

Business Health Administration Association (BHAA)
A Division of MBAA International (MBAAI)
2026 Hybrid Meeting
Palmer House Hilton, Chicago, Illinois (USA)
March 25 – March 27, 2026



**ABSTRACT PROCEEDINGS
of the
BUSINESS AND HEALTH ADMINISTRATION
ASSOCIATION**

**HYBRID MEETING
CHICAGO, IL
March 25 - 27, 2026**

Copyright 2026 Business and Health Administration Association

All rights reserved. No part of these Proceedings may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording, or otherwise, without prior permission of the BHAA organization. The BHAA does encourage the author(s) of the enclosed articles to seek publication of their efforts in appropriate journals. All correspondence concerning purchase of these Proceedings or copyright release should be addressed to the Proceedings Editor.

2026 PROCEEDINGS EDITOR

Cassandra R. Henson, Widener University

2026 ASSISTANT PROCEEDINGS EDITORS

Ashish Chandra, University of Houston – Clear Lake

Cassi Beard, University of Houston - Clear Lake

Example of referencing for articles from the proceedings:

Please use the following style when referring articles from the Proceedings: Zakari, Nazik M.A. (2009), “The Influence of Academic Organizational Climate on Nursing Faculties Commitment in Saudi Arabia,” in Business & Health Administration Proceedings, Avinandan Mukherjee, Editor, p. 244.

Letter from the BHAA 2026 Conference President



Crystal Marchant
Clayton State University

Dear Colleagues, Partners, and Friends,

On behalf of the Business Health Administration Association (BHAA), it is my distinct honor and pleasure to welcome you to the 2026 Conference Proceedings. This publication represents the collective scholarship, innovation, and dedication of professionals, researchers, educators, students, and industry leaders committed to advancing the field of health administration and healthcare management.

The healthcare industry continues to face unprecedented opportunities and challenges. Rapid technological advancements, evolving regulatory environments, workforce development needs, and the growing emphasis on health equity require visionary leadership and collaborative solutions. The work presented throughout these proceedings reflects the creativity, resilience, and expertise of our members as they address these critical issues and contribute to the future of healthcare administration.

Our annual conference serves as a platform for knowledge sharing, professional growth, and meaningful dialogue. The presentations, research studies, case analyses, and best practices featured in this volume highlight the diverse perspectives and innovative approaches that strengthen our profession. These contributions not only advance academic and professional understanding but also help shape strategies that improve organizational effectiveness and patient outcomes.

As President of BHAA, I am proud of the continued commitment of our members to excellence in education, research, service, and leadership. I extend my sincere appreciation to all authors, presenters, reviewers, conference organizers, sponsors, and volunteers whose efforts made this conference and these proceedings possible. Your dedication and contributions are invaluable to the success of our organization and the advancement of healthcare administration.

I also want to thank our conference attendees for their engagement and commitment to lifelong learning. The connections formed, ideas exchanged, and collaborations established through this event will continue to inspire innovation and positive change long after the conference concludes.

As we look toward the future, BHAA remains committed to supporting the development of current and emerging leaders in healthcare management. Together, we will continue to foster excellence, promote evidence-based decision-making, and strengthen the communities and organizations we serve.

Thank you for your continued support of BHAA and our mission. I hope you find these proceedings informative, insightful, and inspiring.

Sincerely,

Crystal Marchant, DNP, MSN, RN, CNEcl
President, Business Health Administration Association (BHAA)
2026

Letter from the BHAA 2026 Conference Chair



Adnan Kisa

Kristiania University of Applied Sciences

Dear BHAA Colleagues,

The papers included in the BHAA 2026 Proceedings reflect many of the key issues shaping health care today.

This year's contributions address emergency care, nursing leadership, workforce well-being, professional development, health care access, health equity, financing, organizational change, and health system performance. Artificial intelligence and digital transformation also feature prominently, with authors examining both their potential and the challenges related to ethics, governance, bias, and implementation.

The international range of the papers is another strength of this volume, with studies and perspectives from the United States, Norway, Saudi Arabia, Brazil, Pakistan, Kenya, India, and other settings. Together, they show how health administration connects leadership, policy, finance, technology, workforce issues, and population health.

As Program Chair, I would like to thank our authors, presenters, reviewers, track chairs, session chairs, and everyone who contributed to BHAA 2026. The discussions and connections created during the conference were an important part of its success, and I hope these Proceedings help continue those conversations.

Thank you for being part of BHAA 2026. I look forward to seeing many of you again at BHAA 2027.

Warm regards,
Adnan Kisa, PhD, MSPH, MHA
Program Chair, BHAA 2026
Kristiania University of Applied Sciences

Letter from the BHAA 2026 Proceedings Editor



Cassandra R. Henson
Widener University

Dear BHAA Colleagues,

On behalf of the proceedings editorial team, I want to extend my sincere thanks to everyone who took part in the BHAA 2026 Conference. Your contributions — as authors, presenters, reviewers, and attendees — made this a rich and productive gathering, and it was a privilege to help bring the proceedings together.

I'm especially grateful to the authors who submitted their work and responded so promptly to editorial queries, formatting requests, and revision requests. Producing a proceedings volume of this quality depends entirely on that responsiveness, and this year was no exception. Thanks as well to our reviewers, whose careful and constructive feedback strengthened every paper that appears in the final volume, and to the session chairs and organizing committee, whose coordination kept everything on schedule.

Thank you again for your work and your patience throughout this process. I hope to see many of you at the BHAA 2027 Conference!

With appreciation,
Cassandra R. Henson, Dr.P.A., M.B.A.
Proceedings Editor, BHAA 2026

BUSINESS AND HEALTH ADMINISTRATION

ASSOCIATION AWARDS

DISTINGUISHED RESEARCH PAPER OF BHAA

Well-Being Reimagined: Examination of a Virtual Well-Being Course for Health Care Professionals in a Rural Health Care System

Jennifer L. Johs-Artisensi, University of Wisconsin–Eau Claire
Kristina J. Schuldt, Mayo Clinic Health System
Natalie K. McMurry, University of Wisconsin–Eau Claire

BEST PAPER IN DIGITAL INNOVATION AND HEALTH SYSTEM RESILIENCE

Harnessing Artificial Intelligence Responsibly in Higher Education: Trends, Ethical Principles, and Best Practices for Academic Institutions

Kimberly Pyron, Clayton State University
Heather Eddy, Clayton State University
Naquilla Thomas, Clayton State University

BEST PAPER IN HEALTH EQUITY AND AI IN HEALTHCARE SYSTEMS

Pharmacists' Perspective on the Use of AI Technology to Manage Workflow Disruptions in Community Pharmacies

Ateequr Rahman, Rosalind Franklin University
Sourabh Rodagi, DePaul University
Sina Ansari, DePaul University
Vahid Alizadeh, DePaul University

BEST PAPER IN NURSING LEADERSHIP AND HEALTHCARE MANAGEMENT

Bias in AI-Supported Emergency Department Triage: An Institutional Accountability Perspective for Health Informatics

Anuradha Ann Rangarajan, Illinois Institute of Technology
Maurice Dawson, Illinois Institute of Technology
David Batts, East Carolina University
Marwan Omar, Illinois Institute of Technology
Ray Parthasarathy, University of Wisconsin–Green Bay

BEST STUDENT CO-AUTHORED PAPER IN NURSING LEADERSHIP AND HEALTHCARE MANAGEMENT

AI-Powered Healthcare Operations: A Framework for Strategic Implementation and Governance

Fauwad Ahmed, University of Houston Clear Lake
Ashish Chandra, University of Houston Clear Lake

BEST STUDENT CO-AUTHORED PAPER IN DIGITAL INNOVATION AND HEALTH SYSTEM RESILIENCE

Digital Transformation in Healthcare Revenue Cycle Management: Financial Performance, Patient Experience, and Ethical Implications

Mehdi Zia, University of Houston Clear Lake
Ashish Chandra, University of Houston Clear Lake

**BUSINESS AND HEALTH ADMINISTRATION ASSOCIATION
ABSTRACT AND PAPER PROCEEDINGS
TABLE OF CONTENTS**

LETTER FROM THE BHAA 2026 CONFERENCE PRESIDENT.....	3
LETTER FROM THE BHAA 2026 CONFERENCE CHAIR.....	5
LETTER FROM THE BHAA 2026 PROCEEDINGS EDITOR.....	6
BHAA 2026 CONFERENCE AWARDS.....	7
EXAMINING THE UNDERLYING STRUCTURE OF COMMON FINANCIAL RATIOS: EMPIRICAL EVIDENCE FROM CALIFORNIA HOSPITALS.....	12
Cassandra R. Henson, Widener University Dan Friesner, University of Akron	
FACTORS INFLUENCING BRAZILIAN LIFESPAN: AN OPPORTUNITY FOR THE U.S. TO LEARN	14
Madeline G. Orth, University of Scranton Steven J. Szydlowski, University of Scranton	
SINGLE MOTHERS WELL-BEING: A NORWEGIAN PERSPECTIVE	15
Nimrah Rashid, Oslo Metropolitan University	
AI-POWERED HEALTHCARE OPERATIONS: A FRAMEWORK FOR STRATEGIC IMPLEMENTATION AND GOVERNANCE.....	16
Fauwad Ahmed, University of Houston – Clear Lake Ashish Chandra, University of Houston – Clear Lake	
A COMPARATIVE ANALYSIS OF HEALTHCARE ADMINISTRATION IN PAKISTAN AND THE UNITED STATES: CHALLENGES, INNOVATIONS, AND A FRAMEWORK FOR IMPROVEMENT	17
Fauwad Ahmed, University of Houston – Clear Lake Ashish Chandra, University of Houston – Clear Lake	
ACCESS TO DENTAL HEALTH SERVICES IN UNDERSERVED COMMUNITIES.....	18
Alexander Eriquez, University of Scranton Michael Costello, University of Scranton	
FROM ETHICS TO RISK: HOW POST-EVENT DISCIPLINE SHAPES EMS DECISION-MAKING IN DNR ENCOUNTERS.....	19
Cassi Beard, University of Houston – Clear Lake Ashish Chandra, University of Houston – Clear Lake	
WHEN PROTOCOL-HEAVY CARE MEETS OUT-OF-HOSPITAL PRESSURE: ISSUES BASED ON PARAMEDIC’S DILEMMA	21
Cassi Beard, University of Houston – Clear Lake Ashish Chandra, University of Houston – Clear Lake	

