

# **Human Resource Management Interventions to Address Traumatic Stress and Compassion Fatigue Among Certified Nurse Aides in Institutional Long Term Care Facilities**

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*Manuscript investigates the use of human resource management (HRM) practices to address traumatic stress and compassion fatigue among certified nurse aides (CNAs) working in institutional long term care (ILTC) facilities. Instituting HRM practices to address traumatic stress and compassion fatigue among CNAs are one way ILTC facilities can proactively confront the consequences of traumatic stress and compassion fatigue. CNAs provide much of the resident care in ILTC facilities and the effects of traumatic stress and compassion fatigue on CNAs are very important for both ILTC facilities and their residents. Specific HRM practices in the areas of staffing, training and development, and compensation management useful in addressing traumatic stress and compassion fatigue among CNAs are presented and discussed.*

*Keywords: trauma, stress, long term care, compassion fatigue, human resource management*

## **INTRODUCTION**

Stress is an important human resource consideration in all types of organizations, but especially so in healthcare settings, which have been identified as some of the most stressful work environments (Koinis, Giannou, Drantaki, Angelaina, Stratou, & Saridi, 2015). Health care settings are invariable among the most stressful as they entail significant human interaction, the need for quick decision making, and significant human consequences of performance deficiencies (Cooper, Copper, & Eaker, 1987). Although much of the attention devoted to understanding the impact of stress in healthcare has been focused on the traditional acute care setting, other settings also experience deleterious effects of stress and this manuscript will consider the long term care setting as an example of one of these settings. In particular, we will focus our consideration on the predicament of certified nurse aides (CNAs) working in institutional long term care (ILTC) facilities (e.g., nursing homes) as CNAs provide over 80 to 90% of the patient care services in ILTC facilities and thus represent the primary providers of patient care in these settings (Xiao, Winstead, Townsend, & Jablonski, 2021). Moreover, ILTC facilities and CNAs represent a relevant area of focus as ILTC is becoming increasingly important as society seeks to address the needs of an aging population (Barber, Ong, & Han, 2020).

Although multiple causes of work related stress exist for CNAs in ILTC facilities, stressors associated with patient care are among the most important (Harrad & Sulla, 2018). Patient Care associated stressors are important sources of dissatisfaction and turnover for CNAs (Ganndhi & Grabowski, 2021). Moreover, as CNAs provide the majority of ILTC facilities patient care, stressor associated CNA dissatisfaction and turnover are also important for the performance and effectiveness of ILTC facilities where turnover rates for CNAs exceed 70% per year (Ganndhi & Grabowski, 2021).

While the sources of stress CNAs experience in ILTC facilities are diverse, two particular types of stress are highly insidious. The first type of problematic stress is traumatic stress which is the direct or indirect experience of any sudden or catastrophic event outside the range of normal human experience, such as direct and indirect exposure to the medical and psychological consequences of severe illness (Brown, 2017). CNAs in ILTC facilities, as well as being tasked with responsibilities such as washing, moving, and feeding patients, are also expected to monitor patients for subtle changes in condition and alert higher skilled staff when these occur. Unfortunately, to the detriment of CNAs, ILTC patients often suffer from illnesses which are subject to rapid decline and traumatic end stage symptomology. This, combined with CNAs responsibility to closely monitor patients conditions, leads to an environment where exposure to traumatic stress is likely unavoidable.

A second form of stress problematic for CNAs in ILTC facilities is compassion fatigue. Compassion fatigue is a type of secondary trauma analogous to burnout where clinical care givers lose the ability to nurture patients as a consequence of emotional distress associated with care giving activities (Smith, 2023). Compassion fatigue is a consequence of continuously caring for and meeting the needs of patients and their families (Manella & Strayer, 2018). A hallmark of ILTC is the intensive relationship that evolves between CNAs and their patients. While health professionals in other settings often have only brief encounters with patients, CNAs in ILTC facilities have long duration experiences with patients and their families which exacerbates the potential for compassion fatigue.

