismo as a way to deal with work stress. The nurses were very proud of the work they do. They viewed themselves as survivors for continuing to nurse patients in the stressful environment of the emergency room. In addition, they recognized that emergency nursing was unique and saw ED nurses as tough for sticking with it. One participant spoke with a sense of machismo that she was still working in the ED, while another spoke with pride about being a resilient emergency nurse,

Teamwork was often related as a positive development of the emotional stress. Multiple participants noted that they had pride in their nursing colleagues and one participant said that working in a small department meant nurses needed to rely on each other more than at a larger center, and do more with less help. However, both systemic and interpersonal factors which disincentivized demonstrating vulnerability were mentioned, such as nurses' not generally taking days off after a stressful case while paramedics often would.

Table 4

Work Stress in a Rural ED Broadly affects Nurses and Patients

Subthemes	*Participant Quotes*
Responses to the emotional stress of working in the ED	*"…I started having some anxiety issues and I did get medicated…so I came to work and literally, it was like I wasn't working…and it turned out I had depression and was off for two months"*
	"*I took a break for about three, three and a half years…then I came back in."*
Impact of work stress on home life	*"It totally bleeds into your home life….so you go home, you vent, you cry, you drink a bottle of wine, you know you cope or whatever and then you get up the next day and you start over."*
	"I kind of withdraw, which is not necessarily the best thing to do but it is hard for your family to understand because you have to keep confidentiality…and when you come home, and you look like shit and you feel like shit and all you really want to do is snuggle beside your partner …they don't get it."

	"Work is work, home is home...some nights I probably drink a couple of glasses of wine and that`s how I deal with it."
CF experience and perception	*"Yeah, I definitely have heard of CF, that's something we definitely face here a lot, because we are such a small center and we're not really close to anything. We deal with a lot of traumatic stuff, infants, teenagers, adults, very traumatic deaths."*
	"I block a lot of it out because you have to keep going because I am an emotional person. I actually make jokes out of a lot of stuff so I can keep going."
	"Okay, compartmentalize it, it's an accident, you didn't cause it, you tried to help them, and you go that way."
Machismo as a way to deal with work stress	*"Yeah, it was not a nice place to work, but all us old gals are still here, stuck it through."*
	" It's just totally different nursing, and it's harder nursing because we have to rely on each other and we do really amazing things here that we should be really proud of ...in the city you would have teams of people doing."

Discussion

This study shows rural emergency nurses are at risk for workplace stress due to a variety of inciting events, and this in turn has a wide ranging emotional impact on the nurses themselves, as well as home life and patient care. It is important to understand those aspects of workplace stress in rural emergency nursing that can leave nurses vulnerable to CF, burnout, and other mental health issues, as well as to acknowledge characteristics *unique to the rural ED* such as lack of privacy, feeling trapped, and a lack of resources.

Education and programs to address work related stress and mental health issues

The participants had varying degrees of knowledge on coping with workplace stressors. While compassion fatigue and burnout were familiar terms to some participants, the frequency of unproductive coping mechanisms such as use of alcohol indicate need for further education. Nursing education programs and hospital orientation should include courses about the impact of CF and burnout on patients, nurses, and home life. Ideally, such programs should be easily accessible (in person or on the internet) and emphasize the importance of self-care such as stress management, health maintenance, and professional development.

The Occupational Health and Safety Act (Section 25(2) (h)) dictates that employers have a duty to protect their workers (Government of Ontario, 1990), including mental health. Therefore, it is important that hospitals provide mental health support for nursing staff, including programs to reduce or mitigate mental health issues as a result of their work. Research into the effectiveness of these programs will assist institutions to choose the best fit for the employee who is or could be affected. Findings from this study indicate that programs instituted in urban ED are not necessarily transferrable to a rural ED, and within the ED, the nurses had different ideas of how programs could support them personally.

Practical Strategies to Minimize Workplace Stress in the Rural ED

The nurses in this study gave examples of ways they felt the hospital management could help them cope with the challenges of working in their ED. Job sharing, flexible work hours and scheduling were attributed to making the work environment more manageable and satisfying to the nurses, and also as stress management strategies. Scheduling is paramount because if nurses are not given enough time to rest and manage stress between shifts, it can lead to the development of mental health issues such as CF (Braunschneider, 2013). This type of improved scheduling has been suggested to reduce burnout in nurses (Witkoski- Stimpfel, Sloane, & Aiken, 2012). The nurses interviewed said they would often miss breaks during their 12-hour shift because they were too busy to take one. This has implications for patient care because working without proper breaks in a 12-hour shift makes it difficult to perform without errors (Witkoski-Stimpfel, Sloan, & Aiken, 2012). Manageable work hours and nurses getting enough sleep are important for quality patient care (Lockley et al, 2004).

