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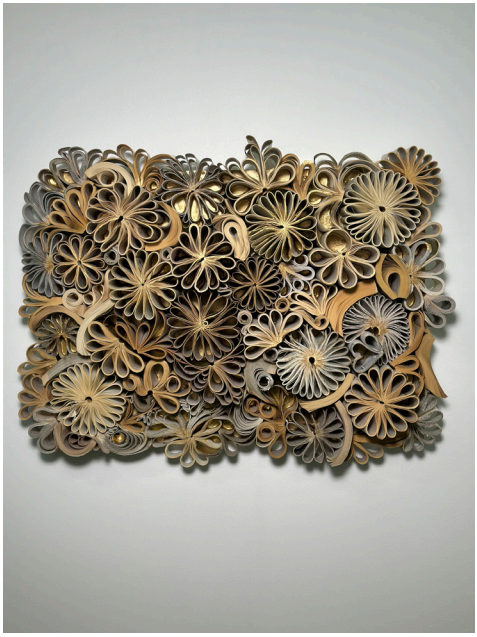

The Predecessor's Journal

Leadership is not just one person guiding another. Leadership is built on the experience of those before us. As we look to our predecessors, we can find guidance in their decisions, actions, and advice. This sculpture is made of books, each one telling its own story.

Katelyn Buell
Utah Valley University
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We appreciate Dr. Angie Carter and the students in her English 2050 class at Utah Valley University for their extensive editing assistance.

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Letter from the Editors

Dear Readers,

In this issue of journal, you will note especially the many high-quality works of art that complement the excellent papers and poems. Memorable leadership themes emerge and are showcased through the written word and exhibited through diverse artistic mediums. Some themes covered in this issue include demonstrating leadership in healthcare, overcoming adversity in leadership, and learning to recognize attributes of dark leadership. We appreciate the unique insights authors and artists brought to the forefront of their respective topics. In aggregate, these works have not only added to the best of the literature on leadership but have also invited us to consider compelling viewpoints.

It turns out publishing substantiates teamwork: this issue particularly demonstrates that collaborative spirit. We extend our appreciation to the detailed editing, source checking, and copyediting work by Prof. Angie Carter and Prof. Deb Thornton and the students in their editing classes. Many thanks go to Prof. Jason Lanegan (art and design) and Prof. Brock Jones (creative writing) from the editorial board who, along with anonymous faculty and student peer-reviewers, offered their time and energy to this issue. Their invaluable contributions ensured high-quality work and a rigorous double-blind peer review process for each submission. We are sincerely grateful for the ongoing support from the Department of Student Leadership and Success Studies at Utah Valley University. Finally, and most importantly, we thank the imaginative, hardworking, and talented Journal staff who have been involved in all stages of the production process. Their commitment to reviewing, editing, design, typesetting, and public relations work has been exemplary.

Once again, we give our heartfelt thanks to everyone who has played a part in making this edition of The Journal of Student Leadership a success.

Kendri Unick
Student Editor-in-Chief

Benjamin A. Johnson, Ph.D.
Senior Editor

Sandra C. Bennett, M.Ed., M.S.
Faculty Editor

Namata

Colleen Hatch
Utah Valley University
Charcoal

Namata is the word for *heart* in an African dialect, Lugandan. I believe that to truly be a leader, you must have a heart for others and the capacity to carry them selflessly.

Adversity and Leader Development: Mindfulness as a Potential Moderator

Isaac Dixon
Bret D. Crane, Ph.D., MBA
Utah State University

Why do some leaders respond to adversity by becoming more empathetic, impactful, and resilient while others do not? Since the Covid-19 pandemic, suffering has gained personal relevance to each one of us. While many researchers have explored why some individuals, when faced with trauma, grow as a result, little work has been done to understand this process specifically within the context of leader development. As such, this paper's primary purpose is to explore what allows some leaders to respond to adversity and trauma with leadership development. Based on researched mediators of productive framing, cognitive engagement, positive affective appraisal, and acceptance of difficult emotions, we conclude with mindfulness meditation as a viable exercise leaders can incorporate to proactively influence their ability to grow during and after adverse circumstances.

Throughout history, we have seen evidence of leaders who face incredible levels of adversity; for some, it seems their bouts with trauma and suffering contributed to molding them into the effective leader they became—consider Abraham Lincoln who faced depression throughout his presidency or Nelson Mandela who spent decades in prison due to racial oppression. For some individuals, trauma serves as a "catalyst" for growth, a concept extensively explored and known as post-traumatic growth (PTG) (Henson et al., 2021). In the workplace, developmental job experiences (DJE) were studied to understand why workplace stress sometimes results in employee development (Dong et al., 2014). In his work on antifragility, Nassim Taleb describes a phenomenon in which some systems require stressors to grow stronger and conversely become weaker when isolated from challenge (as cited by Lukianoff 2018, p. 22). The idea that suffering can lead to personal growth, immortalized

by the colloquialism "what doesn't kill you makes you stronger," is of interest to various academicians, practitioners, and individuals throughout the world.

While the topic of growing through adversity has garnered much attention from other disciplines, there is fundamental value in exploring it specifically within the context of leadership through three main reasons. First, while they are similar in nature, leadership development and personal growth have slightly different applications. Second, as social actors, leaders may perform different roles depending on the context they are engaged in (McAdams, 2013). This implies that personal development does not guarantee leader development and vice versa. Finally, leaders and aspiring leaders are characterized by a desire to seek opportunities to improve as a leader, also referred to as the motivation to lead (Chan & Drasgow, 2001). As such, exploring post-traumatic growth literature within the context of leadership will make these theoretical frameworks more attractive to leaders and leaders-to-be.

Each of the above veins of study attempts, independently, to understand whether a person is able to respond to hardship in a way that leads to personal growth. However, none of the literature has explicitly modeled the impact of trauma and adversity on leaders specifically. Given that leaders are not exempt from setbacks, it is of special consideration to understand why some leaders are able to respond with development, while others struggle to process the difficult emotions associated with traumatic experiences (Henson et al., 2021; Dotlich, 2005). Furthermore, there is a lack of research addressing how a leader might proactively influence their ability to grow through difficult circumstances. In this paper, we will address both of these issues.

As mentioned previously, the primary purpose of this paper is to elucidate the process by which trauma has the potential to promote leader development. A secondary purpose is to set forth one practical way leaders might influence this process within themselves. By drawing from existing literature, we will create a model that addresses the process of "growing through adversity" in leadership. Our *Adversity → Leader Development* model will include four mediators: cognitive

engagement with the traumatic experience (Henson et al., 2021), productive framing of the stressor, positive affective appraisal of the adverse circumstance (Dong et al., 2014), and acceptance of the difficult emotions associated with it (Gloster 2020; Harris, 2016). In the latter part of the paper, we will suggest mindfulness meditation as a potential method for leaders to proactively influence these four mediators and consequently improve their ability to develop leadership traits through traumatic experiences. (Keng et al., 2011; Hunter & Chaskalson, n.d.).

Defining Leader Development

Leadership has accumulated many definitions and interpretations over the years. As such, leadership development is difficult to comprehensively define. For the sake of clarity and specificity, we will focus on one area of leadership, transformational leadership. In contrast with transactional leadership, transformational leadership refers to an approach that moves "the follower beyond immediate self-interests through idealized influence (charisma), inspiration, intellectual stimulation, or individualized consideration" (Bass, 1999, p. 11). In essence, this leadership style is characterized by leading through example, inspiring followers toward a shared vision, and putting the needs of another above one's own self-interest.

Given the fact that transformational leaders may rise to different levels of an organization, we extend our model to include transformational leaders in any position of their leadership journey, with or without a current, formal leadership position. As such, our model's intent is to elucidate how leaders and potential leaders can develop leadership capabilities as a result of the trauma they experience.

For our definition of leader development, we will draw from four basic traits attributed to transformational leadership—*intellectual stimulation, individual consideration, inspirational motivation, and idealized influence* (Bass, 1999). For our model, we will assume that positive outcomes related to these four leader traits can be characterized as a form of leader development.

What constitutes trauma?

As we define trauma for the purpose of our model, we are faced with a conundrum; a specific view of trauma allows for precision, but given the

nature of this topic, a precise view limits the applicability of our model. In her paper on trauma, Valery Krupnik explores the issue of distinguishing trauma from adversity. She explains that while some definitions of trauma are stringent and categorical, others are more dimensional and inclusive. One perspective asserts that trauma and adversity are different ends of the same spectrum, with trauma being intense adversity (Krupnik, 2019). She ultimately defines trauma as "a stress response to an event…outside of the person's normative life experience, and of a sufficient condition that the response include a breakdown of self-regulatory functions" (p. 259). In essence, trauma, according to Krupnik, is a stress response of sufficient magnitude to overcome a person's ability to continue functioning normally.

We also recognize that suffering is ultimately subjective, based on the perception of the sufferer rather than the description of the event itself. Krupnik (2019) seems to agree with this when she states that "trauma may be better defined as the organism's experience of an event rather than exposure to it" (p. 257). Viktor Frankl (2006) describes this process in his classic work, *Man's Search for Meaning*, when he compares man's suffering to the behavior of a gas:

> If a certain quantity of gas is pumped into an empty chamber, it will fill the chamber completely and evenly, no matter how big the chamber. Thus, suffering completely fills the human soul and conscious mind, no matter whether the suffering is great or little. (p. 44)

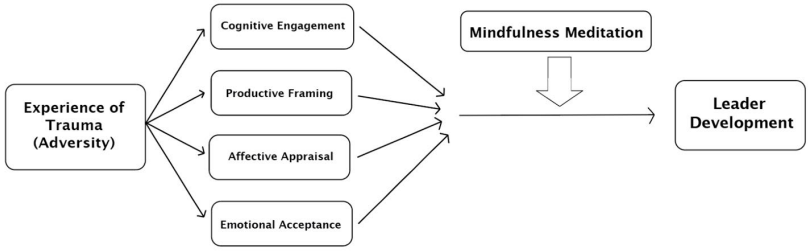
Thus, both Krupnik and Frankl seem to agree that it is challenging to categorize suffering in others; rather, adversity is best understood through the lens of the one experiencing it.

Based on these arguments, we are forced to recognize that trauma and adversity are more convoluted than a simplified definition depicts. Given our model's need for specificity, we adopt Krupnik's definition of trauma as we feel it is the best that is available given the thematic constraints. However, we invite the reader to extrapolate the principles of our model based on their individual circumstances. With this purpose in mind, a looser definition of trauma might include traumatic experiences, personal adversity, workplace stressors, and other circumstances that evoke mental or physical suffering (Krupnik, 2019). While we use a specific definition

of trauma in our model, a subjective case-by-case analysis is helpful to determine whether the principles apply to a particular leader's experience of trauma.

Introducing our Adversity → Leader Development model

Our model will attempt to describe the relationship between trauma and consequent leader development. As mentioned previously, we will draw on Krupnik's definition of trauma set forth in her 2019 paper and will reference Bass's (1999) transformational leadership to frame our understanding of leader development. As we develop our model, we will discuss four factors that we believe mediate the relationship between a leader/future leader's experience of trauma and their consequent leadership development. These four mediators are: productive framing (McAdams, 2013), cognitive engagement (Henson et al., 2021), positive affective appraisal of the potentially negative experience (Dong et al., 2014), and the acceptance of challenging emotions (Gloster 2020; Harris, 2016). In the following sections, we will explore how each of these factors contribute to our model.



Proposition 1: Leaders who cognitively engage with a traumatic event are more likely to experience leader development post-trauma.
Proposition 2: If a leader productively frames adversity, they are are more likely to experience leader development post-trauma.
Proposition 3: If a leader's emotional appraisal of a traumatic event is more positive, they are more likely to experience consequent leader development.
Proposition 4: If a leader practices emotional acceptance, they are are more likely to experience leader development post-trauma.
Proposition 5: Mindfulness meditation moderates the relationship between each of these these factors and leader development post-trauma.

Model: Adversity →Leader Development

Cognitive Engagement

The first mediator in our *Adversity → Leader Development* model is *cognitive engagement.* In a systematic review of literature on post-traumatic growth, a group of researchers conclude that one influential factor in determining whether a person was able to constructively process a traumatic

experience was whether they were able to engage cognitively with the event itself (Henson et al., 2021). When someone intentionally engages with a traumatic event, they are more likely to experience post-traumatic growth. They suggest that individuals who "cognitively engage" with an adverse experience are often forced to reconsider goals and re-think old beliefs—which, in turn, can lead to favorable, personal outcomes (Henson et al., 2021).