THE CASE OF THE 2026 NEW YORK NURSES' STRIKE: EXPOSING THE FINANCIAL, OPERATIONAL, AND STRATEGIC LIMITS OF U.S. HOSPITAL SYSTEMS.....	23
Cassi Beard, University of Houston – Clear Lake	
Ashish Chandra, University of Houston – Clear Lake	
NURSING EDUCATION PROGRAM EXPANSION PROJECT	26
Victoria Foster, Clayton State University	
Kimberly Campbell, Clayton State University	
Terri Summers, Clayton State University	
Georgina Howard, Clayton State University	
Kendolyn Smith, Clayton State University	
Lisa Smiley, Clayton State University	
Angela Hollis, Clayton State University	
Chyrel Panlilio, Clayton State University	
Elicia Collins, Clayton State University	
FOOD INSECURITY AND ACCESS IN THE WESSELMAN PARK–UNIVERSITY OF EVANSVILLE CORRIDOR	27
Ishaan Prasad, University of Evansville	
Su Jin J. Professor, University of Evansville	
SOCIAL PRESCRIBING AS HEALTH SYSTEM INFRASTRUCTURE: AN INTERNATIONAL ANALYSIS OF MODELS, OUTCOMES, AND IMPLEMENTATION DETERMINANTS	29
Adnan Kisa, Kristiania University of Applied Sciences	
Sezer Kisa, Oslo Metropolitan University	
JOURNEY MAPPING IN AN UNDERGRADUATE HEALTH ADMINISTRATION PROGRAM	30
Dan Friesner, University of Akron	
Kristine Kraft, University of Akron	
Kelly Friesner, University of Akron	
William C. Fiala, University of Akron	
BIAS IN AI-SUPPORTED EMERGENCY DEPARTMENT TRIAGE: AN INSTITUTIONAL ACCOUNTABILITY PERSPECTIVE FOR HEALTH INFORMATICS.....	32
Anuradha Ann Rangarajan, Illinois Institute of Technology	
Maurice Dawson, East Carolina University	
David Batts, University of Wisconsin - Green Bay	
Marwan Omar, University of Wisconsin - Green Bay	
Ray Parthasarathy, University of Wisconsin - Green Bay	
WAYS TO LOWER COSTS FOR MEDICARE AND PRIVATE INSURANCE.....	33
Dennis Emmett, Marshall University	
HARNISSING ARTIFICIAL INTELLIGENCE RESPONSIBLY IN HIGHER EDUCATION: TRENDS, ETHICAL PRINCIPLES, AND BEST PRACTICES FOR ACADEMIC INSTITUTIONS.....	34
Kimberly Pyron, Clayton State University	
Heather Eddy, Clayton State University	
Naquilla Thomas, Clayton State University	

PHARMACISTS' PERSPECTIVE ON THE USE OF AI TECHNOLOGY TO MANAGE WORKFLOW DISRUPTIONS IN COMMUNITY PHARMACIES	35
Ateequr Rahman, Rosalind Franklin University	
Sourabh Rodagi, DePaul University	
Sina Ansari, DePaul University	
Vahid Alizadeh, DePaul University	
AN ANALYSIS OF COMMUNICATION, LEADERSHIP, AND EQUITY IN PREVENTIVE MATERNAL AND CHILD HEALTH SERVICES FOR MIGRANT WOMEN IN NORWAY	36
Eman Hassan Mahmood, Kristiania University of Applied Sciences	
Adnan Kisa, Kristiania University of Applied Sciences	
ASSESS THE EFFECT OF STRATEGIC CHANGE MANAGEMENT ON WORKPLACE RELATIONSHIPS IN KING FAHD HOSPITAL, SAUDI ARABIA	37
Alamri Sara Sulaiman, Lincoln University College	
Dhakhir Abbas Ali, Lincoln University College	
Hafizah Che Hassan, Lincoln University College	
CONTINUOUS PROFESSIONAL DEVELOPMENT AND IN-SERVICE TRAINING AT EMERGENCY CARE CENTERS: A SYSTEMATIC REVIEW	38
Farah Awadh Al Harbi, Ministry of Health, Saudi Arabia	
DEPRESSION AND SUICIDE AMONG ADOLESCENT AND ELDERLY MALES IN UNDERSERVED COMMUNITIES: A COMPARISON OF BRAZIL AND UNITED STATES.	39
Indya Szydlowski, University of Scranton	
Amy Szydlowski, University of Scranton	
INTERNATIONAL COMPARISON OF THE COMBINED BURDEN ON EMPLOYEES FROM TAXES AND HEALTH CARE	40
David Wyant, Belmont University	
MARKET-BASED INTERVENTIONS IN PUBLIC HEALTH BEHAVIORS: A REVIEW AND SYNTHESIS	41
Irfan Ahmed, Sam Houston State University	
Riaj Mahmud, Sam Houston State University	
Vinu Simon, Sam Houston State University	
PERVERSE INCENTIVE LOOP IN PATIENT EXPERIENCE METRICS: PRESSURE, BURNOUT, AND PATIENT SAFETY RISK	42
Benjamin Joiner, University of Houston – Clear Lake	
Ashish Chandra, University of Houston - Clear Lake	
DERMATOLOGY ACCESS IN BRAZIL.....	43
Luciano Medico, University of Scranton	
Daniel West, University of Scranton	
BRIDGING HEALTHCARE DESERTS: CONTEXT-DEPENDENT DECENTRALIZATION STRATEGIES FOR RURAL ACCESS IN THE UNITED STATES, KENYA, AND INDIA	44
Gabiella Mata, University of Houston – Clear Lake	

Ashish Chandra, University of Houston - Clear Lake

WELL-BEING REIMAGINED: EXAMINATION OF A VIRTUAL WELL-BEING COURSE FOR
HEALTH CARE PROFESSIONALS IN A RURAL HEALTH CARE SYSTEM 45

Jennifer L. Johs-Artisensi, University of Wisconsin - Eau Claire

Kristina J. Schuldt, Mayo Clinic Health System

Natalie K. McMurry, University of Wisconsin - Eau Claire

INTEGRATION OF ARTIFICIAL INTELLIGENCE (AI) WITHIN MEDICAL TRANSCRIPTION 46

Smit Mehta, University of Houston – Clear Lake

Ashish Chandra, University of Houston – Clear Lake

BEYOND BURNOUT: BUILDING SYSTEMS AND CULTURES THAT HELP HEALTHCARE
EMPLOYEES THRIVE 48

Skylar Shaw, University of Houston – Clear Lake

Ashish Chandra, University of Houston – Clear Lake

EXPLORING HOSPITAL CHARACTERISTICS ASSOCIATED WITH SLEEP CENTER
ACCREDITATION 49

Aurora Tafili, University of North Florida

Hanadi Y. Hamadi, University of North Florida

Ebenezer Wareson, University of North Florida

Chloe Smith Lopez, University of North Florida

Mei Zhao, University of North Florida

Aaron C. Spaulding, Mayo Clinic

DIGITAL TRANSFORMATION IN DENTAL CARE: BALANCING TECHNOLOGY AND THE
HUMAN TOUCH..... 51

Divya Swami, University of Houston–Clear Lake

Ashish Chandra, University of Houston–Clear Lake

THE ADVERSE IMPACTS OF INSURANCE AUTHORIZATIONS/PRE-
AUTHORIZATIONS/DENIALS IN THE U.S. HEALTHCARE INDUSTRY..... 52

Kha Ai Vo, University of Houston – Clear Lake

Ashish Chandra, University of Houston - Clear Lake

DIGITAL TRANSFORMATION IN HEALTHCARE REVENUE CYCLE MANAGEMENT:
FINANCIAL PERFORMANCE, PATIENT EXPERIENCE, AND ETHICAL IMPLICATIONS..... 53

Mehdi Zia, University of Houston – Clear Lake

Ashish Chandra, University of Houston – Clear Lake

Examining the Underlying Structure of Common Financial Ratios: Empirical Evidence from California Hospitals

Cassandra R. Henson, Widener University
Dan Friesner, University of Akron

ABSTRACT

The provision of hospital services (inclusive of inpatient and emergency services) is one of the most complex and highly regulated production processes in the U.S. economy (Lalani et al., Healthcare, 2023; Li, Al-Amin and Rosko, Journal of Healthcare Management, 2023). Continued innovation (medical or technological) improves health outcomes, but also results in increased hospital operating expenses. As a consequence, the provision of hospital services is one of the most expensive production processes in the U.S. economy. A trend of reduced third party reimbursements over the past three decades has further eroded hospital financial positions (Rosko et al., International Journal of Health Economics and Management, 2020). Ensuring the efficient use of resources within hospitals (and other integrated health systems in which the hospital is a critical component of the organization) is both an important and a challenging endeavor (Namjoshi et al., Global Business and Finance Review, 2012).

Consistent with standard corporate financial principles, most hospitals monitor the financial position of the organization using commonly accepted financial ratios (Namjoshi et al., Global Business and Finance Review, 2012; Lombardi et al., Journal of Healthcare Finance, 2021; Li, Al-Amin and Rosko, Journal of Healthcare Management, 2023). Changes in financial performance are assessed by benchmarking these ratios against peers that have similar demographic, epidemiological, and legal/operating characteristics. These ratios generally fall into four categories: profitability, capital structure, liquidity, and efficiency. Hospital managers generally select a small number of ratios (between two to five) in each category that can be calculated based on a firm's financial statements, and that (in their view) most accurately, precisely, and comprehensively characterize the hospital's financial position, relative to its peers. Improvements in these ratios relative to peer averages indicate improved hospital financial performance.

There are several related challenges associated with benchmarking financial ratios. First, each ratio represents a different aspect of financial performance. As a result, it is common for one ratio to indicate improved performance, while another ratio indicates reduced performance (Namjoshi et al., Global Business and Finance Review, 2012). While this most commonly occurs when comparing ratios across each of the four aforementioned categories, it may also occur for ratios within a specific category (i.e., two different profitability ratios indicate differing levels of performance). Second each of these ratios is drawn from information included in a firm's accounting statements; usually, but not always, the income statement, the balance sheet, and the statement of cash flows. Generally accepted accounting principles and Financial Accounting Standards Board (FASB) standards require these financial statements to be constructed in ways that create inter-relationships between various financial ratios. However, because organizations exhibit flexibility in selecting the ratios that best fit their organization's characteristics, no absolute theoretical or conceptual basis exists to consistently hypothesize the sign and magnitude of these inter-relationships. Any inter-relationships that exist are fundamentally empirical in nature.