This manuscript will address how through human resource management (HRM) practices ILTC facilities can address the challenges of traumatic stress and compassion fatigue among CNAs. We believe our topic is important as the negative consequences of traumatic stress and compassion fatigue among CNAs (e.g., employee dissatisfaction, turnover) are among the most important challenges confronting ILTC facilities and to be effective these facilities must retain their CNAs and assure they are satisfied so they continue to perform at a high level.

Initially, we will discuss the concepts of traumatic stress and compassion fatigue in the context of CNAs in ILTC facilities. Following this we will present HRM based interventions in the areas of staffing, training and development, and compensation management that may be useful in addressing the challenges of traumatic stress and compassion fatigue among CNAs in ILTC facilities. The goal of our manuscript is to illustrate actionable HRM practices that can assist ILTC facilities in addressing the negative consequences of traumatic stress and compassion fatigue among their CNAs.

## **TRAUMATIC STRESS AND COMPASSION FATIGUE**

As previously mentioned, CNAs provide a vast majority of patient care in ILTC facilities, so these personnel are crucial for the effective operation of these facilities. However, an incredibly high number of CNAs are leaving their positions at ILTC facilities. Some studies indicate that employee turnover in this area commonly surpasses 75% and has been documented to reach 400% in extreme cases (Banaszak-Holl & Hines, 1996). As such, the identification of significant drivers of CNA turnover such as traumatic stress and compassion fatigue, and potential interventions to mitigate their negative consequences, are absolutely essential to maintain the level of care that ILTC facilities aim to achieve. The simultaneous aging of the population and loss of CNAs to factors such as work dissatisfaction, traumatic stress, and compassion fatigue should be a primary focus for ILTC facility administrators.

## **Traumatic Stress**

Traumatic stress is the result of exposure, whether direct or indirect, to an extremely stressful event outside the range of usual human experience (Mealer & Jones, 2013). Examples of such stressors include witnessing death or the consequences of severe illness (Brown, 2017). CNAs in ILTC facilities often witness and care for patients with end-of-life diagnoses which provides ample opportunity for traumatically stressful situations. Moreover, witnessing the isolation of clients in ILTC facilities can also be a traumatic stressor. Traumatic stress may be experienced differently, and more consequentially, among CNAs than other clinical personnel with greater training and career socialization. While all clinical personnel self-select into work settings in which they are aware of the potential exposure to stressful situations, CNAs may be less equipped to deal with the effects of traumatic stress as they lack the training or career socialization to confront traumatic stress received by members of more advanced clinical professions (Brown, 2017).

The consequences of traumatic stress can prove incredibly detrimental for CNAs, who can experience symptoms including agitation, depression, anxiety, low mood, insomnia, and poor concentration. Because of this, traumatic stress can affect not only the employee's work performance and effectiveness but also their social-emotional wellbeing (Brown, 2017; Casey & Bailey, 2011). In this way, traumatic stress is more insidious than normal workplace stress due to its potential for nefarious physical and psychological effects (Brown, 2017). Traumatic stress can be classified as an adjustment disorder, due to similar symptomatology and duration of corresponding symptoms – typically lasting between three and six months. More seriously; symptomatology of traumatic stress can also resemble and lead to a diagnosis of post-traumatic stress disorder (PTSD) (Casey & Bailey, 2011). PTSD is a much longer-term and serious illness, which entails all of the symptoms of traumatic stress with the added detriment of intrusive thoughts, nightmares, altered daily functioning, avoidance of same or similar activities to the traumatic event, and hyper arousal, which mirrors the symptoms of those who are themselves the victim of trauma (Blanco-Donoso, Moreno-Jimenez, Gallego-Alberto, Moreno-Jimenez, Garrosa, 2021; Brown, 2017). Those diagnosed with PTSD experience frequent panic, fear, and helplessness (Mealer, Burnham, Goode, Rothbaum, & Moss, 2009). The COVID-19 pandemic has undoubtedly proven a powerful traumatic stress driven trigger of PTSD among ILTC facility CNAs. Unfortunately, due to COVID, many ILTC facility CNAs were exposed to virus infections, the social isolation of ILTC residents, and increased number of deaths in their facility populations. Relatedly, a study in China during the pandemic showed that nurses dealing with the pandemic displayed symptoms of PTSD with increased frequency, and they were at higher risk for being diagnosed with PTSD (Blanco-Donoso et al., 2021).