Based on their review, Henson et al. suggest that deliberate rumination shows evidence of an ongoing process of sensemaking and reconstructing one's representations of the world over a long period of time, leading to higher levels of growth (Henson et al., 2021). They cite Tedeschi and Calhoun, who suggest that the process of post-traumatic growth could be compared to rebuilding after an earthquake. Individuals tend to cognitively engage with a traumatic event for two reasons: 1. To seek an explanation for the event itself—*why did this happen?* and 2. To understand the fundamental issues raised by the event—*what does this mean for my life?* According to the review by Henson et. al., this process, known as cognitive processing, is empirically associated with higher levels of PTG.

Interestingly, Henson et al. also cites that intrusive rumination is correlated with PTG. This is surprising given the maladaptive connotation ruminative behaviors have received. They reconcile this by explaining that intrusive rumination—closely following the traumatic experience—might serve as a "catalyst" for deliberate cognitive engagement with the meaning of the traumatic experience. This is supported by the finding that intrusive rumination about the event was only associated with PTG when it took place soon after the event rather than long after. Essentially, intrusive rumination may be helpful if it leads to more deliberate ruminations (Henson et al., 2021). Accordingly, we can conclude that cognitive activity around trauma is most likely to lead to personal growth when it is deliberate and intentional.

Given that cognitive engagement can lead to new ways of thinking for trauma victims, it is plausible that this same behavior would allow leaders to process adversity in a productive way. Based on the PTG models, leaders who cognitively engage with traumatic events might be more likely to reconsider their previous beliefs, leading them to develop

updated and accurate mental models (recall the metaphor of rebuilding after an earthquake). This ability to re-think and adapt to challenges is linked to improved leader effectiveness (Hunter & Chaskalson, n.d.). Within the realm of transformational leadership, we believe this outcome is related to the attribute of inspirational motivation, which relates to a leader's ability to communicate a compelling shared vision for the future. In essence, leaders who have mature and accurate mental models of the world will be more effective when communicating them to their followers. Based on this, *leaders who cognitively engage with a traumatic event are more likely to experience post-traumatic leadership development (Proposition #1).*

Productive Framing

The second mediator is *productive framing*. Contemporary psychology postulates that we have three distinct concepts of identity: self the motivated agent, self as a social actor, and self as an autobiographical author (McAdams, 2013). Self as an autobiographical author is characterized by the tendency individuals have to understand their life within the context of a greater narrative (McAdams, 2013). Previous work on post-traumatic growth asserts that making sense of a traumatic event within the context of one's life impacts whether a person is able to grow following the trauma (Henson et al. 2021). Accordingly, we postulate that the type of narrative that a leader uses to frame adversity will influence their subsequent leader development.

One narrative style that a leader may choose is known as the *redemptive narrative*, which emphasizes the process of overcoming adversity in the pursuit of one's purpose (McAdams, 2013). This narrative style tracks the movement from sufferer to an enhanced status or state (think Luke Skywalker from *Star Wars*) and is strongly reflected in American culture as "The American Dream." This storytelling style has roots in Christianity through narratives about atonement (McAdams, 2013). Leaders who frame challenge through this lens as something to learn from, grow through, and ultimately triumph over express traits indicative of idealized influence and inspirational motivation. Overcoming adversity in pursuit of a higher organizational mission is core to transformational leadership (Bass, 1999).

It's important to note, however, that the redemptive narrative is not the only way to frame adversity. As McAdams (2013) points out, the way someone narrates their life is highly dependent on individual culture. An alternate framing narrative, different from the redemptive narrative, involves seeing suffering as a common human experience. In her work on self-compassion, Dr. Kristin Neff (2003) asserts that by recognizing the commonality of human suffering, we are able to experience more empathy and compassion for others as well as for ourselves, both of which fall within our broad definition of improved leader effectiveness.

As a leader "writes" their life narrative, they are compelled to include each experience they face, including adversity and trauma. However, they choose to frame the traumatic event will influence their behaviors and, therefore, their leadership outcomes. Leaders who frame adversity with a redemptive narrative may be more effective at inspiring those around them to accomplish organizational aims, strengthening their ability to provide inspirational motivation and idealized influence. Conversely, leaders who frame adversity with self-compassion may grow in their ability to offer individualized consideration through increased empathy for others. This leads us to posit that *if a leader productively frames adversity, they are more likely to experience leader development post-trauma (Proposition #2).*

Affective Appraisal of the Event

The third mediator that we would like to consider is *affective appraisal*. In 2014, a group of researchers set out to understand why developmental job experience (DJE) tasks, meant to encourage employees to stretch beyond their current skillsets, led to employee development in some cases and to dissatisfaction and turnover in others. They explain that when employees are faced with a challenging task at work, their response, whether positive or negative, is dependent upon their appraisal of the task. The result of this is that differing emotional appraisals of a task result in different behavior sets—some of which were adaptive (excitement, passion, and creativity) and some were maladaptive (avoidance, blaming, and frustration). Interestingly, the researchers found that emotional intelligence played a moderating role in this process (Dong et al., 2014).

Dong et al. (2014) also reference transactional stress theory (TST), which suggests that how an employee appraises a stressful work situation—

as a challenge or threat—affects their affective experience. This, in turn, influences how they will cope with the experience. For example, if a person perceives a particular work-related task as a challenge to overcome, they are more likely to experience positive emotions. Whereas, if they appraise it as a threat (in the sense that it creates work demands that could produce harm, loss, or hindrance to themselves), they will most likely feel negative emotions. Essentially, the way a person appraises an event will affect which emotional response they experience and this, in turn, influences their coping behavior (Dong et al., 2014).

Based on TST, a leader who experiences a positive emotional appraisal is more likely to respond with positive coping behaviors. While productive coping could be related to each of the four components of transformational leadership, we will focus on idealized influence and intellectual stimulation. In their work on developmental job experiences, Dong et al. (2014) cites that "individuals experiencing unpleasant feelings may be less engaged with the developmental tasks, less willing to approach and influence people at work, and less proactive and creative in handling work-related problems" (p. 1060). To summarize, those who experience negative emotions at work may exhibit less creativity, less proactivity, and lower levels of task engagement. These outcomes starkly contrast with the idealized influence, a characteristic of transformational leaders.

In their work *Making the Mindful Leader*, Hunter and Chaskalson (n.d.) reference a study which found that a leader's mood affected the coordination and efficiency of their team. This leads us to suggest that the affective experience of a leader will influence their team's willingness to work together to explore new ideas. This directly opposes the intellectual stimulation that a transformational leader would encourage within their followers.

This evidence insinuates that the affective experience of a leader in the face of trauma has the potential to greatly influence their leadership effectiveness. Therefore, the initial emotional appraisal that a leader experiences in response to a traumatic event will likely determine, to some degree, their consequent leadership development. As a result, *a leader's affective appraisal of a traumatic event will affect their consequent leader development (Proposition #3).* While it is arguably outside of a leader's control what emotions they experience in relation to a particular event,

Dong et al. (2014) indicates that emotional intelligence may "attenuate…the relationship between DJE and negative feelings" (p. 1062). This proposed relationship suggests that individuals of higher emotional intelligence may possess the affective traits and abilities necessary to buffer against challenging emotions. This leads us to suppose that leaders can, at least indirectly, influence their emotional appraisal of adversity by augmenting their level of emotional intelligence.

Emotional Acceptance

The final mediator in our *Adversity → Leader Development* model is *emotional acceptance*. Western psychology is founded on the assumption of healthy normality—the baseline of the human condition characterized by mostly positive emotions. From this perspective, psychological suffering is viewed as abnormal (Harris, 2016). Acceptance and commitment therapy (ACT) challenges this notion by asserting that much of human suffering stems from our efforts to eliminate our difficult feelings. Proponents of ACT assert that avoidance of thoughts, feelings, memories, and sensations lead to more suffering than initially experienced (Harris, 2016). In Buddhism, this concept is understood through the parable of The Second Arrow:

> It is said the Buddha once asked a student, 'If a person is struck by an arrow, is it painful? If the person is struck by a second arrow, is it even more painful?' He then went on to explain, 'In life, we can't always control the first arrow. However, the second arrow is our reaction to the first. This second arrow is optional. (Tanhane, 2014)

This story effectively summarizes a concept that is at the core of ACT: while emotions, thoughts, and sensations are largely outside of a person's control (the first arrow), resistance to these sensations can cause unnecessary suffering (the second arrow).

Based on the growing evidence in support of acceptance and commitment therapy as a treatment for diverse psychological challenges (Gloster, 2020), it is likely that the process of accepting uncomfortable feelings can have implications for leader's who are looking to grow from adversity. In their paper on ACT and post-traumatic stress disorder, (PTSD) Susan Orsillo and Sonja Batten (2005) explain that avoidance plays a fundamental role in PTSD and other trauma-related problems. According to

them, attempts to control thoughts, feelings, and memories contributed to the prolonging of post-traumatic stress disorder. In their paper, they describe a case study of a Vietnam combat veteran who was experiencing debilitating PTSD symptoms and received an ACT-style therapeutic intervention. By shifting his attention from repressing unwanted internal experiences toward committed action, this man was able to make significant progress in living a more value-driven life. While the trauma experienced by organizational leaders may not equate to that of active combat, the mechanisms involved with processing and accepting difficult inner experiences are arguably the same. As such, the case presented in this paper highlights the plausible role of emotional acceptance in facilitating post-traumatic leadership development.

Within the realm of transformational leadership, we believe this mediator is most closely linked with the dimensions of idealized influence and individual consideration. Hunter and Chaskalson (n.d.) relate that a leader's stress response can leave them "disoriented, disconnected, fearful, and frustrated" (p. 5). They also share that prolonged stress responses, characterized by the activation of the amygdala, may cause a leader to freeze in the face of a threat (p. 13). These negative outcomes lead to a weakened influence of the leader and, according to Hunter and Chaskalson (n.d.), may also "undermine team effort and weaken commitment to an organization" (p. 14). This suggests that a leader's ability to cope with stress is linked to their effectiveness as a leader.

In addition to a diminishing personal influence, a lack of emotional acceptance in the face of adversity can also diminish a leader's ability to offer individualized consideration to those around them. The autonomic responses associated with post-traumatic stress have been shown to lead to a "survival" mindset. In this cognitively impaired state, leaders are less able to relate with others, and are prone to destructive emotions such as rage, anger, and frustration (Hunter & Chaskalson, n.d.). These negative outcomes associated with prolonged stress can be easily understood to reflect a leader's limited ability to individually consider the needs of those around them. Conversely, the practice of accepting one's own emotions, within the framework of mindfulness mediation, has been shown to produce increased feelings of empathy

and connectedness with others (Hunter & Chaskalson, n.d.; Neff, 2003). Thus, we propose that *if a leader practices emotional acceptance, they are more likely to experience leader development post-trauma (Proposition #4).*

Mindfulness Meditation as a Method of Intervention

This paper's secondary purpose is to introduce a potential intervention method for leaders who hope to develop leadership attributes from the adversity they experience. *Mindfulness*—defined as the non-judgmental awareness of one's moment-to-moment experience—is linked to many positive health-related outcomes (Keng et al., 2011). Studies show that certain aspects of trait mindfulness are associated with post-traumatic growth (Redekop & Clark, 2016). Recently, mindfulness has also been described as an influential factor in improved leader effectiveness (Hunter & Chaskalson, n.d.; George, 2012).

Evidence shows that trait mindfulness can be cultivated through a practice called *mindfulness meditation* (Hunter & Chaskalson, n.d.). As we will explore in this section, mindfulness meditation is relevant to each of the four mediators chosen for our *Adversity → Leader Development* model. As a result, it is plausible that mindfulness meditation could be a useful resource for leaders to increase the likelihood that they can grow through adversity. In the following sections, we will consider how mindfulness has the potential to impact each of the four mediators in our model.

At first glance, it seems that mindfulness and cognitive engagement are incompatible. While mindfulness emphasizes nonjudgmental awareness of thoughts and feelings, cognitive engagement requires, as the name implies, the use of the thinking mind (Redkop & Clark, 2016). However, as demonstrated by Henson, Truchot, and Canavello's (2021) review of post-traumatic growth, intrusive rumination was only associated with PTG in the short-term. PTG is possible only when individuals are able to step back and relate their ruminations in a more productive way. The non-reactive aspect of mindfulness allows 'psychological space' for the leader to engage meaningfully with thoughts rather than being overwhelmed by them (Redkop & Clark, 2016). Thus, mindfulness meditation may enable the leader to engage meaningfully with traumatic events, potentially leading to personal growth and leader development.

Our next mediator, *productive framing*, has a similar connection to mindfulness meditation. While the principles of mindfulness do not directly align with any of the specific narrative styles we have discussed in this paper, the practice may allow individuals more freedom to frame their life experiences intentionally. Mindfulness instruction suggests a non-identifying approach to suffering in the sense that thoughts, feelings, and perceptions are separate from the self (Esch, 2013). This implies that a person can create distance between themselves and the sensations they are experiencing, yielding a sense of "spaciousness" in the mind. Assuming that much of our internal narrative-scripting is typically done outside of our conscious awareness, mindfulness meditation could enable leaders to intentionally choose how to frame their experience of adversity. Based on our model, this may lead to a more productive framing of the trauma, resulting in leader development.