Furthermore, the perception of management support was important to the nurse participants in this study. They described specific examples where what they perceived as lack of management

support increased their workplace stress, such as blame in patient complaints or scope of practice issues. Conversely, they described new management personnel in a positive light if they were indoctrinated to some of the current ED workplace stressors, citing that such familiarity would hopefully lead to more supportive management decisions.

Limitations

This single-center qualitative study has a number of limitations. The generalizability of a single-center Canadian study can be questioned, and therefore replicating the study to include a larger scale and more diverse sample would be of benefit. Further generalizability issues arise from the sample of nurse participants. A wider age range of participants, recruiting male nurses (to explore gender difference), and nurses from a multicultural background would enhance the sample and provide varying perspectives of mental health issues resulting from work experiences. Because the participants volunteered for the study, voluntary response selection bias may play a role, as nurses with differing experiences in a rural ED may have declined participation.

Conclusion

In this research study, we explore what specific workplace challenges rural emergency nurses' face that can contribute to occupational stresses. This study is noteworthy in that it is believed to be the first to addresses how the stress of working in a rural ED can affect the mental health of the nurses who work there. Findings indicate that rural emergency nurses are challenged by a lack of resources (space, R.N.s and support staff), anxious about working outside their scope of practice, and are concerned about issues related to patient privacy and their own anonymity in the community. Added to this is the emotional impact of caring for young trauma patients, family, and people they know from the community. Additionally, the findings indicate that the experiences of the nurses can also have an impact on their personal life. The participants had

varied knowledge of support programs available to them, and mixed reviews on the access and effectiveness of such programs. Administrators of rural EDs should be aware of the unique working conditions of the nurses, improve communication, and tailor support programs to meet the needs of each individual nurse who has experienced an occupational threat to their mental well-being.

References

Adriaenssens, J., De Gucht, V., & Maes, S. (2012). The impact of traumatic events on emergency room nurses: Findings of a questionnaire survey. *International Journal of Nursing Studies*, *49*, 1411-1422. https://doi.org/10.1016/j.ijnurstu.2012.07.003

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th Ed.). Arlington, VA: American Psychiatric Publishing.

Aycock, N., & Boyle, D. (2009). Interventions to manage compassion fatigue in oncology nursing. *Clinical Journal of Oncology Nursing*, *13*, 183-191. https://doi.org/10.1188/09.CJON.183-191

Bolin, J. N., Bellamy, G. R., Ferdinand, A. O., Vuong, A. M., Kash, B. A., Schulze, A., & Helduser, J. W. (2015). Rural healthy people 2020: New decade, same challenges. *Journal of Rural Health*, *31*, 326-333. https://doi.org/10.1111/jrh.12116

Braunschneider, H. (2013). Preventing and managing compassion fatigue and burnout in nursing. *ESSAI*, *11*, 14-18. Retrieved from https://www.ona.org/documents/File/frontlines/ONA_NursesKnowFeature_201605.pdf

Cocker, F., & Joss, N. (2016). Compassion fatigue among healthcare, emergency and community service workers: A systematic review. *International Journal of Environmental Research and Public Health, 13*, 618. https://doi.org/10.3390/ijerph13060618

Christodoulou-Fella, M., Middleton, N., Papathanassouglou, E. D., & Karanikola, M. N. (2017). Exploration of the association between nurses' moral distress and secondary traumatic stress syndrome: Implications for patient safety in mental health services. *BioMed Research International, 2017*(2017), 1-19. https://doi.org/doi.org/10.1155/2017/1908712

Goins, R., Williams, K., Carter, M., Spencer, M., & Solovieva, T. (2005). Perceived barriers to health care access among rural older adults: A qualitative study. *Journal of Rural Health*, *3*, 206-213. https://doi.org/10.1111/j.1748-0361.2005.tb00084.x

Government of Ontario. (1990). Occupational health and safety act. Retrieved from https://www.ontario.ca/laws/statute/90o01

Government of Ontario. (2011). Rural and northern health care report. Retrieved from http://www.health.gov.on.ca/en/public/programs/ruralnorthern/docs/exec_summary_rural_northern_EN.pdf

Guba, E., & Lincoln, Y. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). Thousand Oakes, CA: Sage.