## **Compassion Fatigue**

Another contributing factor of CNA turnover similar to traumatic stress is the relatively new phenomenon of compassion fatigue. Compassion fatigue is often used synonymously with “burnout,” although it can be much more insidious (Ledoux, 2015). A concept analysis of compassion fatigue describes it as a result of a progressive and cumulative process caused by prolonged, continuous, and intense contact with patients and exposure to associated stress (Knobloch Coetzee & Klopper, 2010). Compassion fatigue is distinct from traumatic stress in that it is a response to an individual's perception of their ability to perform the moral aspect of their position, which in the case of CNAs in ILTC facilities is giving necessary emotional care to patients in ILTC facilities. Residents of ILTC facilities often spend more time with their CNA caregivers than their own family, and CNAs may thus feel obligated to provide an extensive amount of emotional support to compensate. These perceived emotional support demands, combined with limited additional patient care resources and low staffing levels, may prove extremely difficult and emotionally draining for CNAs. Given that many CNAs enter the CNA field in order to care for others and alleviate suffering, compassion fatigue can be extremely detrimental to the quality of care provided in ILTC facilities.

The symptomatology of compassion fatigue is very similar to that of PTSD, including anxiety, depression, anger, compulsive behaviors, and problems with concentration (Ledoux, 2015). , Indeed, compassion fatigue mirrors post-traumatic stress disorder in that most of the symptoms and distress are

related to traumatic memories, hyper arousal or numbness, avoidance of same or similar situations, and exhaustion (Sorenson, Bolick, Wright, & Hamilton, 2016). As these symptoms illustrate, CNAs suffering from compassion fatigue feel that stressors at work, whether resource limitations or dealing with chronically ill individuals, has depleted their capacity for compassion due to a lack of recovery time. Unfortunately, resultant high turnover among CNAs only exacerbates the vicious cycle of compassion fatigue and its associated consequences.

## HRM INTERVENTIONS TO ADDRESS TRAUMATIC STRESS AND COMPASSION FATIGUE

Organizations HRM practices can be discussed in the context of the three fundamental HRM activities of staffing, training and development, and compensation (Noe, Hollenbeck, Gerhart, & Wright, 2022). Staffing largely focuses on HRM activities associated with recruiting and selecting suitable applicant for vacant positions. Training and development broadly focuses on training employees for present job duties as well as developing them for future job responsibilities. Lastly, compensation focuses on the use of tangible and intangible returns to increase employee attraction, retention, and promote high performance.

Table 1 lists the three fundamental HRM activities, various facets typically considered in strategically managing each area, and specific HRM practices that may be useful in addressing traumatic stress and compassion fatigue among CNAs in ILTC facilities. In the next sections we will discuss these aspects of staffing, training, and compensation and how they may be managed so as to minimize the impact of traumatic stress and compassion fatigue on CNAs and thus positively influence CNAs and increase ILTC facilities performance. Importantly, our consideration of these HRM practices are not all inclusive and some aspects of each HRM activity have been excluded. Our purpose in this manuscript is not to describe the relevance of all HRM practices to mitigating traumatic stress and compassion fatigue among CNAs in ILTC facilities, but rather to illustrate how HRM practices may be used to mitigate these factors. Indeed, the practices we consider have been selected based upon our belief that they are illustratively useful and have the greatest applicability across ILTC facilities. However, some practices may be more relevant in some settings than others and it is at the discretion of specific HRM practitioners to recognize and select the most relevant HRM practices for their particular setting.