The third mediator is *emotional appraisal*. In their work on this topic and DJEs, Dong, Bartol, and Seo (2014) found that employees' ability to grow from stressful work tasks is influenced by their emotional appraisal of the task—which, in turn, was moderated by the individuals' level of emotional intelligence. Interestingly, researchers have found ties between emotional intelligence and mindfulness meditation. In one study, participants who were randomly assigned to a mindfulness meditation group exhibited significant improvements in emotional intelligence and related traits over the control group (Chu, 2010). While the initial emotional appraisal of trauma might be outside of a leader's control, mindfulness meditation could enhance their emotional intelligence, helping them cope more productively. Consequently, this may lead to an increased likelihood of leader development, post-trauma.

The final mediator we will consider is *emotional acceptance*. Of the four mediators in our model, emotional acceptance has the most apparent connection to mindfulness meditation. In fact, acceptance and commitment therapy was originally derived from mindfulness principles (Harris, 2016). Within mindfulness meditation, individuals are asked to observe thoughts and feelings without judgement or reaction; this relates directly to the idea of accepting challenging emotions (Redkop & Clark, 2016). Furthermore, in their work *Making the Mindful Leader*, Hunter and Chaskalson (n.d.)

cite that mindfulness meditation can reduce emotional reactivity. While this refers to the leader's reactivity to those around them, it also implies a decreased reactivity to their own internal experiences. Based on these connections, we propose that mindfulness meditation fosters a greater degree of emotional acceptance in leaders. Accordingly, we assert that *mindfulness meditation moderates the relationships between the mediators of our model* (cognitive engagement, productive framing, affective appraisal, and emotional acceptance) *and post-traumatic leader development (Proposition #5).* In colloquial terms, these connections demonstrate the potential effectiveness of mindfulness in influencing a leader's ability to develop through trauma they face.

Conclusion & Future Research

This paper elucidates the process by which leaders can respond to adversity by developing into better leaders. Based on the four mediators of cognitive engagement, productive framing, affective appraisal, and emotional acceptance, our model suggests a theoretical framework for the *Adversity → Leader Development* process. Additionally, we propose mindfulness meditation as a viable way for leaders to proactively influence their likelihood of developing leadership attributes through trauma. Future research could include empirical testing with a more nuanced exploration of the mechanisms that underlie the moderators of our model. As we further explore the relationship between suffering and leader development, we may discover previously untapped opportunities for leadership growth within businesses, communities, and families.

It is highly likely that every leader will experience some degree of hardship during their development process. Past research on post-traumatic growth and developmental job experiences makes it clear that adversity presents a double-edged sword—leading either to individual growth or to burnout and emotional dysregulation. This begs the question: How many leaders fail to reach their potential because they lack the ability to turn adversity into growth? Our model proposes a theoretical framework for the *Adversity → Leader Development* process and offers a practical way for leaders to augment their chances of growing from difficult setbacks. In recent years, mindfulness resources and practices have become increasingly accessible in various forms—mobile applications represent a noteworthy

example of this. Because of the increasing ubiquity of mindfulness meditation resources, this practice can be easily incorporated into a leader's daily routine. In doing so, leaders and prospective leaders may amplify their ability to grow through adversity and inspire those around them.

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Gear Up
Heather Olsen
Professional Artist
Oil Painting

Prevention of Nurse Burnout

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As crucial members of the healthcare industry, nurses often experience extreme work conditions leading to fatigue and eventual exhaustion and burnout. Research shows that strained resources and heavy demands were recognized factors to nurse burnout even before COVID-19 brought its awareness to the forefront. The pandemic added additional stress to already understaffed hospitals, resulting in more nurses reporting burnout than any other healthcare profession. The effects of nurse burnout impact not only the nurses themselves, but also their families, patients, healthcare organizations, and communities. Nursing shortages and the prevalence of burnout are expected to continue as a growing older population adds additional strain to the healthcare industry. There is an urgent need for holistic support systems to help nursing staff prevent and manage burnout. Leaders in nursing education and in the healthcare sector have an important role in helping nurses recognize the stressors that can lead to burnout and to encourage prevention techniques such as self-compassion, resilience, and work-life balance strategies.

Many healthcare facilities have nurses staffed 24 hours a day, seven days a week, ready to respond to medical emergencies. They offer countless services to help the public heal and stay healthy; nurses are crucial members of the healthcare team as they are responsible for executing doctors' orders. However, such dedicated and exhausting work does not come without sacrifice and cost. They experience extreme job conditions which can cause great fatigue and eventually exhaust the nursing workforce because of burnout. This paper will define nurse burnout and further discuss the significance and prevalence of the issue and how it relates to stakeholders. Potential contributing factors to burnout will be discussed, as well as struggles many nurses face with time commitment, motivation, and energy constraints when implementing prevention techniques. To address this concern, strategies for nurse leaders to implement

will be recommended. Additionally, simplistic prevention methods will be proposed for nurses and their leaders to practice; thus, strengthening and retaining the nurse workforce. There are more nurses worldwide than in any other healthcare profession, "In 2020, the global workforce stock was 29.1 million nurses... nursing personnel [representing] one-third [of health workers]" (Boniol et al., 2022, p. 1). Additionally, due to the unprecedented nature of COVID-19, many occupations in healthcare were strained, including nurses. Nurses became a very high-risk burnout demographic in healthcare due to the long history of burnout prior to COVID-19. Research is discovering the widespread harm of this issue; therefore, it is imperative that evidence-based methods promoting prevention and healing are found for nurses to utilize. By doing so, nurses will be able to handle stress more successfully, thus, mitigating the damaging effects of burnout and improving retention in the nursing profession. This literature review informs nurses and nurse leadership (nurse managers, educators, charge nurses, and administrative nurses, etc.) on the impacts of burnout with the purpose of creating more collaboration on the issue. Furthermore, this paper discusses barriers encountered, stakeholders involved, and evidence-based solutions for real-world implementation by healthcare professionals.

Nurse Burnout Background and Significance

Nursing burnout has been recognized as a problem since 1978, when an article was published by a nursing journal. Seymour Shubin (1978) was a practicing nurse at the time who studied burnout and its possible contributing factors. She consulted with other nurses, PhD professors, and nurse educators on the issue. Burnout is the psychological response after continued exposure to traumatic work-related stressors. Symptoms include exhaustion, feelings of dissatisfaction, and cynicism (Boamah et al., 2022). Understanding the symptoms of burnout helps personalize treatment plans for those nurses. For example, some nurses may need to focus on improving their family support system, while others need better self-care. Needs are often discovered by standardized questionnaires such as the "work interference with personal life (WIPL)" scale or the "Malachi burnout inventory-general survey (MBI-GS)" (Boamah et al., 2022). Therefore, the use of standardized surveys helps pinpoint individual areas for improvement. Nurses who experience burnout for an extended

period are at risk for developing empathy fatigue. Empathy fatigue is when nurses lose motivation or struggle relating and understanding patients' experiences. This fatigue makes it difficult to achieve quality holistic care. This will have a direct impact on the care nurses give to their patients; therefore, interventions are needed to prevent long-term dissatisfaction and potential patient harm.

Heavily cited research by Aiken et al. (2002) revealed that patient-to-nurse staffing ratios heavily impacted nurse satisfaction, according to surveys sent to 168 hospitals in the United States with a 52% response rate. This data was collected in response to California legislation where they required a minimum nurse-to-patient ratio; with the goal of understanding how staffing ratios impacted nurse satisfaction and burnout. Of the responses received, it was discovered that 43% of nurses had high burnout scores indicating increased emotional exhaustion (Aiken et al., 2002, p. 1990). Additionally, "failure-to-rescue" rates were higher, meaning if there was an emergency that the nurses would be less successful at stabilizing the patient, potentially causing a fatality if the patient was unable to recover.

Emotional exhaustion and high stress levels will consequently result in negative impacts on mental and physical health. A more recent study conducted by Galanis et al. (2023), was done to compare the burnout of nurses with that of other healthcare workers during COVID. Face-to-face interviews, in-person surveys, and online questionnaires were posted on social media to healthcare groups. The "Job Satisfaction Survey" (JSS) and "Single-item burnout measure" (SIB) surveys were used to measure client responses. Results indicated 91.1% of nurses reported burnout, while only 79.9% of other healthcare workers reported burnout. Unfortunately, the incredibly high number of burnt-out nurses compared to other healthcare workers in 2023 indicates the need for more aggressive focus toward burnout management and prevention. Leaders have an influential role in advocating for, and promoting, proper burnout prevention techniques to help their teams combat this issue (Galanis et al., p. 1090).

A real example from the author will help contextualize burnout. As a nurse working on a COVID-19 unit from 2020–2022, it became clear that the healthcare system was not providing resources for leaders and staff to

cope with the emotional, physical, and psychological strain experienced during COVID-19. I experienced countless emergency situations where patients died and staff did not have time for proper debriefing, leaving nurses in an unaddressed shocked state. The hospitals also denied any family from visiting to slow the spread of COVID-19; however, this caused many patients to enter depression. Patients were, however, allowed video calls from family but many patients craved seeing their loved ones in person. One day, I had a patient who was dying, with no family permitted in the room. I held an iPad to allow family to say their last goodbyes. This was extremely taxing for me emotionally as I sat alone, knowing that someone would die without their loved ones nearby. Fellow nurses did their best to confide in and console each other, however, time constraints and patient demands did not allow time to do so.

Additionally, the weekly policy changes surrounding COVID created massive stress as nurses were expected to continually adapt. There were also times when the ICU overflowed onto other units creating an unfamiliar work environment of highly unstable patients for general medical nurses. Due to the strained nursing resources, the patient-to-staff ratio increased. This led to feelings of numbness, exhaustion, and suppressed feelings from trauma. A substantial portion of staff left because of burnout and were replaced with new, inexperienced nurses. I recognized these symptoms of burnout, and was driven to find ways to prevent and bring awareness to it. My real-world experience is another supporting voice for the prevalence of job dissatisfaction and burnout symptoms among nurses. There is an urgent need for more holistic support systems for nursing staff as they find new ways to manage burnout.

Barriers to Burnout Prevention

Burnout in the Workplace

The COVID-19 pandemic in 2020 exacerbated nursing burnout as it added stress on healthcare systems worldwide. Hospitals were forced to increase workloads as they battled both COVID-19 and their usual staffing shortages, resulting in nurses reporting burnout more than any other healthcare professionals (Galanis et al., 2023). Even without COVID-19, staffing shortages are a prominent concern because more healthcare support will be required as the "baby boomer" generation ages (AACN, 2022). "Baby boomers" are living longer lives due to improved healthcare

technology and accessibility, but this also leads to them having more chronic conditions, resulting in an increasingly complex patient population. Consequently, the number of older patients will be drastically higher than previous generations. Unfortunately, evidence shows that nurses are not equipped to handle large volumes of complex patients. The US Bureau of Labor Statistics projects that 275,000 nurses will be needed from 2020 to 2030 to help compensate for an increased patient population (Haddad et al., 2023). Furthermore, in 2019 the American Association of Colleges of Nursing (AACN) reported that nursing schools rejected over 91,000 nursing applications due to lack of qualified staff, little money, and few resources to train new nurses (AACN, 2022, p. 2). The inability to train a higher volume of nurses is impeding efforts to replenish the nurse work force. In conclusion, retaining current nurses and adding more to the field would help resolve short staffing issues. Thus, focusing efforts on increasing the nurse workforce is crucial in preparing healthcare systems to support a large baby boomer generation.

Work-Life Imbalance

Work-life balance is another challenge many nurses struggle to achieve when combating burnout. The principle of work-life balance is the act of accommodating personal life priorities while allowing work the proper attention. The COVID-19 pandemic exposed the ineptitude of healthcare systems in providing work-life balance for nurses experiencing extreme stress. There was "…intense psychological distress due to fear of being infected with COVID-19, [fear of] transmission of the virus to their family, fear of death from COVID-19…and lack of support" (Galanis et al., 2023, p. 1096). This fear led to many nurses limiting family interactions and inappropriately coping with traumatic events from work. Many nurses also worked extra shifts to financially provide for their families during the economic downturn furthering the imbalance of work and home life. The emotional strain on nurses could explain why many did not have proper work-life balance.