The literature that does exist has examined inter-relationships between various sections of financial statements, rather than financial ratios. For example, Stowe et al. (Journal of Finance, 1980) applied canonical correlation analysis (CCA) to a cross-section of 510 firms listed on the S&P tapes to determine the underlying relationship between the asset side of the balance sheet to the liabilities and equity side. They found that i) cash, securities and equity entries in the balance sheet were related to each other (i.e., liquidity reduces insolvency); ii) inventories and accounts payable were related (i.e.,

inventories are financed by accounts payable); and iii) accounts receivable and current debt are related (i.e., receivables are collateral for short term debt). Overall, Stowe et al. (Journal of Finance, 1980) concluded that these phenomena characterized hedging on the part of firms. Simonson, et al. (Journal of Financial and Quantitative Analysis, 1983) extend the previous study by applying CCA to a sample of commercial banks. They also found strong evidence of symmetric asset/liability hedging to manage interest rate risk. More specifically, fixed rate lending was more likely conducted by banks with greater interest insensitive funds, and banks that depended on interest-sensitive purchased funds were more likely to finance interest-sensitive assets. Research conducted since the Simonson et al. study (for example, Carter et al., Journal of Small Business and Entrepreneurship, 1993; Jain and Gupta, Vision: The Journal of Business Perspective, 2004; Jang, et al., Tourism and Hospitality Research, 2006) in various industries and economies all found consistent evidence of hedging. Unfortunately, to the best of our knowledge, no studies in the literature have examined similar issues in the hospital industry, and few studies have applied CCA to examine inter-relationships across financial ratio, as opposed to financial statement categories.

This manuscript conducts an exploratory empirical analysis to quantify the relationships between operational and financial statement ratios commonly used in the healthcare finance literature. We examine the self-reported operating and financial data of California hospitals, for the 2017 – 2024 fiscal years. Following Stowe et al. (1980) and Simonson et al. (1983), our primary analysis method is canonical correlation analysis, to identify potential correlations/trends in profitability, liquidity, efficiency, and capital structure ratios. The results of this study may provide insight on profitability by hospital type, service type or location/region – which may be applicable to similar facilities/organizations/locations.

Cassandra R. Henson, Dr.P.A., M.B.A. School of
Business Administration Widener University
One University Place,
Chester, PA 19013
Tel: 610-499-4310
crhenson@widener.edu

Dan Friesner, Ph.D.
College of Health and Human Sciences University
of Akron
Akron, OH 44325-3700
Tel: 330-972-5521
Dfriesner@uakron.edu

Factors Influencing Brazilian Lifespan: An Opportunity for the U.S. to Learn

Madeline G. Orth, University of Scranton
Steven J. Szydlowski, University of Scranton

ABSTRACT

This research examines key factors influencing Brazilian lifespan trends and highlights lessons applicable to the United States. The purpose of this study is to examine how social determinants of health, regional disparities, disease burden, and external causes of mortality impact population health outcomes in Brazil. The goal is to identify strategies that may inform U.S. public health and healthcare policy. The literature used for this project comes mainly from the World Health Organization and Macrotrends, which provide clear and reliable data on health outcomes in Brazil. The World Health Organization offers information on life expectancy, access to healthcare services, and major health challenges affecting the population. According to WHO data, Brazil holds #71 in lifespan global standings. The leading external causes of death include assaults (36.6%), transport accidents (26.6%), falls (7.8%), and self-harm (7.4%). Macrotrends helps show how Brazil's life expectancy has changed over time. The literature examines social and regional factors influence lifespan. These findings present an opportunity for the United States to learn from Brazil's population health challenges and progress. By comparing these trends, U.S. health leaders can learn ways to improve prevention, strengthen public health systems, and reduce health inequities. Based on these findings, recommendations focus on prevention, expanding access, and addressing social and regional health gaps. Overall, this research emphasizes the importance of using global health comparisons to strengthen population health and promote equity in the United States.

MADELINE ORTH, MHA
CANDIDATE STEVEN
SZYDŁOWSKI, PROFESSOR
UNIVERSITY OF SCRANTON

Single Mothers Well-Being: A Norwegian Perspective

Nimrah Rashid, Oslo Metropolitan University

ABSTRACT

This study explores the well-being of highly educated single mothers in the Greater Oslo Region. The study focused on economic, socio-personal, and emotional factors along with concepts of intersectionality and social citizenship that influenced the well-being experiences of the participants. The study addresses the research question: How do highly educated single mothers residing in the Greater Oslo Region describe their lived experiences with welfare policies and link these to their wellbeing, as parents? This study explores the unique challenges the participants face, specifically regarding the primary professional and caregiving responsibilities in the Greater Region of Oslo.

The methodology of this study adopted a qualitative research method. For the data, seven highly educated single mothers from minority-majority backgrounds were interviewed through purposive sampling. The interviews were conducted online and in person according to Sikt's approved interview guide. The data is organized into key themes and topics related to the double burden, welfare benefits, economic stability, social support networks, shame, bias, and work flexibility. These themes provided an overview of how welfare policies, social networks, societal expectations, and personal and work environments either help or hinder the experiences concerning their well-being.

Participants' findings revealed that flexible work settings, social support networks, owning a house and NAV's welfare benefit facilitated the overall well-being. However, high living costs, limited access to benefits, income thresholds, double burden, and technological literacy were some of the challenges they faced. The minority participants had to face additional barriers in the form of language requirements and social isolation.

In conclusion, the Norwegian welfare system does provide a safety net to the participants however, the policies need to be more inclusive towards the marginalized participants. This study contributed to the in-depth discussion of the participants lived experiences, implicating targeted social policies and welfare support keeping in mind the high-cost urban setting of Oslo.

Nimrah Rashid, MSc, MPhil – CONTACT AUTHOR
Faculty of Social Sciences
Oslo Metropolitan University
Klaus Torgårds Vei 10B, 0372
Oslo, Norway
Tel: +47 48490730
nimrahrashid@hotmail.com

AI-Powered Healthcare Operations: A Framework for Strategic Implementation and Governance

Fauwad Ahmed, University of Houston – Clear Lake

Ashish Chandra, University of Houston – Clear Lake

ABSTRACT

Healthcare delivery depends on operational performance, and artificial intelligence (AI) is increasingly reshaping how administrative and operational work is executed across health systems. While prior work frequently emphasizes clinical AI, substantial opportunities exist in healthcare operations—including patient flow, operating room management, revenue cycle processes, supply chain logistics, and workforce optimization. This paper synthesizes the current literature on AI applications in healthcare operations and identifies recurrent barriers that prevent organizations from scaling beyond pilot deployments. The analysis highlights that implementation success is driven not only by technical model performance but also by organizational readiness, workflow integration, data governance, and ethical oversight—particularly with respect to algorithmic bias, transparency, accountability, and regulatory compliance. Based on these findings, the paper proposes a practical four-pillar framework for strategic AI implementation and governance encompassing: (1) foundational data and governance capabilities, (2) strategic planning and value realization, (3) people and culture, and (4) technology and phased implementation. The framework is intended to support healthcare leaders in prioritizing high-value use cases, establishing responsible governance, measuring return on investment, and institutionalizing continuous improvement. By aligning operational AI initiatives with organizational objectives and ethical safeguards, health systems can advance efficiency, financial sustainability, and equitable outcomes.

A Comparative Analysis of Healthcare Administration in Pakistan and the United States: Challenges, Innovations, and a Framework for Improvement

*Fauwad Ahmed, University of Houston – Clear Lake Ashish
Chandra, University of Houston – Clear Lake*

ABSTRACT

Pakistan and the United States represent contrasting approaches to healthcare administration. Pakistan operates a mixed system within low- and middle-income country constraints, characterized by decentralization, constrained public financing, and variability in quality and safety performance. The United States relies on pluralistic, market-based financing with advanced management infrastructure and widespread health information technology, yet faces persistent challenges related to cost, access, fragmentation, and equity. This paper conducts a qualitative comparative analysis of healthcare administration across both settings, focusing on organizational structure and governance, leadership and management competencies, quality and performance management, and financing and resource stewardship. Drawing on management theory and evidence from implementation science and health-system reform literature in low- and middle-income contexts, the analysis identifies priority administrative constraints in Pakistan, including fragmented governance following devolution, limited professional management capacity, performance accountability, underdeveloped quality and patient safety systems, and inefficient financial and human resource management. Based on these findings, the paper proposes a six-pillar improvement framework for Pakistan emphasizing professional leadership development, national quality and patient safety systems, technology-enabled administrative efficiency, sustainable financing and procurement reform, performance accountability, and strategic investment in human resources for health. The framework is intended to support context-appropriate reforms that advance universal health coverage goals while strengthening governance, operational performance, and public trust.

Access to Dental Health Services in Underserved Communities

Alexander Eriquez, University of Scranton

Michael Costello, University of Scranton

ABSTRACT

The purpose of the research was to examine access and the utilization of dental services by Brazilian adults comparing between rural and urban areas. Brazil's universal health care system, SUS, offers a program called Smiling Brazil that offers free dental care to all eligible Brazilian citizens. However, given financial situations and displacement from dental offices, there is a gap in availability to dentistry when looking at urban and rural areas of Brazil. Using the Andersen Behavioral Model, we observed differences in trends of dental availability based on a sample size containing citizens from both rural and urban areas. Trends include frequency of dental appointment attendance, general education on personal oral health, and access to dental insurance. Results indicated a sharp contrast in availability between the two demographic populations, particularly showing a lack of access to dental services in the rural areas despite the nationwide universal health care system.

From Ethics to Risk: How Post-event Discipline Shapes EMS Decision-making in DNR Encounters

Cassi Beard, University of Houston – Clear Lake
Ashish Chandra, University of Houston – Clear Lake

ABSTRACT

Emergency medical service (EMS) clinicians routinely make high-stakes medical decisions in relative isolation and under intense time pressure. To reduce uncertainty, EMS systems rely heavily on rules-based care and protocol adherence as core elements of organizational risk management. One of the most emotionally charged and legally complex scenarios occurs when a paramedic encounters a patient with a valid Do-Not-Resuscitate (DNR) order while family members demand resuscitative efforts. Traditional discussions of these conflicts emphasize ethical frameworks and patient autonomy, positioning “moral distress” as the primary lens through which providers interpret these moments. Missing from this discourse, however, is a critical organizational factor: how post-event investigation and discipline shape future clinical behavior.