**TABLE 1**  
**HRM PRACTICES RELEVANT TO ADDRESSING TRAUMATIC STRESS AND COMPASSION FATIGUE AMONG CNAs IN ILTC FACILITIES**

<i>HRM Practices</i>	<i>Specific Areas of Each HRM Practice</i>	<i>Examples of HRM Practices Relevant to Addressing Traumatic Stress and Compassion Fatigue</i>
<b>Staffing</b>	<i>Recruitment</i>	Realistic Job Previews
	<i>Selection</i>	Interviewing Techniques
<b>Training and Development</b>	<i>Training Itself</i>	New Employee Orientation
	<i>Development</i>	Mentoring
	<i>Performance Management</i>	Effective Performance Assessment, Providing Performance Feedback

<i>HRM Practices</i>	<i>Specific Areas of Each HRM Practice</i>	<i>Examples of HRM Practices Relevant to Addressing Traumatic Stress and Compassion Fatigue</i>
<b>Compensation</b>	<i>Wage Levels</i>	Paying High Wages
	<i>Benefits</i>	Employee Assistance Programs

### **Staffing**

The two practices of recruitment and selection largely encompass the HRM activities associated with staffing. Recruitment is the process of creating an applicant pool from which an individual will later be selected to fill a position; whereas selection is the process of actually selecting the individual who will fill the position. Recruitment and selection are distinct staffing activities with recruitment proceeding selection. The goal of recruitment is to create an applicant pool of sufficient quality and quantity such that the success of the selection process is increased. Recruitment activities focus on those factors that influence applicants' decisions to apply for a vacant position as it is well documented that the quality and quantity of an applicant pool directly contributes to the effectiveness of the overall staffing process (Noe et al., 2022).

#### *Recruitment*

One recruitment activity that can decrease the adverse consequences of traumatic stress and compassion fatigue in ILTC facilities is the use of realistic job previews (RJPs) when recruiting CNAs. RJPs present background information about a job's positive and negative attributes (SHRM, 2021). In the context of ILTC facilities recruiting CNAs, RJPs would present the negative aspects of both traumatic stress and compassion fatigue while also emphasizing the positive aspects of the organization and position that minimize these negative consequences. For instance, CNA applicants might be told of the traumatic end of life experiences of ILTC residents (i.e., traumatic stress) as well as of the personal emotional and physical consequences of administering to these patients (i.e., compassion fatigue) over time. Likewise, applicants would also be told of the supportive policies and practices (e.g., mentoring or employee assistance programs (EAPs)) the ILTC provides to address these negative consequences of traumatic stress and compassion fatigue. Although RJPs have been found to have somewhat weak and inconsistent results in terms of decreasing employee turnover, their ease of administration and low cost of implementation make them a useful technique in lowering turnover due to traumatic stress and compassion fatigue among CNAs in ILTCs (Earnest, Allen, & Landis, 2011; McEvoy & Cascio, 1985; Noe et al., 2022; Premack & Wanous, 1985).

#### *Selection*

Whereas recruitment focus on creating an applicant pool of sufficient quality and quantity, selection focuses on techniques useful in identifying the best applicant for a position. Interviewing is a fundamental selection technique and we believe behavioral description interviews and situational interview techniques are useful in selecting CNAs who can best deal with traumatic stress and compassion fatigue.

During a behavioral description interview applicants are asked a series of questions designed to illicit examples of past behaviors the applicant has demonstrated in response to situations they have experienced. Questions related to applicants past experiences have the greatest validity in predicting job performance (Clavenger, Perreira, Weichmann, Schmitt, & Harvey, 2001; McDaniel, Morgeson, Finnegan, Campion, & Braverman, 2001). For instance, a CNA applicant might be asked how they responded to a traumatically stressful situation such as a sudden resident death. The applicant's response will illustrate how effectively they have dealt with traumatic stress and is useful in selecting the best applicant. If the applicant were to respond that they found the event very stressful and discussed the event with their supervisor this should be viewed positively as it indicates the CNA will seek assistance to deal with the stress of their work.