Additionally, before the pandemic staffing shortages, overtime, and increased workloads already existed, thus it was reported that, "…during the pandemic period, it was not possible for healthcare organizations' managers to resolve these issues…" (Galanis et al., 2023, p. 1096). We see there is indeed a lack of support, resources, and emotional capacity for

nurses and their employers. A study was conducted in Iran by Jamebozorgi et al., (2022) with two hospitals and 326 test subjects. Methods for measuring burnout included using a socio-demographic attribute check list, the Maslach burnout index, and the Connor-Davidson resilience scale-25. It was discovered that many nurses had high physical exhaustion from workload, staff shortages, and lack of support. They also had elevated levels of psychological burnout from constant fear of the virus, death of patients, and reduced personal accomplishment (p. 2). "In the pre COVID-19 period, according to the reports, the overall prevalence of job burnout in the hospitals of Iran was 25% during 2000-2017…the prevalence of burnout in our study was relatively higher" (Jamebozorgi et al., 2022, p. 4). The work environment in Iran supports the claim that insufficient support, poor coping mechanisms, and overworked nurses leads to burnout and reduced work-life balance. The inability to separate work and home is a risk for psychological problems such as, "emotional exhaustion, cynicism… or depersonalization and callousness towards others…lack of motivation, irritability, disengagement, and withdrawal" (Boahmah et al., 2022, p. 3). Additionally, poor health, and decreased energy—mentally, emotionally, and physically—are likely to occur when there is a lack of balance in one's life. As the lines were blurred between work and home life, severe levels of stress were felt by healthcare professionals during COVID-19 and continue to be an issue as, "…there was no rest period for the nurses and so, exhausted as they were, they continued to provide their services in an equally demanding work environment" (Galanis et al., 2023, pp. 1096-1097). Even though the pandemic has decreased in severity since 2019, nurses are still feeling effects of burnout.

Leaders are an important asset in helping nurses recover, heal, and prevent burnout. Leaders have an obligation to help their team self-identify symptoms of burnout and provide individualized resources for staff. Leaders can identify stressors in their team by checking on the staff's emotional and physical needs, as well as assessing their balance between work and home.

Stakeholders Related to Nursing Burnout

Stakeholders are parties directly and indirectly impacted by nursing care. Understanding stakeholders' involvement with nursing can help identify key areas that are excelling and areas needing improvement.

Stakeholders include patients and their families, healthcare organizations, insurance companies, Medicaid, Medicare, and physicians. These stakeholders are highly impacted by nurse burnout as there is a correlation between exhausted nurses, low quality of care, and high hospital readmission rates (AACN, 2022). Patients are directly impacted because they interact with and receive treatment from nurses. Lower quality of care can be attributed to high patient-to-nurse ratios. "Increasing a nurse's patient load by just one patient was associated with higher rates of infection…[and] higher patient mortality rates…the mortality risk for patients was about 6% higher on units that were understaffed" (AACN, 2022, p. 3–4). Patients are at risk and will have poor experiences when faced with more infections, especially if readmission is required due to low-quality, stressful nursing practices.

Families are another stakeholder because they support patients. Many people want to help their family members through health challenges but will be frustrated when they perceive that nurses are not able to spend sufficient time treating loved ones due to poor staffing ratios.

Insurance companies will also be impacted by high readmission rates from lower quality care by nurses, as it could increase the cost of healthcare and raise the premiums for customers. Healthcare insurance premiums vary from company to company but will increase based on the likelihood of a claim being filed, this is determined using statistical data (Self Health Insurance, 2023). As such, Medicaid and Medicare could further limit coverage if they find that more patients are likely to file insurance claims. Some claims may be related to nurses being unable to properly care for patients.

Furthermore, physicians will be affected as nurses implement their orders. "Burnout has been linked to…reduced work effort, and lower-quality patient care...[and] lack of concentration…" (Boamah et al., 2022, p. 3). If nurses are unable to focus and critically think because of burnout, then implementing physician orders accurately is less likely to happen, resulting in unsafe and poor-quality patient care. These negative findings support the idea that unsafe healthcare practices lead to poor patient outcomes (AACN, 2022). Therefore, nursing burnout is creating unsafe healthcare settings where patients are at a higher risk for infections due

to understaffed units, higher readmission rates, and higher mortality rates. The physical and psychological strain of burnout in nurses makes it difficult for them to accurately execute physicians' orders that are vital for patient care and recovery. As more people report such claims, the result is an increase in the cost of Medicare and Medicaid as well as personal insurance premiums. Thus, we see nurses have a far-reaching impact for their stakeholders when they are burned out.

Literature Review and Synthesis

Problem Statement and Research Question

Nursing burnout negatively impacts individuals, organizations, and communities across the globe. As a nurse, I have seen staff deal with impossibly difficult scenarios that are taxing on the mind and body. Nurses are expected to be happy for the patient who goes home, while at the same time, knowing another one down the hall won't ever leave with family again. Situations like these are hard to process and even harder to deal with day in and day out. There is a need to help nurses deal with these challenges in healthcare before it damages their bodies and minds. Unfortunately, no matter what medical advancements come, the disease processes aren't going to change, but our response to these challenges will impact nurses' wellbeing and ultimately the future of the nurse workforce.

The associated research question for this issue is: Will implementation of preventative techniques such as self-compassion, resilience, and work-life balance decrease mental, emotional, and physical burnout for bedside nurses? The acronym PICOT was used to formulate this research question, which stands for population and research subjects, interventions found, comparison, outcome, and time duration to collect data. The population for this research included nurses and nurse-related leadership. Interventions found included gratitude, resilience, self-compassion, emotional intelligence, and work-life balance. Comparisons were made between studies where intervention did and didn't work for nurses in preventing burnout. Interventions were based on topics discovered in other research and by the author searching for additional techniques. The timeline of this research occurred over one year between 2022 and 2023, and the results were summarized in a comprehensive review.

The types of literature searched include systematic reviews, randomized controlled trials, and scholarly peer-reviewed articles. These sources were found through PubMed, UVU (Utah Valley University) Fulton Library OneSearch, and Health Source: Nursing/Academic Edition database. Keywords used for research included: *burnout*, *gratitude benefits*, *gratitude and nurse stress*, *insurance rates and healthcare*, *nursing shortages 2022*, n*urse burnout causes*, *resilience and nursing*, *resilience benefits*, *burnout and resilience*, *self-compassion and nurses*, *self-compassion methods and nursing*, and *work-life balance in nursing*.

The following sections in this literature review will expound on results discovered to find ways to prevent burnout by using self-compassion, resilience, and work-life balance, and methods leaders and individual nurses can implement to prevent burnout in the nursing workforce.

Self-Compassion

Self-compassion is a practice that requires encouraging nurses to care for themselves (Andrews et al., 2020). It is a form of self-protection for nurses experiencing burnout. If they don't care for themselves, then caring for others will be more complicated. The significance of self-compassion can be learned from a group of nurses working with stillborn children in Taiwan. The purpose of this study was to find how they dealt with trauma as they cared for families experiencing stillborn births. One nurse exclaimed, "We are responsible for comforting parents' sorrow…However, no one has ever discussed if a nurse can cry, have they" (Lin et al., 2021, p. 263). Nurses have not been taught proper coping mechanisms for the trauma and grief encountered on the job. Being able to grieve is a way to show self-compassion, therefore, nurses need to know how they can appropriately mourn patients. In other words, nurses are taught about the experiences they will face but not how to cope with those experiences. Self-compassion teaches nurses to recognize pain and emotion as necessary feelings. When finding coping techniques, "[It]is an alternate way to regulate nurses' excessive self-criticism and alleviate their emotional distress" (Lin et al., 2021, p. 265). This includes accepting, not suppressing the past, and looking toward the future. Application of such practices is one method nurses can use to heal from the burnout and trauma.

Harwood et al. (2021) are nurse practitioners of a hemodialysis unit in Canada and members of the *Nephrology Nursing Journal* editorial board. They studied the constant stress nurses encounter and used the words of Hans Selye to explain, "It's not stress that kills us, it is our reaction to it…Adopting the right attitude can convert a negative stress into a positive one" (Hans Selye, n.d., as cited in Harwood et al., 2021, p. 241). Burnout is a response to stress, and nurses can minimize these feelings by changing their reaction to stressors they encounter. Measuring the success of self-care will depend on one's ability to track their progress in healing. A journal could be a good way for nurses to track their emotions and feelings as they implement strategies of self-compassion; this can help them find successful methods. This practice can be implemented by being kind to oneself through acceptance of self and others, including both victories and faults; as well as understanding and practicing emotional intelligence. It is important for leaders in nursing to study and apply these principles to their own lives first before trying to help their team develop more self-compassion. A leader's personal success can inspire their nursing team to see the benefits of self-compassion and adopt these techniques. If done successfully, it will improve the quality of compassionate care nurses deliver to patients (Biber, 2021). Identifying symptoms of burnout and recommending self-compassion methods would help nurses who struggle with traumatic stress, burnout, and dissatisfaction. Nursing leaders can recommend the following treatments to staff:

- Work-life balance
- Group Therapy
- Guided mindfulness sessions (both personal and group)
- Practicing gratitude
- Practicing principles of emotional intelligence

Work-Life Balance

Maintaining clear boundaries between work and home is a crucial technique to prevent burnout in healthcare professionals. In 2021, 43% of nurses stated they did not have a voice when deciding what days they would be working. This negatively impacted job satisfaction, as many nurses struggled to find daycare for their children. Furthermore, hospitals required

nurses to work more hours (Dean, 2021). The increased mandatory shifts are often made due to fewer nurses available to care for patients. However, this makes it difficult for nurses to have more voice in their schedules and makes it difficult to balance work and home. These examples of poor work-life balance may be improved with changes and teamwork.

Achieving work-life balance cannot be done alone, it requires collaboration organization-wide. Quality of care is lowered with the increase of patient-to-nurse ratios, as well as the use of mandatory shifts (Dean, 2021). High workloads foster exhaustion, depersonalization, and reduce personal accomplishment (Jamebozorgi, 2022). Therefore, managing staffing ratios is crucial to retaining and maintaining healthy nurses. A professor of workforce nursing policy for Southampton University stated, "We need to keep every nurse we have; work-life balance feels like a problem we can improve" (Dean, 2021, p. 8). Retaining nurses is possible and can be done by allowing nurses to communicate schedule preferences (Dean, 2021), and thereby improve career satisfaction in nursing (Boamah et al., 2022).

Nurse administrators can advocate for healthcare systems to offer incentives for extra shifts, float extra staff to units in need, and offer additional shorter shifts to cover shortages and increase working options for more staff (Schneider et al., 2022). Offering different shift times and lengths may be more appealing to nurses who want to work extra shifts but do not have the time for a full 12-hour time commitment. Furthermore, decreasing the frequency of long shifts working with patients who have infectious diseases minimizes fears of spreading the disease to families (Jamebozorgi, 2022).

Refining nurse workload and work-life balance requires coordination between nursing managers, educators, administrators, and bedside nurses to customize a balance that works for nursing teams. This would benefit the healthcare system because it would allow patients to receive quality care and decrease the risk of hospital-acquired infections (HAIs). "The estimated direct annual cost of treating HAIs in the United States ranges from $28.4 billion to $45 billion, resulting in a heavy burden on the public health system." (Gidey et al., 2023, p. 2). The large financial burden of hospital-acquired infections can be greatly reduced if nurses are empowered to provide higher quality care. Unit leaders must work

together by focusing on staffing, scheduling, and career satisfaction to help floor nurses give the best possible care. These interventions can prevent burnout in nurses by making scheduling and staffing more conducive for improving work-life balance.

Group Therapy

Nurses often experience deep loss when patients die because of the emotional attachments formed. The depth of the relationship is directly correlated to greater feelings of loss (Nyatanga, 2021). Group therapy is an effective way to cope with grief as it is an interactive approach to help nurses live with tragedy. When people meet and share similar experiences, they constructively express feelings and find understanding with suffering. Nurses in Taiwan working with stillbirth cases were involved in group therapy; they reported benefits which include:

- A safe place for self-reflection and sharing
- Deeper understanding of the grieving process
- Discover new ways to improve self-care strategies (Lin et al., 2021).

Group therapy harnesses the process of self-reflection and outwardly analyzing experiences with others who have similar exposure, and is an effective way to cultivate self-compassion. Another aspect of group therapy is helping nurses understand commonality they share, also known as common humanity. Common humanity is the universal experience of living day to day in a world with other people. Sharing experiences and emotions of commonality is crucial for grieving nurses. Lin et al. (2021) referred to nurses as wounded healers because they experience the death and suffering of many but are not considered "survivors." Additionally, nurses felt they could not properly grieve deceased patients they cared for because of Health Insurance and Portability and Accountability Act (HIPAA) laws, poor emotional support, or social expectations. However, research supports that group therapy provides a safe space that helps nurses understand "…Their wounds and [realize] that the emotional suffering they had experienced is a commonality of human beings" (Lin et al., 2021, p. 265). Nurses experience many traumas which can cause them to self-isolate, but in group therapy with other nurses, they can understand their challenges and learn to process their grief in a healthy way.