Drawing on publicly available investigations, civil litigation, and state regulatory reviews, this paper demonstrates that paramedics are frequently subjected to internal investigations, reprimands, or even termination despite actions that are aligned with both statutory requirements and written agency policy. These post-incident responses function as powerful behavioral signals, shifting organizational risk onto the individual clinician and teaching providers that policy compliance may paradoxically increase their personal liability.

Through the application of decision-rights theory and organizational risk frameworks, this paper argues that many DNR-related conflicts in EMS represent not ethical failures but organizational failures of risk ownership. When agencies respond to DNR events with punitive or opaque disciplinary processes, they cultivate defensive practice patterns, encourage overtreatment, and inadvertently reduce patient autonomy by increasing variability in field-level DNR adherence.

This presentation will translate these theoretical insights into practical understanding. Using real-world cases, it will illustrate how DNR conflicts unfold operationally, how investigations are initiated and adjudicated, and how disciplinary outcomes alter provider decision-making long after the initial event. The analysis reveals the legal, behavioral, and structural mechanisms through which risk becomes displaced from institutions to individual clinicians, resulting in inconsistent application of end-of-life directives.

Recommendations are provided for establishing minimum standards for post-event review, clarifying organizational responsibility for risk, aligning agency policy with applicable law, and reforming disciplinary practices to prevent counterproductive fear-based decision-making.

Some of the items that will be discussed during the presentation include:

Clinical & Operational Context

- Prehospital decision-making under isolation, uncertainty, and time pressure
- Cognitive load, split-second judgment, and protocol reliance
- Legal authority, limitations, and variability of DNR documents across jurisdictions
- Recognizing valid vs. invalid DNRs in the field

Nature of DNR Conflicts

- Conflicts between written medical directives and family demands
- Emotional escalation at scenes and its influence on paramedic decisions
- The role of law enforcement, nursing facilities, and bystanders in DNR disputes

Case-Based Analysis

- Case reviews of EMS DNR-related investigations and litigation
- Examples of discipline despite compliance with law and agency policy
- How internal reviews diverge from statutory intent and policy language

Organizational Behavior & Risk Dynamics

- Mechanisms of organizational risk transfer onto clinicians
- Retrospective discipline as a source of behavior modification
- Fear-driven decision-making and defensive medicine in EMS
- The chilling effect of ambiguous or punitive post-event review processes

Ethical & Patient-Centered Implications

- Consequences for patient autonomy and end-of-life care fidelity
- Variability in DNR compliance as a systems-level quality concern
- Misalignment between ethical guidance and organizational practice

Theoretical Frameworks

- Decision-rights theory applied to EMS agency structure
- Organizational risk ownership vs. individual blame
- Systems thinking: DNR conflicts as organizational—not ethical—failures

Policy & Practice Reform

- Minimum standards for transparent and fair post-event review
 - Aligning agency policy with state law to protect both patients and clinicians
 - Redesigning disciplinary processes to promote learning over punishment
 - Recommendations for training, documentation, and administrative oversight
 - Strategies for reducing variability and increasing confidence in DNR decision-making
-

When Protocol-Heavy Care Meets Out-of-Hospital Pressure: Issues Based on Paramedic's Dilemma

*Cassi Beard, University of Houston – Clear Lake Ashish Chandra,
University of Houston – Clear Lake*

ABSTRACT

Health care organizations increasingly rely on standardized workflows and protocol-driven care to reduce variation, improve regulatory compliance, and streamline operations. These systems assume orderly environments: complete information, aligned stakeholders, predictable task sequences, and low emotional intensity. Such conditions rarely exist in high-acuity, out-of-hospital settings such as emergency medicine, paramedicine, and end-of-life care—domains defined by uncertainty, conflict, and rapid decision-making under intense emotional pressure.

This paper examines how protocol-heavy environments become operationally brittle when frontline clinicians face profound ambiguity, emotionally charged stakeholders, or unexpected ethical conflicts. Drawing on research from healthcare operations, human factors engineering, cognitive psychology, and organizational behavior, the analysis demonstrates that rigid standardization without corresponding real-time support increases cognitive load, slows situational assessment, and heightens moral injury. When protocols fail to match the emotional and informational realities of a scene, clinicians must improvise, often without safe or clearly defined escalation mechanisms.

In these moments, organizational risk frequently becomes internalized by clinicians. Without psychologically safe avenues for seeking guidance, paramedics and other emergency clinicians absorb the burden of protecting both the patient and themselves from adverse outcomes, complaints, or discipline. This defensive posture leads to “silent deviations”—unreported workarounds designed to reconcile protocol limitations with situational demands. These adaptations, while often necessary, paradoxically increase variation and undermine the very reliability that standardization aims to achieve.

The paper argues that reliability cannot be achieved through protocols alone. High-emotion, out-of-hospital environments require systems intentionally designed for flexibility, real-time decision support, protected escalation pathways, and non-punitive post-event review. Failures commonly labeled as “noncompliance” reflect broader systemic shortcomings: rules that do not map to field realities, organizational cultures that discourage uncertainty reporting, and administrative responses that emphasize blame rather than learning.

Building on this systems-based framework, the presentation will integrate organizational theory, human-factors principles, and field experience to examine why protocol-driven approaches routinely break down in prehospital care. The goal is to identify the structural, cultural, and operational gaps that cause protocols to fail when emotional intensity and environmental unpredictability exceed their design assumptions. Recommendations will be offered for designing resilient systems that support clinicians, reduce risk internalization, and sustain reliability even under extreme emotional pressure.

Some of the items that will be discussed during the presentation include:

Foundational Concepts

- Purpose, strengths, and limitations of healthcare standardization
- Hidden assumptions embedded in protocol design

- How “controlled environment logic” fails in the field

High-Emotion Clinical Environments

- Emotional saturation in emergency, prehospital, and end-of-life medicine
- Competing goals between families, clinicians, and institutions
- How emotional conflict multiplies cognitive demand

Cognitive and Behavioral Impacts

- Cognitive overload and decision fatigue in first responders
- Human factors insights: mismatch between protocol structure and real-world workflow
- Mechanisms of moral injury in protocol-misaligned scenarios
- The psychology of “rule adherence under threat”

Operational Failure Modes

- Ambiguity, information gaps, and fragmented authority
- Stakeholder disagreement (family, police, nurses, bystanders, MDs)
- Absence of safe, rapid escalation channels
- How unclear chain of command shifts risk onto clinicians

Clinician Adaptation

- Self-preservation behaviors during emotionally charged calls
- Silent deviations and undocumented workarounds
- Over-reliance on defensive practice when fear of discipline is high
- Why rigid enforcement paradoxically increases variability and reduces reliability

System-Level Dynamics

- The difference between *compliance* and *reliability*
- Why protocol-heavy systems become brittle under emotional stress
- Organizational blindness to field realities and tacit work
- Gaps between administrative assumptions and clinical reality

Building Resilient Support Structures

- Designing psychologically safe escalation pathways
- Real-time access to clinical support (teleconsultation, supervisory models, decision aids)
- Non-punitive post-event review as a reliability tool
- Aligning policies with actual field decision-making patterns
- Creating systems that absorb risk rather than exporting it to individuals

Recommendations for Practice

- Principles for designing adaptable, emotion-aware clinical protocols
 - Embedding flexibility without losing standardization benefits
 - Leadership, communication, and culture changes needed for resilience
 - Operational redesign suggestions for EMS and other high-pressure environments
-

The Case of the 2026 New York Nurses' Strike: Exposing the Financial, Operational, and Strategic Limits of U.S. Hospital Systems

Cassi Beard, University of Houston – Clear Lake
Ashish Chandra, University of Houston – Clear Lake

ABSTRACT

Nursing unions across the United States have intensified organizing to secure enforceable staffing ratios, preserve health benefits, and strengthen workplace safety. This mobilization reached a pivotal moment in January 2026, when approximately 15,000 nurses across the Mount Sinai, Montefiore, and NewYork-Presbyterian systems initiated New York City's largest nursing strike, following months of stalled negotiations over staffing enforcement, pay, benefits, and safety protections. The walkout unfolded amid broader policy uncertainty, with reporting highlighting political pressures and fiscal concerns that shaped public narratives and bargaining postures. [\[thenation.com\]](#), [\[19thnews.org\]](#), [\[nysna.org\]](#) [\[thenation.com\]](#), [\[cbsnews.com\]](#)

From a health administration perspective, the strike surfaced acute financial shocks and operational brittleness. Hospitals faced rapid labor-cost escalation, including nine-figure expenditures on temporary replacement ("strike") nurses and associated lodging, while simultaneously experiencing revenue disruption due to diversions and curtailed elective procedures. Administrators also confronted continuity-of-care risks in high-acuity units as experienced staff left the bedside, a concern underscored by pre-strike reports of heavy patient loads and the push for enforceable ratio mechanisms. [\[19thnews.org\]](#), [\[dcreport.org\]](#) [\[thenation.com\]](#)

The episode revealed strategic constraints on hospital leadership operating on narrow margins and volatile reimbursement assumptions. Hospital representatives framed the union's contract demands as financially unrealistic in light of federal funding uncertainty, while union leaders argued that management sought to roll back previously won staffing enforcement and benefits—positions that hardened during the strike and complicated pathways to resolution. As negotiations progressed, political actors and community allies amplified the strike, shaping media coverage, heightening reputational stakes, and reinforcing union solidarity. [\[thenation.com\]](#), [\[cbsnews.com\]](#) [\[nysna.org\]](#)

While large-scale strikes can accelerate workforce sustainability by advancing staffing enforcement and contractual protections, they can also produce a "ratchet effect" for hospital operations—where temporary contingencies and emergency spending harden into new expectations that restrict long-term financial flexibility. (This concept is drawn from labor economics and applied here to the hospital context.) In NYC's 2026 case, interim agreements to maintain health benefits became a bargaining waypoint that narrowed the solution space for other concessions even before a full settlement, illustrating how near-term fixes can set durable precedents. [\[cbsnews.com\]](#)

Using the 2026 New York strike as a real-time case, this presentation links labor-relations theory and on-the-ground hospital operations to map the strike's effects on finances, staffing capacity, patient flow, quality risks, and executive decision-making. We distill administrative lessons: (1) adopt data-driven staffing and benefit negotiations; (2) invest in surge-resilient operating models that can withstand labor shocks without degrading safety; (3) maintain transparent enforcement mechanisms for ratios; and (4) employ scenario-based financial planning that anticipates prolonged labor disruption. [\[19thnews.org\]](#), [\[thenation.com\]](#) [\[cbsnews.com\]](#), [\[19thnews.org\]](#)