However, were they to respond that they moved on to the next patient and did not discuss the stress of the event with anyone this would be viewed less positively.

Whereas a behavioral description interviews focuses on past behavioral responses an applicant has displayed, a situational interview deals with future situations the applicant may experience. During a situational interview applicants are asked how they would respond to a situation they might experience if selected. Like behavioral description interviews, situational interviews are also very useful in appraising future job performance (Campion, Campion, & Hudson, 1994; Ellis, West, Ryan, & DeShan, 2002; Pulakos & Schmitt, 1995). As before with the behavioral description interview technique, the applicant's response illustrates how effectively they may deal with traumatic stress or compassion fatigue and is useful in selecting the best applicant. For instance, an applicant might be asked how they will deal with the inevitable situation where they become emotionally weary due to repetitive caregiving and the recognition that their patients' health was not going to improve (i.e., compassion fatigue). In this scenario a CNA who responds that they will seek the assistance of their supervisor or an EAP would be viewed more favorably than an applicant who responds that they would just deal with it as it is just part of the job.

### **Training and Development**

Three training and development related areas; training itself, development, and performance management, are particularly relevant in the context of illustrating how training and development related HRM interventions are useful in addressing traumatic stress and compassion fatigue among CNAs in ILTC facilities. Training is the preparation of employees with skills and abilities so they meet the demands of their current jobs. New employee orientation is a training activity particularly relevant to helping ILTC facility CNAs confront traumatic stress and compassion fatigue. Development is the preparation of employees so they meet the demands of future jobs. Mentoring is a development topic particularly useful in preparing CNAs for the traumatic stress and compassion fatigue of present and future job responsibilities. Lastly, performance management is the process of assessing employees' performance, assuring it meets organizational objectives, and providing feedback to help employees improve their performance. Here, accurate performance assessment and an effective feedback process seem useful in helping CNAs deal with traumatic stress and compassion fatigue.

#### *Training*

New employee orientation is one of the initial training activities employees experience when joining an organization. Orientation is the process of acquainting new employees with their jobs, coworkers, and the organization by providing them with information about the company's history, policies, procedures, work rules, and culture (SHRM, 2021). New employee orientation can include a host of activities including reading assignments, classroom instruction, on the job training and e-learning opportunities. Moreover, orientation activities can be developed in terms of each of these modalities to help new CNAs deal with traumatic stress and compassion fatigue in ILTCs. For instance, as part of orientation new CNAs can be given reading assignments to help them identify and cope with sources of traumatic stress and compassion fatigue. Relatedly, orientation based training seminars and online e-learning opportunities can also be included to assist new CNAs in learning coping skills pertinent in addressing the consequences of traumatic stress and compassion fatigue. Later, in the context of a more detailed and longer form of orientation known as onboarding, new CNAs can be given the opportunity to job shadow more experienced CNAs with specific emphasis being placed on aspects of the work that relate to traumatic stress and compassion fatigue (Bauer & Erdogan, 2014).

#### *Development*

Mentoring is a developmental activity that may assist new CNAs in ILTCs in dealing with traumatic stress and compassion fatigue. Mentoring is a developmental technique where new or less employees are matched with more senior employees who teach, assist, or give advice to the more junior employee (Kram, 1985). In mentoring relationships the more senior employee is known as the mentor while the more junior employee is referred to as the mentee.

Mentoring is a powerful technique in assisting new CNAs in confronting traumatic stress and compassion fatigue. Although some new CNAs may already have individual coping skills and abilities that help them cope with traumatic stress and compassion fatigue, others may not and having an experienced mentor as a source of guidance is valuable. A mentor can assist a mentee CNA by assuring them their reactions to the stresses of their work are normal. Moreover, the mentor can also help the mentee learn and develop coping skills which will help the mentee better confront traumatic stress and deal with compassion fatigue in their present and future CNA positions. Lastly, the mentor can also serve as a source of support for the mentee when they encounter traumatically stressful situations or feel they are being overwhelmed in the context of compassion fatigue.