As nurses understand their experiences are shared with others, they can increase their understanding of common humanity in their lives. Creating a safe space for staff to relate and connect will help nurses understand that their grief is part of a learning and development process. Understanding the essence of humanity through a guided session with prepared example scenarios would be a good tool for nurses to increase compassion as they recognize similarities in their lives (Ling et al., 2019). Nursing leaders can be mentors and conduct sessions of human connection or locate nearby group therapy sessions for staff to attend. This method of understanding common humanity through group therapy will help nurses build their emotional resilience and combat burnout.

Mindfulness

Mindfulness is paying attention to the present moment in a particular and purposeful way (Tolouian et al., 2022). Taking time to value everyday moments is crucial to implementing self-compassion techniques when confronting nurse burnout. Mindfulness will improve nurses' overall health and increase therapeutic qualities like empathy and patience (Harwood et al., 2021). "Increased awareness of the present moment can result in clearer and more accurate perception, reduced negative affect, and increased energy and coping abilities" (Sulosaari et al., 2022, para. 4). Therefore, mindfulness is a tool nurses should utilize to increase their ability to handle stressors and tragedy.

An example of the success found with mindfulness practices is described by Tolouian et al. (2022), who studied undergraduate nursing students participating in an eight-week mindfulness program; 124 students were guided through a weekly 1-hour mindfulness session. Each week new mindfulness activities were taught and discussed. Activities included focused breathing, guided meditation, pet therapy, mandalas coloring, yoga, and tai-chi. Students reported less stress and increased motivation. The purpose of this research was "to provide mindfulness techniques to manage their internal reactions to day-to-day events during a pandemic." (Toulian et al., 2022, p. 52). Based on the results of this study, we learn the importance of consistent activities to practice mindfulness, prevent burnout, and increase motivation in the workplace and educational settings. Nurses can form resilience from mindfulness practices such as:

- Group and personal guided meditation (group meditation can occur during group therapies like the one mentioned above)
- Mindfulness-based cognitive therapy (Harwood et al., 2021).
- Coloring pages
- Pet Therapy (Tolouian et al., 2022).

These activities encourage the mind to focus on the event at hand and remain present instead of getting overwhelmed by endless "to-do" lists. Since nurses and nurse leaders experience significant stress at work, different mindfulness practices should be implemented for nurses to find what helps them focus on the present for a moment, thus improving their ability to respond to stress positively and prevent burnout. Leaders can gain inspiration from the study conducted to help nursing students manage stress by doing mindfulness activities consistently. Nurse leaders should facilitate and encourage some of the mindfulness techniques mentioned for their staff to try at home or in small groups. For example, many hospitals have dogs that visit patients; nurse administrators can advocate for staff by encouraging the pet therapists to also focus on nurses during their rounds.

Gratitude

Practicing gratitude "…at work is defined as the tendency to recognize and be thankful for how various aspects of a job affect one's life" (Komase et al., 2021, p. 20). The ability to be grateful ties in with mindfulness, mentioned above, as one needs to be aware of one's surroundings in order to identify positive aspects of work. Hollingsworth & Redden (2022), conducted research on the effectiveness of teaching tiny gratitude habits to healthcare workers to implement, compared to a control group with no tiny habit teaching. This study's purpose was to find ways for health-care professionals to learn easy ways to practice gratitude even with high levels of stress, anxiety, and burnout present. It was discovered that many people were able to comply with small gratitude practices. "Practicing tiny habits…can significantly increase hope and gratitude" (Hollingsworth & Redden, 2022, p. 5). One of the successful tiny habits included keeping a gratitude journal.

A barrier nurses frequently encounter when implementing self-compassion techniques includes a lack of energy and time when adding

another task to their schedule. However, in 2021 a study was conducted on the benefits of nursing students keeping gratitude journals during the COVID-19 pandemic. Results revealed creating a gratitude journal yielded consistent participation because many students found it was easy to take a few minutes and make writing in it a daily habit. Participants noted an improved capacity to deal with challenges in life and manage stress effectively (Komase et al., 2021). Consistent use of gratitude in one's life has powerful reaching benefits of increased hope for nurses as it works well with mindfulness as self-awareness, but also searching for positive aspects to look for. Nurse leaders should encourage staff to keep private gratitude journals as this is an uncomplicated way for nurses to combat burnout.

Resilience

Another antidote to nursing burnout is improved resilience, which is the ability to effectively perceive and respond to stress with the capacity to bounce back (Harwood et al., 2021). Measurement of resilience can be tracked by nurses taking a resilience scale survey, one example of this would be the Connor-Davidson resilience scale. "Nurses use resilient behaviours in dealing with work problems to maintain their mental health and to go through negative experiences more easily and turn them into positive ones to feel burnout less" (Deldar et al., 2018, p. 2253). This supports the idea that strengthening resilience in nurses can prepare them to respond to the tragedies, traumas, and chronic stress they encounter. Resilience, like other burnout prevention techniques, requires practice and learning. Benefits associated with practicing resilience include increased confidence, healthy relationships, optimism, and perspective (Harwood et al., 2021). There are multiple ways to strengthen resilience, this can be done by:

- Exercise (group and/or personal)
- Work-life balance
- Setting realistic goals (Harwood et al., 2021).

Yoga

Bedside nurses put their bodies through a lot of strain, many times causing injury. They "…are often exposed to physical stress resulting from lifting and moving heavy weights, which can lead to physical injury [such] as back pain or herniated disc and that can interfere with their professional life—Nurses for example, the largest group of healthcare professionals,

are exposed to both physical and psychological stressors." (Cocchiara et al., 2019, p. 7). Thus, we see that nurses are a high-risk population of healthcare workers and need to protect their bodies from injury, especially because nurses are less likely to remain in the nursing field if they are injured. A focus on physical health and injury prevention is needed to help them stay healthy in their jobs. Yoga is one exercise practice that promotes resilience by implementing meditation and improving physical well-being (Harwood, 2021). "Yoga is effective in the prevention and management of musculoskeletal and psychological issues…improvement in physical problems and in quality of sleep, both stress levels and burnout are consistently reduced…" (Cocchiara et al., 2019, p. 8). Yoga can improve physical strength and flexibility, but its mindfulness aspect also helps develop resilience.

Nurse leaders can facilitate this by encouraging short yoga sessions, which are typically more accommodating for nursing professionals (Cocchiara et al., 2019). This will help increase the likelihood of consistent yoga practice. Additionally, onsite locations for brief meditation sessions can help nurses strengthen their resilience (Rink et al., 2022). Offering access to a nearby gym or having on-campus locations available for staff to use freely can promote exercise and offset stressors experienced at work (Lindfelt & Barnett, 2015). These changes can be proposed by nurse administrators and educational staff, who can advocate for resources to provide these amenities to employees. Nurses and other healthcare workers could reap the benefits of meditation and yoga if employers provided convenient locations on campus for quick, free sessions.

Career Satisfaction

Satisfaction in the workplace is difficult to attain because it requires great attention and effort. Nurses in a study conducted by Boamah et al., (2022) reported feeling satisfied when they were able to have autonomy, continued education, supportive leadership, and a sense of community. Leadership can assist with career satisfaction by offering continued education and having individualized visits with staff.

Career satisfaction is heavily influenced by the work environments leaders create. Nursing leadership can foster a positive workplace through self-reflection, moral courage, relationship-building, and shared decision-making (Lindsay & Mathieson, 2022). These positive environments

will help nurses stay involved in the decision processes of a unit, thus promoting career satisfaction.

Schneider et al. (2022) collected qualitative data on nurses through interviews. One nurse recalls her babysitter quitting because she was pulled to work on a COVID unit. This left her to frantically search for babysitters while also managing the stresses of work. Another nurse described her frustration with increased mandatory shifts, which prevented her from taking her children to school in the mornings (Schneider et al., 2022). In this example, fellow coworkers may have been available to cover three to four hours of a shift to better accommodate work-life balance, but their employer wouldn't allow it. In summary, solutions to staffing problems require respect, flexibility, and kindness when communicating needs to a nursing unit. Leaders can create a unit with positive relationships and a culture of helpfulness by setting the example. Inspirational leaders may encourage nursing staff to be more willing to help their peers, thus improving career satisfaction.

Recommendations

The way forward in preventing nurse burnout is the consistent practice of self-care, work-life balance, gratitude, mindfulness, yoga, and resilience training. Continued research is recommended for finding additional simple methods to prevent burnout. Leadership has a vital role in decreasing nurse burnout, as they are valuable mentors in advocating for the personal practice of burnout prevention techniques. This can be done by applying the same prevention techniques in their own lives as a way to inspire their team members. Many barriers prevent nurses from practicing self-care methods to prevent burnout; therefore, creative leadership is needed in order to promote simple solutions to nursing staff. Successful prevention of burnout will benefit patients, families, physicians, insurance companies, and nurses globally.

Education

Education from nursing school teachers and unit educators will be essential in spreading awareness of burnout. Educating nurses on the benefits of self-compassion, group therapy, mindfulness, gratitude, resilience, and work-life balance can help nurses find strategies that work best for them personally. Activities like yoga will require education to help staff safely

practice them. Nurses need instruction on ways to practice mindfulness, gratitude, yoga, and self-compassion; lead nurses can help facilitate resources to achieve this.

If burnout is not addressed, it could have devastating effects on healthcare organizations. Members of healthcare must ensure they educate themselves to avoid further negative effects. To have systemic effects, healthcare organizations should require education on the negative implications for the future of nursing if burnout is not addressed. This could motivate healthcare systems globally to allocate more resources and attention to the welfare of nurses. Informing administrative roles in healthcare will provide nurse leaders the opportunity to share solutions for nurse burnout. For example, leaders in healthcare could advocate for the implementation of meditation spaces on campus, or they could offer complimentary yoga sessions for staff. Communication and education at all levels of healthcare will also help organizations understand the need to promote work-life balance for their employees. Offering flexible scheduling options, including a variety of shift lengths and locations can also help accommodate nursing staff needs.

Research

Research on nurse burnout and its potential causes is bountiful. It is essential to continue building upon the information available and finding fresh solutions to prevent burnout. COVID-19 proved that even with all the available information, burnout is still a problem that needs more attention to be effectively resolved. Therefore, research on prevention techniques needs to continue.

Limitations

Limitations in this literature include few successful examples on a large scale. Furthermore, there are limited successful strategies for nursing schools' ability to accept more applicants. More research could be conducted on the business aspect to help organizations understand how to expand their nursing education programs. More funding is needed for nursing schools to accommodate more applicants. Research on resources could help support the resolution of this issue, since evidence supporting successful practice of methods discovered is limited on a large-scale.

Conclusion

Nursing burnout has been an issue for years and was exacerbated by the COVID-19 pandemic, making it evident that nurses still suffer from symptoms of burnout. Burnout has the potential to negatively impact the healthcare system across the globe. Therefore, prevention techniques such as self-compassion, resilience, and work-life balance need to be taught and practiced in institutions. Resilient nurses will develop the capacity to withstand extreme chronic stress and find satisfaction in their career, resulting in more nurses retained in the workforce.

The role of nurse leadership is vital in implementing burnout prevention methods. Different leadership styles can effectively convey the importance of preventing nurse burnout; therefore, leaders must understand which leadership styles would be most beneficial for their unit. Finally, leaders who practice prevention techniques in their own lives are needed in order to inspire systemic prevention of burnout. Utilizing these methods will strengthen current and future nurses, thus reducing worldwide burnout in the profession.

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Making a Case for Health Insurance Literacy in College Students

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Background: *Changes in health insurance due to the Affordable Care Act created a bridge for college students to remain on their parent or guardian's health insurance for a longer period. However, little has been done to close the gap of education deficiency in the area of health insurance literacy during this time. While most students in a universal health system have relatively few options to choose from, students in the U.S. are faced with many different plans through employment or the open marketplace. Therefore, to ensure adequate access to care, students must understand the fundamentals of this system in the U.S. This must be addressed through personal and administrative leadership.* **Methods***: This quantitative cross-sectional survey sampled 411 currently registered UVU students to assess their knowledge, attitudes, and beliefs regarding health insurance. This data was stratified by sex. Descriptive statistics and Chi-squared (Chi2) analyses were performed.* **Results***: 79% of students affirmed that they had never taken a course that instructs about health insurance options in the United States. 35% responded to being either extremely uncomfortable or somewhat uncomfortable in their recognition of health insurance terms. 62% of students described health insurance as being important in their lives.* **Discussion***: This study showed that disparities in healthcare literacy affect overall perceptions of importance, which can be a catalyst for long-term healthcare access issues for students and their families.*

Changes in health insurance policy due to the Affordable Care Act created a bridge for college students to remain on their parent or guardian's health insurance until they turn 26 or are no longer dependents of their parents. (Collins et al., 2013). However, little has been done to close the gap of education deficiency in the area of health

insurance literacy during this time. (James et al., 2020; Nobles et al., 2019; Price et al., 2010). This has the potential to impact student access to care and overall population health outcomes. (Collins et al., 2013). College is an opportune time to educate students regarding health insurance, since college students are mostly between the ages of 18-24 (Statistics, 2023). However, many formalized college education curricula lack specific courses on health insurance literacy in all but specialized fields, such as healthcare administration. (Palmedo et al., 2020; Smith, 1991). Despite recommendations for best practices to include health insurance literacy as part of a formalized college education to affect healthcare utilization and improve student population health, very little progress has been made in this area. (James et al., 2020; Price et al., 2010; Smith, 1991).