Some of the items that will be discussed during the presentation include:

Context & Labor Landscape

- Growth of nursing unionization and consolidation of bargaining leverage in large urban systems (NYC 2026 as a benchmark). [\[thenation.com\]](#)
- Overview of the January 2026 strike (scope, systems involved, duration markers). [\[thenation.com\]](#), [\[19thnews.org\]](#)
- Political and community involvement; effects on negotiation dynamics and media framing. [\[nysna.org\]](#)

Union Demands & Hospital Response

- Core demands: **staffing ratios, pay, safety, preservation of employer-funded health benefits.** [\[dcreport.org\]](#)
- Benchmarking against jurisdictions with mandated ratios (e.g., California) as a reference point in union messaging. [\[thenation.com\]](#)
- Hospital claims of fiscal unsustainability amid reimbursement uncertainty; interim agreement to **maintain health benefits** during negotiations. [\[thenation.com\]](#), [\[cbsnews.com\]](#)

Immediate Operational Impacts

- **Labor cost surge** tied to strike-replacement staffing (>\$100M and lodging logistics). [\[19thnews.org\]](#)
- Training, onboarding, and integration gaps for travel/strike nurses; implications for **throughput and quality.** [\[19thnews.org\]](#)
- **Patient flow and service line impacts:** diversions, ED strain, elective case deferrals. [\[19thnews.org\]](#)

Patient Safety & Quality Risks

- Continuity-of-care challenges in high-acuity settings (ICU/pediatrics/complex medicine) during staffing volatility. [\[thenation.com\]](#)
- Rationale behind enforceable staffing ratios and how weak enforcement contributes to variability. [\[thenation.com\]](#)

Financial & Administrative Strain

- **Revenue disruption** from canceled procedures and diverted volumes; countervailing cost spikes from contingencies. [\[19thnews.org\]](#)
- Crisis command structures, legal/PR posture, and board-level oversight during a protracted strike. [\[19thnews.org\]](#)
- The “**ratchet effect**”: how emergency measures and interim agreements constrain future operating flexibility. [\[cbsnews.com\]](#)

Strategic Leadership Dilemmas

- Balancing **regulatory compliance, accreditation expectations, and safety** while negotiating under public scrutiny. [\[thenation.com\]](#), [\[cbsnews.com\]](#)
- Managing reputation and stakeholder trust when labor conflicts intersect with narrow margins. [\[19thnews.org\]](#)

Long-Term Organizational Implications

- Effects on recruitment/retention, labor relations climate, and momentum for staffing enforcement. [\[nysna.org\]](#)
- How unresolved pre-strike issues can re-emerge post-settlement if enforcement and funding misalign. [\[thenation.com\]](#)

Policy & Administrative Responses

- **Data-driven bargaining** around staffing enforcement and benefits (metrics, triggers, penalties). [\[thenation.com\]](#)
- Building **surge-resilient ops** (float pools, cross-training, regional mutual aid) to reduce reliance on costly strike staffing. [\[19thnews.org\]](#)
- Structuring **transparent, enforceable staffing mechanisms** aligned with financeable operating plans. [\[cbsnews.com\]](#)

REFERENCES

[\[19thnews.org\]](#)Nuttall, L. (2026, January 16). *15,000 nurses enter fifth day of strike in New York City*. The 19th News. <https://19thnews.org/2026/01/new-york-city-nurses-strike/>

[\[cbsnews.com\]](#)Capellini, J. (2026, January 25). *Striking NYC nurses, hospitals reach agreement to maintain health care benefits*. CBS New York. <https://www.cbsnews.com/newyork/news/nyc-nurses-strike-health-care-benefits-agreement/>

[\[dcreport.org\]](#)The DCReport. (2026, January 19). *‘We’re asking for very basic things’: 15,000 nurses are on strike in*

New York City. <https://www.dcreport.org/2026/01/19/were-asking-for-very-basic-things-15000-nurses-are-on-strike-in-new-york-city/>

[\[insights.wchs.com\]](https://insights.wchs.com) WCHSB Insights. (2026, January 14). *The economics of healthcare labor disruption: Analyzing NYC's historic 15,000 nurse strike and its implications for hospital operations*.
<https://insights.wchs.com/2026/01/14/the-economics-of-healthcare-labor-disruption-analyzing-nycs-historic-15000-nurse-strike-and-its-implications-for-hospital-operations/>

[\[nysna.org\]](https://www.nysna.org) New York State Nurses Association. (2026, January 16). *NYSNA update: January 16, 2026*.
<https://www.nysna.org/news/nysna-update-january-16-2026>

[\[thenation.com\]](https://www.thenation.com) Prajwal, B. (2026, January 23). *Nurses dig in against New York's hospital giants*. *The Nation*.
<https://www.thenation.com/article/politics/nurses-strike-new-york-city-sinai-montefiore-newyork-presbyterian/>

Nursing Education Program Expansion Project

Victoria Foster, Clayton State University
Kimberly Campbell, Clayton State University
Terri Summers, Clayton State University
Georgina Howard, Clayton State University
K.Smith, Clayton State University
Lisa Smiley, Clayton State University
Angela Hollis, Clayton State University
Chyrel Panlilio, Clayton State University
Elicia S. Collins, Clayton State University

ABSTRACT

The state of Georgia, as well as the nation, is facing a workforce shortage of Registered Nurses (RNs). The shortage is projected to persist due to a growing number of retirements and the limited capacity of nursing schools to meet the increasing demand (, 2024). In May 2025, the Clayton State University School of Nursing received a Nursing Education Program Expansion Grant from the Georgia Board of Health Care Workforce. Since the inception of the program in June 2025, multiple new programs have been initiated with the overarching goal of recruiting potential nursing students, supporting current nursing students, and increasing the success of graduating nursing students. This project employed several initiatives to support student success.

Food Insecurity and Access in the Wesselman Park-University of Evansville Corridor

Ishaan Prasad, University of Evansville
Su Jin J. Professor, University of Evansville

ABSTRACT

Food insecurity remains a persistent public health challenge in the United States, disproportionately affecting low-income communities and populations with limited access to affordable, nutritious food. The U.S. Department of Agriculture defines food insecurity as limited or uncertain access to adequate food, a condition that is frequently concentrated in areas designated as food deserts. These environments are characterized by reduced geographic access to full-service grocery stores, higher food prices, and greater reliance on convenience retail. In Evansville, Indiana, more than 15,000 residents live in USDA-identified low-income, low-access census tracts, including neighborhoods immediately adjacent to the University of Evansville.

At the same time, food insecurity among college students has emerged as a significant but historically underrecognized issue. National studies estimate that 30–40% of students at four-year institutions experience food insecurity, a prevalence associated with poorer physical health, increased psychological stress, and adverse academic outcomes. Structural factors such as limited income, restricted meal plan flexibility, lack of cooking facilities, transportation barriers, and stigma surrounding food assistance contribute to elevated risk among students. Despite a growing body of research on student food insecurity, limited work has examined how university students and nearby community residents who share the same local food environment experience food access differently.

This study proposes a cross-sectional, quantitative examination of food insecurity, affordability, and food access in the Wesselman Park–University of Evansville corridor. The project is designed to compare University of Evansville students and adult community residents living within approximately three miles of campus. Quantitative data will be collected through two anonymous surveys incorporating the USDA Six-Item Short Form Food Security Survey Module, along with brief items assessing transportation access, food affordability, and access predictability. Dietary context will be assessed using a limited number of MyPlate-aligned dietary frequency questions.

To contextualize survey findings, Geographic Information Systems mapping will be used to characterize the spatial distribution of food retailers, public transportation routes, and walkability within the study area. In addition, a recurring market-basket price audit will assess the affordability of staple food items across grocery stores, convenience stores, and discount retailers. These environmental measures are intended to support interpretation of perceived and reported access barriers rather than serve as independent analytic outcomes.

By integrating survey-based measures with contextual environmental data, this study aims to identify structural differences in food insecurity between students and community residents who share geographic proximity but differ in institutional support and resource access. Findings are expected to inform practical, locally relevant interventions, including expanded campus–community food partnerships, transportation support strategies, and institutional food-assistance programs. This research contributes to the literature on food insecurity in small-city, university-adjacent settings and highlights the role of institutional context in shaping food access outcomes.

Ishaan Prasad – CONTACT AUTHOR
School of Health Sciences
University of Evansville
1800 Lincoln Avenue
Evansville, IN 47722
Email: ip37@evansville.edu

Su Jin Jeong, DrPH, MPH
Associate Professor
School of Health Sciences
University of Evansville
1800 Lincoln Avenue
Evansville, IN 47722
(812) 488-3102
sj117@evansville.edu

Social Prescribing and Health System Infrastructure: An International Analysis of Models, Outcomes, and Implementation Determinants

*Adnan Kisa, Kristiania University of Applied Sciences
Sezer Kisa, Oslo Metropolitan University*

ABSTRACT

Social prescribing (SP) has expanded internationally as a person-centered approach linking individuals to community-based, non-clinical support to address social determinants of health. However, the evidence base remains diffuse, with substantial variation in models, mechanisms, contexts, and reported outcomes. This research followed the methodological frameworks of Arksey and O'Malley and Levac et al., with guidance from the Joanna Briggs Institute, and was reported in accordance with PRISMA-ScR. Six databases (MEDLINE, Scopus, Web of Science, APA PsycINFO, CINAHL, and Embase) were searched from inception to September 2025 for empirical, peer-reviewed English-language studies. From 1,398 records, 87 studies met the inclusion criteria across primary care, community, cultural, green, mental health, and hospital settings, using qualitative, quantitative, and mixed-methods designs. SP was most often reported to be associated with improved mental well-being, reduced loneliness, increased confidence, and greater social connection, while clinical and system-level outcomes were mixed. For healthcare administrators, key determinants of performance and sustainability included workforce capacity, commissioning arrangements, data infrastructure, and voluntary and community sector (VCSE) partnerships, suggesting that administrative decisions prioritizing stable funding, manageable caseloads, interoperable data systems, and sustained VCSE investment are likely to shape implementation quality and long-term program viability. Barriers included structural inequities, unstable funding, limited community-sector capacity, workforce pressures, and fragmented cross-sector coordination.