Although informal mentoring relationships where mentors and mentees independently form their mentoring relationship are considered most effective, these relationships take time to form and are thus impractical at the start of employment (Chao, Waltz, & Gardner, 1992). ILTCs should thus create formalized mentoring processes for new CNAs where they are assigned an initial mentor at the start of their employment. New CNAs do not have to maintain the same mentor and may choose to form a new mentoring relationship as they meet more compatible mentors. Nevertheless, having the initially assigned mentor provides the new CNA with many of the benefits of mentoring from the start of employment.

### *Performance Management*

Performance management is the another training and development area where ILTC facilities can aid CNAs in dealing with traumatic stress and compassion fatigue. The goal of performance management is to assure employees are performing effectively in areas of strategic importance to an organization. Performance management not only involves assessing employee's performance, but also importantly identifying what aspects of each employees jobs are strategically relevant as well as assuring employees receive performance feedback in these areas (Aguinis, 2009).

Although ILTCs likely recognize the importance of CNAs dealing effectively with traumatic stress and compassion fatigue as they are sources of dissatisfaction, poor performance, and turnover among CNAs, many ILTCs may not include these dimensions in their performance assessments of CNAs. The exclusion of these dimensions during CNAs' performance assessments deprives the ILTC facility of the opportunity to address CNAs deficiencies in these areas. Thus, one way ILTC facilities can address traumatic stress and compassion fatigue among CNAs is to assure they evaluate these areas when conducting CNAs' performance assessments.

Another area in which performance management can contribute is by providing CNAs with feedback regarding how effectively they are dealing with traumatic stress and compassion fatigue. CNAs work in ILTC facilities is challenging and the performance management process is an opportunity to laude CNAs when they are doing a good job handling traumatic stress and compassion fatigue related work challenges. Conversely, the performance management process is also a valuable opportunity to provide feedback to CNAs who are doing less well in confronting traumatic stress and compassion fatigue. In these situations, employees should be given actionable guidance on how they can improve and information and access to resources to assist them in dealing with traumatic stress and compassion fatigue. Lastly, a timeline should be established whereby the CNAs performance will be revisited to assure positive changes in performance are occurring (Gifford, Urwin, & Cerqua, 2017).

### **Compensation**

Effective employee compensation assists organizations in attracting and retaining the types of employees they need to be successful. Specifically, in terms of traumatic stress and compassion fatigue, ILTC facilities need CNAs who are able to confront the deleterious effects of traumatic stress and compassion fatigue. CNAs most able to cope in these areas are among the best CNAs as their ability to perform effectively in the presence of traumatic stress and compassion fatigue distinguishes them from less capable CNAs. Moreover, ILTC facilities have a strong incentive to seek to attract and retain these CNAs because they are less subject to the decreased performance and turnover among CNAs associated with traumatic stress and compassion fatigue.

### *Wage Levels*

According to efficiency wage theory, one of the ways ILTC facilities can attract and retain these top CNAs is by paying high wages (Akerlof & Yellen, 1986). Efficiency wage theory suggests high wages may be useful from five distinct perspectives. From the perspective of increasing the effectiveness of recruitment and selection, efficiency wage theory suggests offering high wages will both increase the number and quality of applicants for vacant positions (Williams & Dreher, 1992). Thus, a high paying ILTC facility can expect to have a larger pool of high quality CNA applicants to select from which will allow them to select candidates best able to confront traumatic stress and compassion fatigue. Efficiency wage theory also suggests high wages will be beneficial as they cause employees, once hired, to feel the need to offer high performance in exchange for the high wages they are receiving. According to this explanation, employees recognize that their organizations do not have to provide them with high wages which leads employees to view the high wages as a gift which employees feel obligated to reciprocate with high performance. This facet of efficiency wage theory, which is referred to as a norm gift exchange model, asserts that CNAs in ILTC facilities will be motivated to demonstrate high performance (e.g., in areas such as confronting traumatic stress and compassion fatigue) in reciprocity for their high wages (Akerlof, 1982). Efficiency wage theory also suggests offering ILTC facility CNAs high wages may be beneficial as it will motivate CNAs to perform effectively at a lower cost than would otherwise be expected. When CNAs receive high wages they recognize that they will experience an “opportunity cost” were they to lose their job as they will likely experience difficulty obtaining another position paying equally high wages (Akerlof & Yellen, 1986). Thus, CNAs have a strong incentive to work hard and perform effectively in the context of areas of job performance which represent important components of performance in these positions (e.g., coping with traumatic stress and compassion fatigue). Additionally, because CNAs have such a strong incentive to keep from losing their jobs, costs of supervision are also decreased as CNAs become self-motivated to perform effectively (e.g., in terms of dealing with traumatic stress and compassion fatigue) lest they lose their high paying positions and suffer the associated opportunity cost of finding another equally high paying position (Akerlof & Yellen, 1986).