While most students in a universal health system have relatively few options to choose from, students in the U.S. are faced with many different plans through employment or the open marketplace (Collins et al., 2013). Therefore, in order to ensure adequate access to care, it is imperative that students understand the fundamentals of this system in the U.S. (Collins et al., 2013). Through leadership changes at both the personal and administrative levels, this critical health component can be learned and implemented, enabling long-term benefits to students and their families. It is time to be more aggressive with enacting these changes. This study sought to understand college student perceptions regarding health insurance and to determine if students were receiving this vital information as part of their formal education.

Methods

A quantitative and cross-section study utilizing a voluntary and anonymous survey was performed. Actively registered students above the age of 18 at a single academic institution were sampled to assess their knowledge, attitudes, and beliefs regarding health insurance. The study utilized a questionnaire composed of a Likert scale and dichotomous variables. The questionnaire was created by content experts in the field and then iteratively tested in the target demographic before full study administration. Distribution lists of students were obtained through university records.

Analysis

Descriptive statistics and chi2 analyses were performed. Likert responses were combined into dichotomous variables. T-tests were performed to understand the differences between groups. The data was stratified by sex. Participants missing the primary outcome variable of taking a class in health insurance were excluded from the analysis. Institutional review board approval was obtained in accordance with the standards of ethical research.

Results

A total of 411 students participated in the study. Male students comprised 23% of the sample, with females at 73%, 1% non-binary, and 3% not identifying their sex. Significant differences were found in the student demographics of race ($p < 0.01$) and field of study ($p < 0.01$). Students were more likely to be white (84%, $p < 0.01$) and from the College of Health and Public Service (25%, $P < 0.01$). Students were predominately at the undergraduate level, with only 1% being in graduate school.

A total of 324 (79%) students affirmed that they had never taken a course that instructs about health insurance options in the United States. Females were more likely than males to have responded affirmatively to have taken a course regarding health insurance ($p < 0.01$). Those affirming having taken a course that instructs about health insurance options were also more likely to have been found within the College of Health and Public Service ($p < 0.01$).

When asked about their comfort level with differences in health insurance terms and general literacy, 35% responded to being either extremely uncomfortable or somewhat uncomfortable, while 23% were neither comfortable nor uncomfortable, and 36% were somewhat or extremely comfortable. Females (57%) were more likely than their male (37%) counterparts to feel uncomfortable regarding health insurance literacy.

No significant difference in sex was found when students were asked regarding the importance of health insurance in their lives ($p = 0.32$). A total of 255 (62%) of students described health insurance as either very important or extremely important in their lives. Only 1% of students described it as not at all important.

Students who were more likely to have taken a course regarding health insurance were found within the College of Health and Public Service, which included degrees in nursing, healthcare administration, public health, respiratory therapy, occupational therapy, and physical therapy.

Discussion

College students, in general, are not familiar with accessing health insurance information and remain lacking in their health insurance literacy. This has implications for long-term population health and health outcomes in students. Not having access to health insurance information affected 79% of students in this sample. This represents a critical need and gap in general education as a part of their formal instruction. Despite best practice recommendations that health insurance information be included (James et al., 2020; Palmedo et al., 2020; Smith, 1991) Many institutions continue to lack health insurance literacy in their curriculum.

Despite having been more likely to have taken a course that instructs about health insurance literacy in the U.S., females acknowledged being more uncomfortable than males. The origins of this complexity could be multifaceted but could signify the complexity of the health insurance system, that the more you know, the less you feel you know. (Kakar et al., 2022). It could also signify that the instruction being given is not adequately meeting student needs. It also alludes to the complexity regarding coverage for women's health in general. (Im, 2014; Morosky et al., 2022; Schweinhart et al., 2019). Women have higher rates of healthcare utilization across their lifespan than males on a global scale. (Haskell et al., 2022; Sikka et al., 2021) and therefore represent a critical intervention group.

Student and personal leadership

From the results, it is evident that students deem health insurance and literacy as very to extremely important in their lives but lack proper resources to fully understand it. Most students still fall under their parent's or guardian's insurance because they are under the age of 26. The college years (ages 18-24), therefore, could be a prime opportunity for schools to educate students about health insurance literacy before limited or no access to care occurs, or they need to make decisions regarding insurance that could possibly affect a student's overall health status. Furthermore, health insurance literacy is not immediately given when

a student turns twenty-six, nor are there many opportunities to learn about it by professionals in the field after college; it is often learned through trial and error, representing a gap in healthcare access for many. It may be suggested that this falls upon personal responsibility to learn the health insurance system. However, as health insurance literacy is a critical component of long-term health and wellness, the knowledge of it should not be obtained just by chance but rather purposefully through personal and administrative leadership. Therefore, a comprehensive review of healthcare, patient advocacy, and health insurance literacy is recommended as part of a student's formal general education (GE) in order to help improve population health and access to care. It is also recommended that students are empowered to proactively seek now to understand the health insurance system and not learn just through costly mistakes that may create a lack of coverage and access.

Limitations

This study is limited by the potential bias of self-reported data. The voluntary and anonymous nature of the study sought to limit that potential bias. This study also is limited by a relatively small sample size; however, this study did not seek to obtain prevalence but rather understand the attitudes and perspectives of college students. Given that this study was conducted at a single academic institution, the generalizability of this study is limited.

Conclusion

Due to the significant impact health insurance literacy could have on a student's overall health and well-being, the time to implement changes in education on this topic is now. These important changes could help numerous students across generations gain access to proper healthcare through the complex U.S. healthcare system. It is recommended that all academic institutions follow best practices and implement health insurance literacy as a part of their general education (GE) curriculum.

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Appendix

Table A1
Demographics, by Sex

		Males (n = 96)	Females (n = 302)	Chi2 pvalue
Year in School	Freshman	16 (16%)	83 (27%)	p = 0.1
	Sophomore	29 (30%)	101 (33%)	
	Junior	23 (24%)	63 (21%)	
	Senior	26 (27%)	44 (15%)	
	Graduate School	1 (1%)	2 (1%)	
Race	White	82 (85%)	262 (87%)	p <0.01
	Black or African American	1 (1%)	9 (3%)	
	American Indian or Alaska Native	2 (2%)	4 (1%)	
	Asian	0 (0%)	6 (2%)	
	Native Hawaiian or Pacific Islander	4 (4%)	0 (0%)	
	Other	6 (6%)	21 (7%)	
Field of Study	College of Health and Public Service	35 (36%)	67 (22%)	p < 0.01
	College of Engineering and Technology	16 (17%)	10 (3%)	
	College of Humanitities and Social Sciences	10 (10%)	60 (20%)	
	College of Science	15 (16%)	62 (21%)	
	College of the Arts	1 (1%)	21 (7%)	
	College of Education	2 (2%)	41 (14%)	
	College of Business	14 (15%)	28 (9%)	

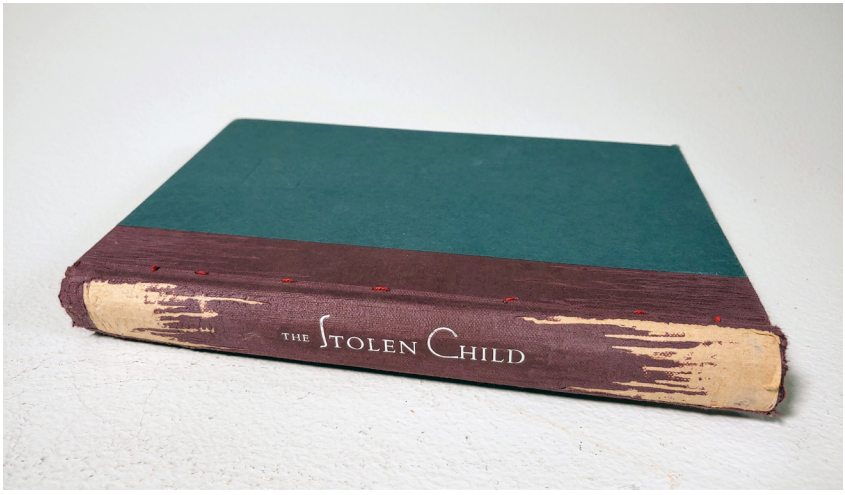
Table A2
Survey Questions, by Sex

		Males (n = 96)	Females (n = 302)	Chi 2 pvalue
Q: Have you ever taken a course that instructs about health insurance in the U.S.?	Definitely not	45 (47%)	163 (54%)	p < 0.01
	Probably not	10 (10%)	75 (25%)	
	Might or might not	12 (13%)	19 (6%)	
	Probably yes	10 (10%)	23 (8%)	
	Definitely yes	18 (19%)	13 (4%)	
Q: How comfortable are you with the differences in health insurance terms such as deductible, co-payment, co-insurance, premiums, and out-of-pocket?	Extremely uncomfortable	5 (5%)	30 (31%)	p < 0.01
	Somewhat uncomfortable	31 (32%)	78 (26%)	
	Neither comfortable nor uncomfortable	10 (10%)	85 (28%)	
	Somewhat comfortable	29 (30%)	75 (25%)	
	Extremely comfortable	20 (21%)	26 (9%)	
Q: How important is health insurance in your life?	Not at all important	1 (1%)	0 (0%)	p < 0.01
	Slightly important	20 (21%)	36 (12%)	
	Moderately important	16 (17%)	60 (20%)	
	Very important	37 (12%)	124 (41%)	
	Extremely important	21 (22%)	73 (24%)	

Stories Untold, Voices Unheard

Makela Ka'imilani Tsi'skoko Kamiya
Utah Valley University
Mixed Media

This book is filled with many untold stories. There are many whose voices are silenced and go unnoticed, such as these missing Indigenous women who get pushed aside and overlooked.



Stories Untold, Voices Unheard

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Sailing to Storyland

Abigail Zeigler
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Digital Illustration

Leaders invite us to imagine the impossible and guide the way to making it reality. I feel the responsibility of leadership as a visual storyteller. Stories lead us in new directions; they uplift and inspire. Stories generate feelings of empathy, connection, belonging, and optimism—essential tools for facing the challenges of life. Stories can also generate challenges by planting harmful ideas that fuel division and unrest. As an artist, I create worlds full of kindness, wonder, and courage. I hope my viewers become curious about not only the illustration, but the real world around them. When we are curious, new opportunities reveal themselves. Artwork helps us imagine possibilities that become realities, thanks to the artist leading the way.

Why Lead? Supporting Student Leadership in Placentia-Yorba Linda Unified School District

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The purpose of this research is to understand the trends of adolescents' leadership pursuit at their schools and in the local community. A case study was conducted on student leadership in Placentia-Yorba Linda Unified School District (PYLUSD) in Northeastern Orange County, California. According to the PYLUSD website (2022), a core part of the school district's mission is, "to inspire all students through rigorous and relevant educational experiences that empower them to become responsible, ethical, and contributing citizens." Some of the most profound leadership experiences occur within school leadership programs. The overall impact of student leadership in PYLUSD was assessed through the collection of qualitative data. Two high school teachers and two middle school teachers who serve as activities directors for their respective school sites were interviewed. Interviews were also conducted with four alumni students: one college freshman and three established professionals.The findings from this research are to be compiled into a guide that will be provided to students.

When thinking about my senior thesis topic for the California State University, Fullerton University Honors Program, I knew I wanted to do something that would combine my passion for improving the lives of children in my local community, the education field, and leadership development. I was raised in Yorba Linda, a suburban community in Northeastern Orange County, California with a population of about 68,000 people. The Placentia-Yorba Linda Unified School District (PYLUSD) is a school district with about 24,000 students enrolled and 34 school sites (PYLUSD, 2022). The district serves students from Yorba Linda and neighboring city Placentia, and students from nearby cities of Anaheim, Fullerton and Brea. PYLUSD is a top-performing school district, as 25 schools are designated as California Distinguished Schools. Seventeen

schools have been awarded the California Gold Ribbon and eight schools have been given a Blue Ribbon, the nation's highest educational honor.

When I was a student in PYLUSD schools, I was involved in leadership programs such as Peer Leadership, Associated Student Body (ASB) and held various positions in clubs during high school. As a college student, I have been a board member for on-campus organizations, a peer mentor, a teaching assistant and am currently serving as an executive officer in student government. From my experiences, I have grown tremendously, not only as a leader, but as a person. I have learned integrity, responsibility, and adaptability, all of which are valuable skills that can be applied in my professional and personal life.