Harkin, M., & Melby, V. (2014). Comparing burnout in emergency nurses and medical nurses. *Clinical Nurse Studies*, *2*(3), 152-163. https://doi.org/10.5430/cns.v2n3p152

Healy, S., & Tyrrell, M. (2011). Stress in emergency departments: Experiences of nurses and doctors. *Emergency Nurse*, 31-37. https://doi.org/10.7748/en2011.07.19.4.31.c8611

Hooper, C., Craig, J., Janvrin, D. R., Wetsel, M. A., & Reimels, E. (2010). Compassion satisfaction, burnout, and compassion fatigue among emergency nurses compared with

nurses in other selected inpatient specialties. *Journal of Emergency Nursing*, 420-427. https://doi.org/10.1016/j.jen.2009.11.027

Hsieh, H., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*, 1277-1288. https://doi.org/10.1177/1049732305276687

Kilic, S. P., Aytac, S. O., Korkmaz, M., & Ozer, S. (2016). Occupational health problems of nurses working at emergency departments. *International Journal of Caring Sciences*, *9*, 1008-1019. Retrieved from http://www.interna tionaljournalofcaringsciences.org/Default.aspx?pageIndex=1&pageReason=0

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.

Lockley, S. W., Barger, L. K., Ayas, N. T., Rothschild, J. M., Czeisler, C. A., & Landrigan, C. P. (2007). Effects of health care provider work hours and sleep deprivation on safety and performance. https://doi.org/10.1016/S1553-7250(07)33109-7

Mealer, M., Burnham, E., Goode, C., Rothbaum, B., & Moss, M. (2009). The prevalence and impact of post-traumatic stress disorder and burnout syndrome in nurses. *Depression and Anxiety, 26, 1118-1126*. https://doi.org/10.1002/da.20631

NVivo 10 (Version 10) [computer software]. (2012). QSR International Pty Ltd.

Potter, P., Deshields, T., Divanbeigi, J., Berger, J., Cipriano, D., Norris, L., & Olsen, S. (2010). Compassion fatigue and burnout: Prevalence among oncology nurses. *Clinical Journal of Oncology Nursing*, *14*(5), 56-62. https://doi.org/10.1188/10.CJON.E56-E62

Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, *23*, 334-340. https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G

Showalter, S. (2010). Compassion fatigue: What is it? Why does it matter? *American Journal of Hospice Palliative Medicine*, *27*, 239-242. https://doi.org/10.1177/1049909109354096

Van Bogaert, P., Peremans, L., Van Heusden, D., Verspuy, M., Kureckoval, V., Van de Cruys, Z., & Franck, E. (2017). Predictors of burnout, work engagement and nurse reported job outcomes and quality of care: a mixed method study. *BMC Nursing*, *16*(5). https://doi.org/10.1186/s12912-016-0200-4

Witkoski-Stimpfel, A., Sloane, D., & Aiken, L. (2012). The longer the shifts for hospital nurses, the higher the levels of burnout and patient dissatisfaction. *Health Affairs*, *31*. http://dx.doi.org/10.1377/hlthaff.2011.1377

Yuwanich, N., Sandmark, H., & Akhavan, S. (2016). Emergency department nurses' experiences of occupational stress: A qualitative study from a public hospital in Bangkok, Thailand. *Work*, *53*, 885-897. https://doi.org/http://dx.doi.org/10.3233/WOR-15218

Appendix

Interview Guide

Introductory script: Thank you for agreeing to participate in this research study. Before we begin, I just want to remind you that you do not have to answer all the questions. If any question makes you feel uncomfortable, we can stop or pause the interview at any time. You are also aware that I am recording this interview and any written notes I make are only to help me understand the content of this interview when I read the transcripts. This interview and my notes will also be kept in strict confidence as indicated on the informed consent form you signed. Do you have any questions?

Can you tell me why you wanted to be a nurse?

What is it like working in a rural ER?

What do you think is unique about rural emergency nursing?

Can you tell me how it feels to care for someone you know from the community? How do you deal with issues of privacy both for yourself and the patients outside of the hospital?

Compassion fatigue can be defined as the ``Cost of caring``. That is, that care giving can take an emotional and physical toll on providers. This can have negative effects on a nurse's professional and personal life. Have you heard of this and what are your thoughts on the concept of compassion fatigue?

Working in the emergency department can be a very demanding job and we all feel challenged by our work at times. Can you tell me about a particularly challenging patient or situation?

Can you tell me about a situation where you felt that you were not able to provide the emotional support the patient or family needed at a distressing time and why?

Have you ever felt that you needed a break from working in the emergency department? How did you deal with this?

Can you tell me how a bad day at work affects your home life?

Can you tell me about the programs your hospital offers to address the mental well-being of the emergency nurses?

Where do you see yourself working in ten years?

Is there anything else you would like to share with me about your experiences working in the ER that I have not asked about?