### *Benefits*

Benefits designed to address traumatic stress and compassion fatigue are another area in which ILTC facilities can use compensation practices to address traumatic stress and compassion fatigue among CNAs. One employee benefit particularly useful in addressing issues surrounding traumatic stress and compassion fatigue is the creation of externally administered EAPs. EAPs are designed to provide employees with sources of assistance in confronting challenges in both their professional and personal lives (Long & Cooke, 2022). These programs, which should be offered as part of a broader healthcare benefits package, provide employees with free of charge access to resources, advice, and counseling (Noe et al., 2022). Services are often delivered by phone, email, online chatting, video based counseling, or through face to face interaction.

As the types of issues employees seek to address through an EAP are ones they would likely not pursue were they to believe there inquires would not be handled confidentially, many EAP services are outsourced to independent third party organizations to assure confidentiality. Thus, the use of an outside EAP providers is an important characteristic of effective EAPs for ILTC facilities (Hsu, Wang, & Lan, 2020). Outside EAPs also provide ILTCs with a range of expertise beyond what a typical ILTC might be able to provide. This is useful as the consequences of traumatic stress and compassion fatigue may be wide ranging. For instance, a CNA who contacts an EAP regarding work related traumatic stress or compassion fatigue should, in addition to being assisted in terms of traumatic stress and/or compassion fatigue, also be evaluated for potential drug or alcohol abuse as well as depression or anxiety related mental health issues. Evaluation in the context of these areas is important as these are potential consequences of traumatic stress or compassion fatigue and an independent EAP, beyond being able to better assure anonymity, also likely has better resources for conducting such assessments than the CNA’s ILTC facility (Blanco-Donoso et al, 2021; Ledoux, 2015).



## CONCLUSION

This manuscript has sought to illustrate the use of HRM practices in mitigating traumatic stress and compassion fatigue among CNAs in ILTC facilities. Traumatic stress and compassion are important areas of consideration as much of the care provided in ILTC facilities is provided by CNAs. Thus, CNAs performance is of paramount importance to the success of ILTC facilities. Moreover, these are also important areas of consideration as society seeks to address the needs of an ever increasing elderly population that is highly dependent upon ILTC facilities.

Future researchers should empirically consider the effectiveness of various HRM practices in addressing traumatic stress and compassion fatigue among CNAs in ILTC facilities. HRM practices in this manuscript were chosen as they represent illustrative examples of practices useful in confronting traumatic stress and compassion fatigue. Moreover, they were also selected as there is research evidence of their general effectiveness as HRM practices. However, little research has been conducted considering the effectiveness of various HRM practices in confronting traumatic stress and compassion fatigue either broadly, or more specifically, in the context of CNAs working in ILTC facilities.

In the end, it is incumbent upon ILTC facility administrators to select those HRM practices most effective in confronting traumatic stress and compassion fatigue. Traumatic stress and compassion fatigue have significant performance implications for ILTC facilities as well as broad societal implications. However, HRM practices designed to confront traumatic stress and compassion fatigue among CNAs represents one way to generate both positive performance for ILTC facilities and beneficial outcomes for society overall.

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