Reflecting on my previous and current leadership experiences, I realized the importance of providing leadership opportunities to middle school and high school students and supporting them in these roles. My goal for this thesis is to provide students with some insight into how they can make positive contributions to their school and local community through involvement in school leadership programs. My goal is for this research along with the companion guide to give students the knowledge and confidence they need to pursue leadership opportunities.

Methodology

As part of my methodology, I collected qualitative data through conducting interviews on the online communication platform, Zoom, with four activities directors and four PYLUSD alumni students. All participants were recruited through email or personally asked by the researcher. Out of the four activities directors, two were high school teachers (male and female) and two were middle school teachers (male and female). Activities directors are responsible for overseeing school leadership programs like ASB and Peer Leadership. The primary role of an activities director is to guide student leaders in the planning and implementation of school functions and activities. Out of the alumni participants, three are well established in their respective careers and one is a current college student. The alumni's careers consist of being a firefighter/paramedic, a director of an independent living service (who is also the founder of a nonprofit organization), an IT specialist at a credit union, and a college student.

Findings

Through conducting my interviews with activities directors and alumni, I identified four overarching themes that define student leadership in PYLUSD. The first of the four overarching themes is *diversity and inclusion*. Activities directors and alumni acknowledge the importance for a leadership class to reflect the student population of a school. Student leaders are chosen to be voices in making decisions involving school events and activities, which requires input from students of all different academic and personal backgrounds. A consideration for students is to apply to a leadership program, even if they have doubts about their leadership potential. Activities director Anne Smith stated:

> I need to make sure to include special education students, students who are English language learners, McKinney-Vento students who are considered homeless, [and] GATE and Honors students. I have students from every group on campus because if we are the ones who are supposed to be making decisions on how to spend money, how to put on a dance; If we are the ones that are supposed to be making those kinds of decisions for the other 700 kids in our school, I need to have voices from everyone. (personal communication, December 6, 2021)

A consideration for students wanting to apply to a leadership program is to not let mistakes they have made define their future potential as a leader. Every student can be a leader and develop leadership skills if they show a true passion for serving the school community. As activities director Jane Johnson said, "I really truly believe that leaders come in all shapes and sizes. I believe that anyone can be a leader. I think specifically what I look for is for someone's heart to be in it. I want someone's passion for school, passion for ASB or passion for leadership to come through" (personal communication, December 15, 2021). Another activities director, Aaron Erikson, also went on to state that he has seen certain populations of students, such as at-risk students, benefit immensely from their involvement in leadership. Erikson says:

> I've had students as a 7th grader who wanted to be in ASB in 8th grade, and even though they made some bad choices, I put them in leadership because they were more

> at risk. A kid whose 4.0 may not need the same skills as the kid who is at-risk. They're going to have a successful year, but also develop some leadership skills and develop a purpose. You are making them feel a part of something. I've seen GATE students become really close friends with an at-risk student and I think it's beautiful. (personal communication, December 12, 2022)

The second overarching theme is serving over self. Activities directors are trying to instill in their students a desire to give back to their school and community through purposeful service. According to Bowman (2013), "the belief that 'to serve is to live' mirrors a natural feeling that one truly wants to serve—to serve first, then lead" (p. 62). Serving leaders are connected to members of their local and school community because of their desire to give back. Leaders listen to the needs and wants of the student population and try to accommodate them in the best way they can. Activities director, Aaron Erikson said that he is constantly reminding his students to not think about what they personally want in an activity or an event, but what other students would want to see. Erikson explained that:

> "I've always taught my students to think of what is the purpose of what we are doing. What is the point of an assembly, what is the point of a hot chocolate bar? I think it's important for them to have those discussions. Like, are we doing it just to do it, because I don't want extra work, I want to be doing something because it has meaning. You're teaching them critical thinking and "the why?" Why are you doing something? It's teaching them to be purposeful, to have intentionality with every action. Our hot chocolate bar for the teachers took almost 10-15 hours to plan to make those teachers feel good for 15 minutes, but there was purpose in it. I tell them there has to be purpose." (personal communication, December 12, 2022)

Student leaders also have the opportunity to incorporate their personal interests in their service. A consideration for students who have the goal of applying to a leadership program is to focus on exploring their passions in creative and innovative ways. Alumna student Kira Laporte said:

> I was able to put on an event called School Rocks Day. So basically, what we did was we got 100 rocks, paint and

> paintbrushes and set up tables. Every student who came to our table was able to paint a rock. They could keep it if they wanted to, but the main thing was that we were going to take these rocks and donate them to the hospital for a child to have. People painted smiley faces, encouraging words, or just fun pictures. This is just to show that our students care about them and they're not alone. This is something that is really close to my heart, and I got to bring that part of me to school which I thought was so special. (personal communication, January 16, 2022)

The third overarching theme is an emphasis on cultivating school spirit in student leadership. Activities director, Aaron Erikson states that a part of school leadership is, "keeping school culture alive through our activities and events. My role [as activities director] is to instill in my leaders, my students, the idea that we are serving our school community. I try to tell the kids that we are running these events to get our student population involved. It can be as small as a spirit day, or it can be as big as an assembly or a dance" (personal communication, December 12, 2022). The major goal of a school leadership program is to create a positive school environment where every student feels welcomed. Connecting students to their school makes them want to attend every day and participate in events.

Activities directors emphasize that student leaders have a strong intrinsic motivation to spread school spirit. A consideration for students who hope to apply to a leadership program is to evaluate their dedication in creating a welcoming school environment. Activities director Nick Sanchez says:

> It's not difficult to get students who are already spirited and deeply care about the school to participate because individually they are motivated and want to be here. I think most of the kids in leadership also have very supportive families. They know that our school is a safe place to be, so if they aren't home, they might stay after school until 4:30pm. They are intrinsically motivated to do what it takes to support the school. It might not be being in the front line of the student section at a game yelling and screaming, but right now they are behind the scenes. Leading by example is important, and as an advisor I think I have been able to do that. I like to be

> there with my students and illustrate to them what it means to be a part of stuff. (personal communication, October 19, 2021)

Activities director, Jane Johnson emphasizes that student leaders not only need intrinsic motivation to serve but must incorporate input from the student body to engage them in school culture. A consideration for students who hope to apply to a leadership program is to be open to opinions other than their own. She says:

> I feel like every year, the students want to make this year better than the last. I think they find the motivation within themselves, but we also talk about things like serve over self as we want to make sure we put others before ourselves. Everyone has something that they are passionate about, and I use those passions to drive their wants and their motivation to be passionate about other people's things. If you want people to be passionate about your thing, you have to give passion to other people's things as well. (personal communication, December 15, 2021).

The fourth overarching theme is that being involved in leadership provides students with the opportunity for self-discovery. A consideration for students who want to apply to a leadership program is to welcome opportunities that will allow them to grow and learn. Alumna student, Heather Mason describes how she was not aware of her leadership potential until the school activities director approached her

> What made me want to pursue leadership was the teacher saying you 'have what it takes'. I still had to try out our campaign, but he noticed that I had what it takes to be a leader. I thought I'm just being me, I'm just being my energetic self and when somebody noticed that it was like, 'Oh, that might be fun, ok let me try that!' It's all about the school system and getting the school united and that felt right down my alley. I look back on high school as some of the best years of my life so far. I loved every minute of it and when I had kids, I wanted to make sure that they could appreciate it and take everything for when it came and enjoy every minute of it and do as much as you can and be involved because that's how you

> make new friends, make connections and you also build your character. I feel that who I was then has carried on who I am now. I apply the passion that I had for getting the school united in spirit to my careers with how I look at things. Having that passion, finding that passion, finding the why behind what you are doing and enjoying it. (personal communication, January 19, 2022)

Many students such as this alumni student may not have awareness of the qualities they possess until someone like an educator recognizes and encourages them. Students may also not be aware of certain passions until they are given the space to explore, and leadership programs can be one opportunity for students to pursue different interests. Activities director Anne Smith says that she makes a priority to incorporate assignments in her class that contribute to a student's self-discovery, "I am passionate about developing the inner leader, so I require a lot of leadership lessons. I always say to my kids you can't be a good leader for others until you are a good leader for yourself. So, we develop the self before we can go and lead others" (personal communication, December 6, 2021).

Leadership allows the students to think about their values, what they are passionate about and how they would approach different situations. Smith goes on to describe two special projects she does in her class.

> Every year, I do a quote project and the students have to find a quote that resonates with them, and they really have to dissect the meaning of it and state how it relates to their lives. It's a project about learning about themselves. So many times, the kids chose quotes that have meanings for them. Then they provide or create a board with that quote and present to the class about it. I also like to do this project where they have to find a leadership inspiration. They need to find a leader in history, it doesn't have to be a famous leader, but they have to pick one, research them and present it to the class. Like why were their leadership skills and abilities important. (personal communication, December 6, 2021)

Discussion

The presence of school leadership programs in PYLUSD align with the district's mission statement, core values and vision. By being a part

of a leadership program, students have the chance to participate in an experience that will, "empower them to become responsible, ethical and contributing citizens." Leadership also promotes students to develop integrity, to practice collaboration with others, to pursue innovative ideas and strive for overall excellence. Leadership programs help to promote a positive learning environment for all students and will help them to gain skills that will be applicable to college or a career. As this research is specifically centered on middle school and high school students, it is important to connect leadership skills with college and career readiness. Some competencies employers value most are oral/written communication skills, teamwork, ethical decision making, critical thinking skills and ability to apply knowledge to real world situations (Peck, 2018). Alumni and activities directors referenced each of these in their responses as skills they learned from a leadership program. Particularly the alumni have gone all to obtain careers or are pursuing higher education and have applied leadership principles to their lives in some way.

Transformative leadership programs give students the opportunity to develop the skills that will help students reach their academic and personal goals (Peck, 2018). Alumnus student Shaun Hicks said:

> I helped out planning a Winter Formal, a Homecoming and I also was given a project to order merchandise for football games. When you plan for these events, you are now a 17- or 18-year-old calling a hotel for an event, reserving banquet rooms, having to reserve a photographer, you're having to figure out what the cost is, and what you're going to serve, just the whole of things. So real life skills you can apply to aspects of your life after school. Like for the merchandise for football games, I had to decide how many pieces I wanted, if we go with this many it's going to cost this much, how much are we going to charge and what is the profit margin going to be. When dealing with Homecoming, I had to call a props company in Fullerton and rent a backdrop. I needed to make sure we had a deposit on it and that we would be able pay for it. I was also responsible for packing it up and getting it back to them in a timely manner. So those types of projects force you to learn how to deal with issues in the real world. (personal communication, January 31, 2022)

In conclusion, student leaders are encouraged to lead themselves before leading others. Thus, students begin to discover who they are and what they care about (Bowman, 2013). Students must understand that being an effective leader means inspiring others to make a positive impact and that they have the power to advocate for issues they feel strongly about. For example, if a leadership class is hosting a supplies drive for a homeless shelter, students need to showcase a passion that will inspire others to contribute. A student does not need to be in a leadership class to be considered a leader, as every student has a voice. Leaders should strive to make change not because of praise, but because they want to make a difference and achieve a greater goal. Students need to trust in their leadership abilities, acquire the ability to empathize with others and have compassion to effectively lead (Bowman, 2013). Ultimately, supporting the development of student leaders PYLUSD is crucial, and I hope this research and the accompanying guide will encourage students to become more involved with school leadership programs.

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An Analysis of Common Psychopathology Diagnoses and Treatments in Primary Care Pediatrics

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Amid a national emergency in children's and adolescents' mental health and with a shortage of child psychiatrists across the United States, general practice pediatricians are being called upon to diagnose and treat psychopathology. However, extant research has emphasized the gap between pediatric mental health care needs and physician training, highlighting the urgent need for intervention. This study aims to contribute to a critical analysis of pediatric mental health prevalence and training provided to primary care providers. A survey was conducted among providers to assess the prevalence of common psychopathologies treated, the comfort levels of providers in managing these disorders, and general demographic information. The results revealed a significant correlation between provider comfort levels in treating, diagnosing, and caring for patients with depression and anxiety and their prior experience with these conditions. The findings indicate that experience in treating patients with depression or anxiety has a considerable impact on provider comfort levels, surpassing the influence of their residency training program alone. Remarkably, Utah has shown a higher prevalence of pediatric mental health cases compared to other states. Given the escalating concerns surrounding mental health, particularly among children and adolescents in Utah, it is crucial to prioritize the education of pediatricians in the appropriate diagnosis and treatment of common psychopathologies such as ADHD, depression, and anxiety. This study sheds light on the pressing need to enhance training programs for primary care providers and equipping them with the necessary skills to address the growing mental health crisis in the pediatric population.