Journey Mapping in an Undergraduate Health Administration Program

Dan Friesner, University of Akron
Kristine Kraft, University of Akron
Kelly Friesner, University of Akron
William C. Fiala, University of Akron

ABSTRACT

Improving the quality of education offered to students is a primary objective of many (if not the majority of) academic organizations. Institutional and (if applicable) program-specific accreditors require faculty and staff to identify program specific objectives and learning outcomes, and to use both quantitative and qualitative information to regularly assess those objectives and take tangible action to improve those objectives and outcomes. A robust literature exists that uses quantitative information to these outcomes and objectives (Cole and De Maio, *Journal of Political Science Education*, 2009; Bahous and Nabhani, *Educational Assessment, Evaluation, and Accountability*, 2010; Powell and Saint-Germain, *Journal of Public Affairs Education*, 2016; Goss, *The Journal of Academic Librarianship*, 2022).

Concomitantly, the literature examining the lived experiences of both faculty and students working in, or completing, these programs is relatively sparse (Seetharaman et al., *Social Sciences*, 2025). This is highly problematic, since a greater understanding of the lived experiences of faculty and students can facilitate changes to formal and informal programmatic processes, procedures, and institutional factors that remove barriers to teaching and learning, as well as empower both students and faculty to fully engage in the education process. This, in turn, improves student retention and progression through a program. It may also lead to improved faculty morale and an improved student experience in the program.

Fortunately, tools and techniques have been developed in the health services literature that can be adapted for use in the education setting to characterize the lived experience of students and faculty. For example, patient journey maps have been used to describe the lived experience of patients as they seek care for an underlying condition (Davies et al., *Journal of Advanced Nursing*, 2023). Applying this same methodology to characterize how faculty view the typical student's journey through an academic program leads to the creation of a process map (Trebbles et al., *British Medical Journal*, 2010).

Analogous to patient journey maps (Barton et al., *BMJ Open*, 2009; McCarthy et al., *Journal of Decision Systems*, 2016; Buldo et al., *European Journal of Cardiovascular Nursing*, 2024), one can create a map depicting a customer's lived experience as they use a product or service (Crosier and Handford, *Social Marketing Quarterly*, 2012). In an educational context, such maps depict the lived experience of students; that is, a student journey map. The combination of a process map and a student journey map, assessed over similar individuals and academic institutions, helps an academic program to assess the quality of education that it provides to its students. It also identifies possible gaps where faculty perceptions about a program's features differ from those of the students completing that program.

In a recent manuscript, Friesner et al. (*Journal of Higher Education Theory and Practice*, 2025) created a process map covering the first semester of an undergraduate health administration program. That study used Rains' (*Journal of Education Advancement and Marketing*, 2017) framework of identifying barriers, emotional responses, and insights gained across students to develop the themes that

constitute the map. The current study intends to create a student journey map describing the barriers, emotional responses, and insights gained by undergraduate health administration students during their first semester in the program. In doing so, the combination of the process and student journey maps provides a holistic view of the lived experiences of both faculty and students during the first semester of the program. This allows for additional inferences to improve both program outcomes and student learning outcomes in the program.

Dan Friesner, Ph.D.
College of Health and Human Sciences
University of Akron
Tel: 330-972-5521
Fax: 330-972-5737
Dfriesner@uakron.edu

Kristine Kraft, D.C.
School of Allied Health
University of Akron
Tel: 330-972-6516
Fax: 330-972-5737
knk@uakron.edu

Kelly Friesner, M.S., MLS, CHT
School of Allied Health
University of Akron
Tel: 330-972-4757
Fax: 330-972-5737
Kfriesner@uakron.edu

William C. Fiala, M.A., CCS-P, CPC, RMA
School of Allied Health
University of Akron
Tel: 330-972-8451
Fax: 330-972-5737
wcfiala@uakron.edu

Bias in AI-Supported Emergency Department Triage: An Institutional Accountability Perspective for Health Informatics

Anuradha Ann Rangarajan, Illinois Institute of Technology

Maurice Dawson, East Carolina University

David Batts, University of Wisconsin - Green Bay

Marwan Omar, University of Wisconsin - Green Bay

Ray Parthasarathy, University of Wisconsin - Green Bay

ABSTRACT

Artificial intelligence (AI)-supported clinical decision tools are increasingly used in emergency departments (EDs) to support triage, risk assessment, and resource allocation. Although these tools offer potential efficiency and consistency benefits, evidence indicates that AI models trained on historical healthcare data may reflect and perpetuate demographic and economic biases. In emergency care, where triage decisions directly affect access to treatment and outcomes, algorithmic bias poses significant safety and governance challenges. This paper surveys literature on bias in AI-supported ED triage, and examines how bias can emerge across the AI lifecycle. Drawing on institutional theory, the paper proposes a forward-looking agenda emphasizing organizational accountability for equity, transparency, and oversight. Implications for health informatics include equity-focused evaluation, transparent reporting practices, and robust governance to support responsible AI deployment.

Ways to Lower Costs for Medicare and Private Insurance

Dennis Emmett, Marhsall University

ABSTRACT

Healthcare costs continue to rise, creating increases in private healthcare insurance premiums and further eroding the solvency of Medicare. Most countries are anticipating double-digit increases affecting employer-sponsored health plan costs. The Medicare Hospital Insurance trust fund will be insolvent in 2033, as Medicare costs continue to grow rapidly. One of the reasons given is that insurance pays for quantity, not quality. This method reimburses for each procedure, test, or physician visit. Another reason is the fact that different hospital systems do not cooperate in providing care. In addition, the final months of life constitute a significant portion of an individual's total medical expenses for their life. There is a need for uniform medical records that can be accessed by any medical provider. areas of concern will be explored and possible solutions suggested. This will not completely solve the problem of rising costs but will hopefully be part of the solution.

Harnessing Artificial Intelligence Responsibility in Higher Education: Trends, Ethical Principles, and Best Practices for Academic Institutions

Kimberly Pyron, Clayton State University
Heather Eddy, Clayton State University
Naquilla Thomas, Clayton State University

ABSTRACT

Rapid proliferation of Generative Artificial Intelligence (GenAI) and Large Language Models (LLMs) has shifted higher education from reactive tool adoption to systemic, “agentic” integration. Transformative impact of AI on pedagogy, assessment, research, and institutional governance, is examined noting significant gains. These advancements introduce critical ethical challenges. Through a synthesis of institutional frameworks and case studies, the research identifies best practices for responsible implementation. Key recommendations include establishing multidisciplinary governance committees, ensuring human-in-the-loop oversight, and fostering AI literacy. It is concluded that while AI is an inevitability, its successful integration depends on proactive governance that prioritizes human-centered inquiry and equitable access.

Pharmacists' Perspective on the Use of AI Technology to Manage Workflow Disruptions in Community Pharmacies

Ateequr Rahman, Rosalind Franklin University

Sourabh Rodagi, DePaul University

Sina Ansari, DePaul University

Vahid Alizadeh, DePaul University

ABSTRACT

Background: Community pharmacies face increasing workflow complexity, with frequent disruptions and inefficiencies that can affect operational performance and patient safety. Artificial intelligence (AI) can be proposed as a potential decision-support tool to help manage workflow disruptions, yet pharmacist perspectives on the usefulness of AI-based workflow management tools remain underexplored.

Objectives: To identify workflow disruptions in community pharmacies and assess pharmacists' preferences, concerns, and expectations regarding AI-based real-time anomaly detection systems.

Methods: (A cross-sectional survey) multi-method study was conducted among 83 licensed pharmacists practicing in community pharmacy settings. The survey assessed workflow efficiency, sources of operational disruption, perceived usefulness of AI features, implementation concerns, and explainability preferences. Descriptive statistics and ranking analyses were used to summarize responses.

Methods: This multi-method, cross-sectional study combined a structured quantitative survey with qualitative focus group discussions to examine workflow efficiency, operational disruptions, job stress, and perceptions of AI-based workflow management tools. Survey data were analyzed using descriptive statistics, ranking analyses, Spearman correlations, and Welch t-tests to examine relationships among workflow conditions, stress, and perceived AI usefulness. Focus group discussions were analyzed thematically to contextualize survey findings and provide deeper insight into workflow bottlenecks, staffing challenges, interruptions, insurance burden, and expectations for AI-supported workflow management. Together, the quantitative and qualitative findings were used to triangulate results and identify how structural workflow strain shapes pharmacists' acceptance of AI-based support tools.

Results: Nearly half of the respondents rated their current workflows as inefficient. Insurance processing delays and prescription verification were the most frequently reported bottlenecks. Pharmacists expressed strong interest in AI features for workload balancing (63%), workflow optimization recommendations (58%), and early error detection (57%). Integration with existing systems was the most significant concern, followed by training requirements and cost.

Respondents emphasized a preference for actionable alerts and transparent explanations when AI systems flag anomalies.

Conclusions: Community pharmacists perceive clear value in explainable, integrated AI-based anomaly detection tools that support workflow efficiency and medication safety. These findings highlight key design and implementation considerations for AI systems intended for real-world pharmacy practice.

An Analysis of Communication, Leadership, and Equity in Preventive Maternal and Child Health Services for Migrant Women in Norway

Eman Hassan Mahmood, Kristiania University of Applied Sciences

Adnan Kisa, Kristiania University of Applied Sciences

ABSTRACT

Migrant women in Norway experience linguistic, cultural, and structural barriers that limit equitable access to preventive maternal and child health services. This narrative review synthesizes peer-reviewed studies from Norway published up to October 30, 2025, examining communication practices, leadership, and organizational conditions, and their interaction. Of the 369 records identified, 17 studies met the inclusion criteria and reported persistent language barriers, inconsistent interpreter provision, variable health literacy, and culturally incongruent information that constrained navigation, timely entry into care, preventive counselling, screening uptake, and informed participation during encounters such as labor and admission. Enabling approaches included relational and culturally responsive communication supported by continuity, home visiting, and culturally mediated support, which were associated with greater trust, engagement, and service use. Across municipalities, leadership priorities and resourcing shaped whether communication supports were embedded as system-level infrastructure or left to individual provider workarounds. Aligning culturally responsive communication with relational local leadership may reduce inequities within a universal healthcare system.

Assess the Effect of Strategic Change Management on Workplace Relationships in King Fahd Hospital, Saudi Arabia

Alamri Sara Sulaiman, Lincoln University College
Dhakir Abbas Ali, Lincoln University College
Hafizah Che Hassan Lincoln University College

ABSTRACT

This study investigates the impact of strategic change management on workplace relationships within the context of Saudi Arabia's rapid healthcare transformation under Vision 2030. Focusing on King Fahd Hospital as a critical case study, the research addresses a significant gap in understanding how change initiatives influence relational dynamics—such as trust, collaboration, and communication amidst unique cultural and reform pressures. Employing an explanatory sequential mixed-methods design, the study collected quantitative survey data from 385 clinical and administrative staff. The analysis was guided by Kurt Lewin's Three-Stage Change Model and Social Exchange Theory, framing change as both a structural and relational process. Key findings reveal a fragmented perceptual landscape among staff, characterized by a consistent 50/30/20 split: approximately half reported positive experiences with change initiatives, 30% expressed disagreement or negative perceptions, and 20% remained neutral. This pattern signifies an organization in a contested transition. Quantitative regression analyses identified that workplace relationships and teamwork are most strongly predicted by confidence in leadership, clear communication of the reasons for change, perceived organizational support (POS), and staff involvement in planning. The study found that deeply rooted cultural norms—specifically high-power distance and collectivism profoundly shape the change experience, often reinforcing top-down communication and interdepartmental silos. The hypotheses received substantial support. Conversely, POS served as a vital positive moderator and buffer, strengthening staff resilience and cooperation. Cultural orientations directly influenced communication patterns and collaboration, validating their role as contextual moderators. The study concludes that the success of strategic change in Saudi healthcare is fundamentally a relational endeavour. Sustainable transformation requires moving beyond technical and structural reforms to actively cultivate leadership accountability, transparent and participatory communication, systemic organizational support, and culturally intelligent change protocols. These findings offer evidence-based guidance for hospital administrators and policymakers aiming to ensure the human sustainability of the Kingdom's ambitious healthcare reform agenda.

Continuous Professional Development and In-Service Training at Emergency Care Centers: A Systematic Review

Farah Awadh Al Harbi, Saudi Arabia Ministry of Health

ABSTRACT

Background

Continuous Professional Developments (CPDs) and in-service training programs play a crucial role in enhancing the knowledge, skills, and competencies of healthcare professionals, particularly in emergency care settings.

Methodology

A systematic review was conducted following the PRISMA guidelines to evaluate the effectiveness of CPD and in-service training programs in emergency care centers. A comprehensive search of electronic databases was performed to identify relevant studies published within the last decade. Inclusion criteria focused on studies assessing training programs' impact on key performance indicators (KPIs) such as patient safety, emergency response efficiency, mortality rates, and infection control. Quantitative and qualitative data were synthesized to determine the overall effectiveness and reliability of the training interventions. Statistical measures, including Cronbach's alpha for internal consistency, Cohen's Kappa for interrater reliability, and triangulation methods, were used to ensure the validity of findings.

Results

Of the 100 studies found on search engines, only five studies met the inclusion criteria. Findings indicate that CPDs and in-service training programs significantly improve healthcare providers' competencies in emergency response, risk management, medication safety, infection prevention, and leadership skills. However, variations in training effectiveness across different institutions highlight the need for standardized training protocols and evaluation methods.

Conclusion

CPDs and in-service training programs in emergency care settings are essential for maintaining high standards of patient care, reducing clinical errors, and improving response times in critical situations.

Depression and Suicide among Adolescent and Elderly Males in Underserved Communities: A Comparison of Brazil and United States

Indya Szydlowski, University of Scranton
Amy Szydlowski, University of Scranton

ABSTRACT

The prevalence of depression and suicide rates continues to increase globally. Brazil stands at a moderate suicide rate rank. The goal is to examine depression and suicide rates for men 18 years and older residing in the Brazilian Favelas. Males suicide rates outnumber those of women's. Additionally, indigenous individuals suicide rate shows higher suicide mortality rates (Willie, Rinozi, C Kolves, 2025). The factors that contribute to depression and suicide risks are poverty, exposure to violence, limited access to healthcare and education, limited employment opportunities, and family conflicts. According to Cruz and colleague's neighborhood violence is linked to mental distress and poor mental health (2021). Further, Harding and colleagues explain how individuals that experience violence are significantly more likely to have depression (2022). The goal is to find evidence-based prevention strategies to aid individuals experiencing depression and suicidal ideations. Mental health screening, trained community health workers, mobile mental health services, substance-use and harm reduction programs, suicide prevention campaigns, and mindfulness training are strategies that can positively impact favela men. It is essential to offer healthy alternatives to replace unhealthy coping mechanisms such as self-medication and self-injury to improve well-being.

International Comparison of the Combined Burden on Employees from Taxes and Health Care

David Wyant

ABSTRACT

Typically, each time a firm in the United States hires a worker the firm bears the same health insurance expense per worker, regardless of the total compensation for the worker. For low wage workers, health care absorbs a larger portion of the worker's total compensation. This paper compares this effect to the situation in other countries. For example, in Germany generally 14% of the compensation for each worker goes into health insurance pools. In other countries health care is paid from taxes. The paper combines the share of employees' compensation for health care with tax rates to compare the total burden on employees from health care and taxes.

David Wyant PhD
Associate Professor
College of Business
Belmont University
6155215288
David.wyant@belmont.edu

Market-Based Interventions in Public Health Behaviors: A Review and Synthesis

Irfan Ahmed, Sam Houston State University
Riaj Mahmud, Sam Houston State University
Vinu Simon, Sam Houston State University

ABSTRACT

As a matter of immense public and private concern, public health behaviors have been sought to be influenced by various entities, both public and private. Consequently, a large and growing body of literature now exists to explain efforts to engender behavioral changes in order to further goals relevant to the promoters of such changes.

According to Chalmers and Fox (2016), there were over 8,000 systematic reviews per year of health policy and practice studies, and the number has doubtless continued to grow in the past ten years. Systematic reviews, as Chalmers and Fox (2016) rightly assert, have a positive effect on health policy and practice, and better use ought to be made of such reviews in guiding policy decisions and interventions in public health.

Public health interventions cover a wide range of alternatives such as drug and non-drug interventions, health service configurations, education, poverty alleviation, and economic and environmental enabling of behavioral change, and these types of interventions have been extensively studied and review studies made available for improved organization of literature pertaining thereto. However, a broad category of interventions, which depends on change in the market and consumption behaviors of individuals and groups, has a somewhat fragmented body of literature with little to provide a coherent and comprehensive picture of the area and its literature. The purpose of this paper is to create such a picture of what we will define as market-based public health behavior interventions. This is sought to be achieved through a review and synthesis of diverse literature streams from different disciplinary domains, resulting in the following:

Definition and scope of market-based public health behavior interventions: utilizing both macro level studies from economics, we define the domain and scope of market-based public health interventions.

A typology of behavior change actors/agents and motives: While a majority of public health interventions and initiatives are undertaken by government, we identify other interest groups that also have been known to initiate and operate interventions, and their motives in effecting behavior changes.

Identification of key areas in market-based interventions: We identify the key areas in market-based health behavior interventions and encapsulate the main findings in each area.

Identification of gaps in the literature: We identify gaps in the literature that warrant research attention in the future.

Through this review and synthesis of the literature on market-based health behavior intention, we expect to contribute future directions for research, policy and practice in public health.

Perverse Incentive Loop in Patient Experience Metrics: Pressure, Burnout, and Patient Safety Risk

*Benjamin Joiner, University of Houston – Clear Lake Ashish
Chandra, University of Houston - Clear Lake*

ABSTRACT

Patient experience metrics are intended to elevate patient-centered care, yet their use as high-stakes performance targets may generate unintended consequences. When reimbursement and managerial evaluation depend heavily on satisfaction surveys, score improvement can become a dominant organizational objective. This paper argues that such coupling can transmit pressure to frontline clinicians, increasing anxiety and burnout, and potentially degrade teamwork and safety. Because survey responses may reflect nonclinical factors and cognitive biases, declining scores may be misattributed to individual clinicians rather than system design. The resulting corrective pressure may worsen conditions that drive dissatisfaction, thereby reinforcing a self-sustaining perverse incentive loop. A governance framework is presented to reduce metric-related harm while preserving the value of patient voice.

Dermatology Access in Brazil

Luciano Medico, University of Scranton
Daniel West, University of Scranton

ABSTRACT

The purpose of this study was to examine the level of access to dermatology Brazilian citizens have based on insurance type (private, public, or out of pocket) and location. Reports were examined from Brazilian journals and global health organizations to understand the dermatology healthcare situation. Results indicated a higher wait time for Brazilians seeking dermatology appointments through the public insurance (median time to first treatment for malignant melanoma: 28 days) than through private insurance (median time to treatment: 6 to 7 days). Regarding region, dermatologists were found to be heavily concentrated in the south and southeast parts of Brazil, with the northern parts seeing sparse coverage. About 34.25% of patients in the south had malignant melanoma cases first treated within 30 days, while only 22.41% of patients in the north saw treatment start within 30 days. These findings indicate the value of future investments in teledermatology initiatives to allow for screenings and expanded access to treatment in underserved areas, an idea that remains applicable to countries like the United States.

Bridging Healthcare Deserts: Context-Dependent Decentralization Strategies for Rural Access in the United States, Kenya, and India

Gabriella Mata, University of Houston – Clear Lake
Ashish Chandra, University of Houston - Clear Lake

ABSTRACT

Despite unprecedented advances in biomedical science, diagnostics, surgical technique, and pharmaceutical innovation, equitable access to healthcare remains elusive. This paper examines the “paradox of modern medicine”: rising clinical capability alongside persistent—and in many regions worsening—inequities in access. Using a comparative case framework, we analyze three rural contexts that embody distinct constraints: (i) the rural United States, where distance and hospital closures generate expanding “healthcare deserts”; (ii) remote Kenya, where physical barriers, facility limitations, workforce shortages, and health literacy constraints intersect; and (iii) rural India, where the scale of the rural population and severe resource gaps amplify financial risk and restrict specialty care access. We argue that while the objective of equitable access is universal, effective interventions are fundamentally **context-dependent**, shaped by fiscal capacity, disease burden, infrastructure, and governance. The study synthesizes actionable best practices—rotational delivery schedules, strengthened primary care systems, integrated home-based risk triage, and tiered accreditation—to support scalable rural health strategies across diverse settings.

Well-Being Reimagined: Examination of a Virtual Well-Being Course for Health Care Professionals in a Rural Health Care System

Jennifer L. Johs-Artisensi, University of Wisconsin - Eau Claire

Kristina Schuldt, Mayo Clinic Health System

Natalie McMurray, University of Wisconsin – Eau Claire

ABSTRACT

Healthcare professionals are experiencing high rates of burnout that threaten workforce stability and quality of care. This exploratory study examined the outcomes of a pilot program, Wellness Reimagined, a virtually delivered course designed to enhance well-being among healthcare professionals working in a large rural Midwestern health system. Using pre- and post- program surveys, participants reported meaningful improvements in job satisfaction, burnout, workload control, emotional and physical exhaustion, and interpersonal disengagement. Additionally, engagement in well-being activity between sessions led to enhanced well-being across all five measured domains. Qualitative findings also suggest participants may have had success in reframing certain workplace stressors and focusing on actionable change. Results support the feasibility of using a thoughtfully designed, virtually delivered course to promote health care professionals' well-being, especially in rural healthcare settings.

Integration of Artificial Intelligence (AI) within Medical Transcription

*Smit Mehta, University of Houston – Clear Lake Ashish
Chandra, University of Houston – Clear Lake*

ABSTRACT

The concept of healthcare documentation which comprises of a comprehensive collection of a patient's medical history are readily manufactured by physicians and transcribers, however, the burden associated with the delivery of clinical documentation has led to a growing concern of the role EMRs (Electronic Medical Records) have on clinician burnout. The AMIA 2024 Clinical Informatics Conference conducted a detailed study involving numerous healthcare professionals across the nation that revealed around 75% of these healthcare professionals agreed that the time required for clinical documentation impeded their delivery of quality patient care (AMIA, 2024). In order to combat clinician burnout, many healthcare facilities and physicians are beginning to utilize artificial intelligence (AI) that generates medical records from spoken dictation with improved efficiency and accuracy which in turn reduces excessive manual data entry and allows physicians to focus on providing their patients with utmost quality of care. There is no doubt that the integration of AI may hold immense promise for enhancing the process in which medical documentation is created while simultaneously reducing clinician burnout. This paper will aim to evaluate the effectiveness of AI in streamlining clinical documentation and healthcare system efficiency while improving patient satisfaction and the overall clinician experience.

Panel Title:

The Impact of Private Equity in Health Care

Panel Presenters

- **Michael M. Costello**, Scranton University,
michael.costello@scranton.edu
- **Daniel J. West Jr.**, Scranton University,
daniel.west@scranton.edu
- **Bernardo Ramirez**, Scranton University,
bernardo.ramirez@ucf.edu
- **Steven Szydlowski**, Scranton University,
steven.szydlowski@scranton.edu
- **Cherie Lynn Ramirez**, Simmons University,
cherielynn@aol.com

Beyond Burnout: Building Systems and Cultures That Help Healthcare Employees Thrive

Skylar Shaw, University of Houston – Clear Lake
Ashish Chandra, University of Houston – Clear Lake

ABSTRACT

Healthcare organizations face sustained workforce disruption marked by burnout, moral injury, staffing gaps, and costly turnover. Evidence from national workforce surveys and engagement analyses shows turnover has improved since pandemic peaks but remains destabilizing, while vacancy rates and workload pressures persist. This paper examines how system design, psychological safety, and leadership behaviors shape employee mental health and retention. It recommends staffing and workflow redesign, transparent communication, supervisor support, and scalable well-being infrastructure to prevent burnout upstream and build teams that are more resilient, engaged, and likely to stay.

Exploring Hospital Characteristics Associated with Sleep Center Accreditation

Aurora Tafili, University of North Florida
Hanadi Y. Hamadi, University of North Florida
Ebenezer Wareson, University of North Florida
Chloe Smith Lopez, University of North Florida
Mei Zhao, University of North Florida
Aaron C. Spaulding, Mayo Clinic

ABSTRACT

The American Academy of Sleep Medicine (AASM) has been awarding sleep center accreditation since 1977. This accreditation represents the gold standard of providing quality care for sleep disorder. The AASM sleep-accreditation process requires documentation of qualified staff, related policies, and commitments to patient safety and privacy. Currently, AASM has awarded accreditation to facilities across the 50 United States (U.S.), and territories and countries such as Guam, Puerto Rico, the U.S. Virgin Islands, and Canada. However, little is known about the hospitals that seek out this accreditation and undergo its process. This study seeks to understand the hospital factors associated with the attainment of sleep center accreditation.

We conducted an observational cross-sectional study using the 2023 American Hospital Association Annual survey merged with the 2025 AASM Sleep Center Directory, which provides information as to accreditation date, and Census Bureau Region and Division Codes and Federal Information Processing System (FIPS) Codes for States. The outcome variable was hospital's sleep center designation status (Yes/No) as of October 2025. Hospital factors included in the analysis were bed size categorized as 1-99, 100-399, and 400+ beds; teaching status; ownership type classified as for-profit, nonprofit, or government; health system membership; urban or rural location based on Core Based Statistical Area designation; and Census region. We also included patient payer mix (Medicare and Medicaid inpatient days as percentages of total inpatient days). To determine the statistical relationships, we utilized a multivariate logistic regression and estimated odds ratios and 95% confidence intervals. Robust standard errors accounted for heteroskedasticity. Average marginal effects were calculated to estimate absolute changes in predicted probability. All analyses were performed using Stata 17 MP. A total of 5,834 U.S. hospitals had an AASM accredited sleep center.

Our primary findings indicate that hospitals with AASM accredited sleep centers were more likely to be large hospitals, teaching hospitals, urban, have nonprofit status, and more likely to be located in the Southern or Western region of the U.S., as compared to the Northeast. They are also only slightly more likely to have a higher percentage of Medicare and Medicaid patient days.

The literature suggests an important relationship between obtaining quality sleep and health status. In particular, sleep deprivation can harm immune response, negatively impact neurocognitive abilities, as well as the body's natural healing process that occurs during sleep. These negative effects are suggested to be even more prominent in cases of individuals whose health status has already been impacted by acute or chronic illness. As the U.S. and global healthcare systems move toward a more holistic medicine approach – considering not only physical health, but mental, and social as well, the importance of targeting sleep to improve health is expected to become more pronounced. Given this, there may be potential long-term strategic advantages for hospitals in seeking out different quality-indicator accreditations, such as the AASM sleep center accreditation.

Aurora Tafili, Ph.D. (CONTACT AUTHOR)
Assistant Professor
Department of Health Administration
Brooks College of Health
University of North Florida

1 UNF Drive
Jacksonville, Florida, 32224
aurora.tafili@unf.edu

Hanadi Y. Hamadi, Ph.D.
Professor
Department of Health Administration
Brooks College of Health
University of North Florida
1 UNF Drive
Jacksonville, Florida, 32224
h.hamadi@unf.edu

Ebenezer Wareson, MHA_c
Graduate Student
Department of Health Administration
Brooks College of Health
University of North Florida
1 UNF Drive
Jacksonville, Florida, 32224
n01549558@unf.edu

Chloe Smith Lopez, MHA_c
Graduate Student
Department of Health Administration
Brooks College of Health
University of North Florida
1 UNF Drive
Jacksonville, Florida, 32224
n01615541@unf.edu

Mei Zhao, Ph.D.
Professor and Dean of Brooks College of Health
Department of Health Administration
Brooks College of Health
University of North Florida
1 UNF Drive
Jacksonville, Florida, 32224
mei.zhao@unf.edu

Aaron Spaulding, Ph.D.
Professor
Division of Health Care Delivery Research
Mayo Clinic Robert D. and Patricia E. Kern
Center for the Science of Health Care Delivery
Mayo Clinic
4500 San Pablo Road
Jacksonville, Florida, 32224
spaulding.aaron@mayo.edu

Digital Transformation in Dental Care: Balancing Technology and the Human Touch

Divya Swami, University of Houston–Clear Lake
Ashish Chandra, University of Houston–Clear Lake

ABSTRACT

Digital transformation continues to redefine modern dental care through technologies such as artificial intelligence (AI), digital imaging, CAD/CAM systems, 3D printing, cloud-based workflows, and tele dentistry. These innovations enhance diagnostic precision, improve workflow efficiency, expedite treatment timelines, and increase accessibility—especially among remote and underserved populations. However, these advancements also introduce organizational and ethical challenges, including high implementation costs, cybersecurity vulnerabilities, and the potential erosion of meaningful patient–provider relationships. This paper examines how dental professionals and healthcare administrators can strategically integrate digital innovations while preserving the human touch that remains essential to patient-centered care.

The Adverse Impacts of Insurance Authorizations/Pre-authorizations/Denials in the U.S. Healthcare Industry

Kha Ai Vo, University of Houston – Clear Lake
Ashish Chandra, University of Houston - Clear Lake

ABSTRACT

Prior authorization (PA)—also called pre-authorization—has evolved into a dominant utilization management tool in U.S. healthcare. Insurers require clinicians to obtain advance approval before many services and medications are covered, intending to control costs and ensure medical necessity. In practice, however, PA has become a significant barrier to timely care and a driver of administrative waste. Recent national physician survey data show that PA commonly delays care, contributes to treatment abandonment, and is associated with perceived negative impacts on clinical outcomes, including serious adverse events. At the same time, insurers are increasingly using artificial intelligence (AI) and automated decision systems to accelerate authorization determinations and claims reviews, raising concerns about transparency, inappropriate batch denials, and limited meaningful human oversight. This paper examines the PA process sequence, drivers of PA requirements, barriers created by PA, downstream impacts on continuity of care, administrative burden, and ethical issues—particularly those intensified by AI. The paper concludes with policy and operational recommendations that align incentives, increase transparency, reduce avoidable administrative friction, and protect patient access to clinically appropriate care. (American Medical Association [AMA], 2024; Sahni et al., 2024)

Digital Transformation in Healthcare Revenue Cycle Management: Financial Performance, Patient Experience, and Ethical Implications

Mehdi Zia, University of Houston – Clear Lake
Ashish Chandra, University of Houston – Clear Lake

ABSTRACT

Healthcare organizations are increasingly adopting artificial intelligence (AI) and automation in revenue cycle management (RCM) to improve billing accuracy, reduce denials, and stabilize cash flows. This paper examines how AI-enabled RCM affects healthcare financial performance, including cash flow stability, administrative costs, and revenue predictability, while also assessing implications for patient financial experience, transparency, and trust through a health communication lens. The study analyzes AI applications in claims processing, denial management, billing accuracy, and digital payment platforms, highlighting efficiency gains and ethical, governance, and compliance challenges. Findings emphasize strong oversight and patient-centered communication to support sustainable financial and reputational outcomes.