In October 2019, the American Academy of Pediatrics (AAP), along with the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association (CHA), declared a national emergency in children's and adolescent's mental health (American Academy of Pediatrics, 2021). The most common disorders found in children and

adolescents include attention-deficit hyperactivity disorder (ADHD), anxiety, depression, and behavioral problems (Centers for Disease Control and Prevention, 2022). A Morbidity and Mortality Weekly Report (MMWR) from the Centers for Disease Control and Prevention (CDC) highlights the epidemic rates of pediatric mental health disorders even before the COVID-19 pandemic. Data from 2018–2019 suggests that 20.9% of children ages 12–17 reported that they had experienced a major depressive episode in their life, and "among U.S. high school students…18.8% seriously considered attempting suicide, 15.7% made a suicide plan, 8.9% attempted suicide" (Bitsko et al., 2022; Shim et al., 2022). And now, in the years following the COVID-19 outbreak, researchers are concerned that the global prevalence of anxiety and depression (ages ≤ 18 years) has doubled compared to pre-pandemic estimates (Racine et al., 2021).

Dr. Jane Meschan Foy is a great example of how pediatricians can help bear the burden of mental health among the youth. As a board-certified pediatrician who has spent more than 35 years in pediatric primary care and public health, Dr. Foy is an advocate for mental health services in pediatric primary care. Throughout her career, she has encouraged the integration of mental health services with primary care, provided preventative care for mental health, and recognized the growing need for physicians to better treat mental and behavioral health disorders (Foy, 2018; 2019). However, 65% of pediatricians surveyed by the AAP indicated that they lacked training in recognizing and treating mental health problems in their patients (McMillan et al., 2017). Other pediatricians reported that further research demonstrates that 85% of parents would prefer mental health services to be provided in a primary care office. Those same pediatricians agreed with the parents but admitted that their training in mental health issues has been inadequate, highlighting the gap between pediatric mental health care needs and physician training (Nasir et al., 2016).

The purpose of this study is to begin a critical analysis of pediatric mental health prevalence and training provided to primary care providers. The objectives of the study are as follows:

> **Aim 1**: Quantify the prevalence of psychopathological diagnoses in primary care pediatric clinics.

Aim 2: Assess the comfort levels of pediatricians in diagnosing and treating these disorders.

Aim 3: Identify whether comfort in diagnosing and treating common psychopathologies is more closely related to training or experience.

Aim 4: Compare responses of pediatricians between those practicing in Utah versus those practicing in other states.

Methods

Participants

The study included 19 participants (n = 12 males) currently practicing pediatric medicine. 18 of the participants were pediatricians (n = 14 M.D.s, n = 4 D.O.s), and one participant was a pediatric nurse practitioner (N.P.). Most of the subjects currently practice in a clinical setting (n = 18). None exclusively practiced in a hospital; however, some pediatricians practiced in both a hospital and a clinic (n = 5). One participant reported working in a day treatment facility for pediatric mental health.

Participants were recruited using Medical Marketing Service, Inc. (MMS), a company that houses contact information for members of the American Academy of Pediatrics. A single deployment requesting that providers respond to a survey was sent, targeting the entire population of pediatricians in Utah (n = 467) and a random sample of pediatricians from across the United States (n = 2,400). Due to a low response rate (0.279%), additional participants were contacted personally and asked to participate. A flowchart depicting participant recruitment is included (see Figure A1).

Materials

The study utilized a survey that addressed the prevalence of common psychopathologies treated by the provider, the provider's comfort level working with and treating these disorders, and general demographic information about the provider. Participants were asked who they believed was the most qualified professional to diagnose and treat common psychopathologies among the pediatric population. Participants were given the opportunity to provide open-ended responses to the question: "Please

provide any other thoughts or comments concerning the prevalence of mental health in primary care pediatrics and the training provided to pediatricians for treating these disorders in their patients."

Results

The Prevalence of Psychopathology in Utah and in Other States

According to Physicians Foundation (2018), physicians report seeing an average of 20 patients a day. Assuming a five-day work week, most physicians would see about 100 patients per week. Participants in this study were asked to report the number of times per week they diagnosed, treated, or provided care for the following: ADHD, depression, anxiety, and suicidal tendencies. The resultant number reported in the survey represents the overall percentage of certain mental health cases physicians see in their practice. For example, providers saw a mean of 7.39 cases of ADHD per week, which equates to a prevalence of 7.39%. Table A1 shows all means and standard deviations for the prevalence of the psychopathologies asked about in the survey.

Of all participants surveyed, ADHD and anxiety were tied for the most common mental health disorder seen ($M = 7$), followed by depression ($M = 5$) and suicidal tendencies ($M = 0$). Results of a follow-up t-test indicate there is no significant difference between the prevalence of office visits for ADHD, $t(17) = -0.47$, $p > 0.05$; anxiety, $t(17) = -1.20$, $p > 0.05$; or suicidal tendencies, $t(17) = -1.13$, $p > 0.05$ in Utah versus other states.

Due to the small sample size, effect sizes were calculated using Cohen's d. Cohen's d indicates the magnitude of the difference between the prevalence of psychopathology in Utah and the prevalence of psychopathology in other states. Under Cohen's d-effect size method, the data suggest that there is a small effect for ADHD ($d = -0.23$), a medium effect for anxiety ($d = -0.57$) and suicidal tendencies ($d = -0.54$), and a large effect for depression ($d = -1.05$).

The Relation Between Comfort Level, Training, and Experience

The Pearson correlation coefficients were calculated to examine the relation between a physician's comfort in diagnosing or treating common

mental health disorders, experience operationalized as the number of office visits per week devoted to this disorder, and residency training. Analyses were separately run for ADHD, depression, anxiety, and suicidal tendencies. Provider comfort in treating, diagnosing, and caring for patients with depression was positively correlated with experience, $r = 0.54$, $p < 0.05$. Comfort in treating, diagnosing, and caring for patients with anxiety was positively correlated with experience, $r = 0.47$, $p < 0.05$. There were no significant correlations between comfort, experience, and training for ADHD and suicidal tendencies.

Additional correlational analyses revealed a relation between when a provider graduated from their pediatric residency program and how well providers believed their program trained them to care for the common mental health conditions seen in pediatrics. Time since graduation from residency was negatively correlated with the level of training received in caring for patients with depression, $r = -0.70$, $p < 0.001$; the level of training received in caring for patients with anxiety, $r = -0.533$, $p < 0.05$; and the level of training received in caring for patients with suicidal tendencies, $r = -0.629$, $p < 0.01$. There was no significant correlation between time since graduation and how well providers were trained to care for patients with ADHD. Table 2A describes the overall statistics representing this correlational analysis.

Predicting Comfort: A Linear Regression Analysis

A linear regression established that the comfort of pediatricians in treating or diagnosing depression and anxiety from the independent variables of residency training and experience operationalized with the questions, "How well did your pediatric residency program train you on caring for patients with depression [or anxiety]?" and "How many times per week do you treat, diagnose, or otherwise provide care for depression [or anxiety]?" respectively.

Results show that training and experience combined accounted for 41.1% of the variance in the comfort of pediatric residents in treating patients with depression, $F(2, 18) = 5.59$, $p < 0.05$, a medium effect size according to Cohen's research (1988). A model that uses only training as a predictor has a lower R-squared value, $R^2 = 18.1\%$, a small effect

size, according to Cohen. This indicates that a model accounting for both predictors is a better fit. Thus, the equation predicting the comfort of pediatricians treating depression can be represented by the following formula: $y = 2.982 + 0.355(training) + 0.485(experience)$ (see Table A3).

The results concerning anxiety were similar. Training and experience together explain 38.5% of the variance in the comfort of pediatric residents in treating patients with anxiety, $F(2, 18) = 5.02$, $p < 0.05$, a medium effect size according to Cohen. A model that uses only training as a predictor has a lower R-squared value, $R^2 = 19.6\%$, a small effect size, according to Cohen. This indicates that a model accounting for both predictors is a better fit for this condition. An equation predicting the comfort of pediatricians treating anxiety can be represented by the following formula: $y = 2.790 + 0.411(training) + 0.437(experience)$ (see Table A4).

Overall, the regression analyses suggest that treating patients with depression influences provider comfort levels above and beyond their residency training program. Likewise, healthcare professionals who have more experience caring for patients with anxiety tend to be more comfortable in treating anxiety than those with similar training but less experience.

Discussion

Prevalence of Psychopathology in Pediatrics

The CDC has recently stated that ADHD, depression, and anxiety are the most common psychopathologies among the pediatric population. The results of this study corroborate those findings, as 100% of participants responded with one of those three conditions when asked, "What is the most common mental health disorder you see in your practice?"

Additionally, the 7.39% average prevalence of ADHD found in this study is supported by the 9.8% prevalence reported by the CDC. We also estimated a 4.4% prevalence of depression and a 9.4% prevalence of anxiety in children, which is also similar to the CDC data—5.92% and 6.53%, respectively (CDC, 2022). Additional studies show that while the trend of ADHD has been rising over the past decade, especially in Western cultures, the current estimation of children between 4–17 who have ever received an ADHD diagnosis hovers around 8–9% (Bélanger et al., 2018;

Danielson et al., 2018; Polanczyk et al., 2014; Visser et al., 2014). The upward trend could be due to an increase in awareness of the condition and improved access to mental health care, allowing patients or parents the opportunity to discuss ADHD with physicians and psychologists. It is also important to note that the rapidly evolving (mostly broadening) diagnostic criteria, the variation in measurement (i.e., self-report, primary care diagnosis, specialty diagnosis, etc.), and the diversity among patient populations may play a role in the volatility of ADHD prevalence in recent years. Studies examining the rates of depression in pediatrics vary in their results. According to Ghandour et al. (2019), only 3.2% of children aged 3–17 years currently have depression, but others, like Mojtabai et al. (2016), claim that "the 12-month prevalence of [major depressive episodes] increased from 8.7% in 2005 to 11.3% in 2014 in adolescents." Like depression, the prevalence of anxiety disorders varies dramatically from 7.1% of children who currently have anxiety problems (Ghandour et al., 2019) to nearly 32% lifetime prevalence (Merikangas et al., 2010). Due to the comorbidity of anxiety and depression, they are often studied together (Strawn et al., 2021), and depending on how researchers decide to study this psychopathology, the conclusions made regarding the prevalence of these disorders may fluctuate.

Suicidal tendencies can differ in degree, particularly in children and adolescents. Orri et al. (2020) found that the "…lifetime prevalence of passive suicidal ideation…[was] 22.2%." The same study found that the prevalence of serious suicidal ideation was significantly lower (9.8%) and the prevalence of suicide attempts was even lower (6.7%) (Orri et al., 2020). The results of the present data show a low mean prevalence of suicidal tendencies at 1.39%; however, the maximum prevalence reported was 12.5% by a physician who works in a day treatment facility for pediatric mental health. This suggests that pediatric patients who are suffering from extreme, life-threatening cases of mental conditions are seeking more specialized treatment rather than visiting (or expressing concerns of suicide) their primary care physician.

Higher Psychopathology Prevalence in Utah

According to the results of the present study, the prevalence of every psychopathology surveyed (ADHD, depression, anxiety, and suicidal

tendencies) was higher among health professionals practicing in Utah when compared to health professionals practicing outside of Utah. The only statistically significant difference was depression; however, statistical significance can be misleading because it is influenced by the sample size. Due to the small sample, the effect size was calculated to determine the reality of how large the difference between mental health in Utah and mental health in other states is. Looking at those calculations, it can be inferred that the prevalence of psychopathology in youth, specifically depression, anxiety, and suicidal tendencies, tends to be higher in the Beehive State.

These findings illustrate that one's environment and culture have much to do with their mental state. One theory as to why Utah has a higher prevalence of mental health disorders is altitude. The altitude of the mountain states (Montana, Idaho, Wyoming, Colorado, Utah, and New Mexico) impacts the symptomology of mental illness. High-altitude regions have been shown to increase the prevalence of mental health conditions (Basualdo-Meléndez et al., 2022) and are believed to be due to brain changes elicited by low barometric pressure and low oxygen levels. These changes impact neurotransmitter levels, signaling serotonin pathways and cognitive functions (Sharma et al., 2019; Sheth et al., 2018). The pathophysiology of mental health conditions is also exacerbated by the high elevation (Nguyen et al., 2021).

Pediatrician Comfortability in Diagnosing and Treating Psychopathology

The participants surveyed reported being comfortable in treating the psychopathologies asked about; however, the reasoning behind that comfortability became apparent when comparing those results with the majority stating that their residency training was insufficient to adequate at best. The data shows that the more a pediatrician reported seeing a disorder, the more comfortable they were in diagnosing, treating, or providing care for that disorder.

The principle that adults learn better through experiences, participation, and problem-centeredness is not new (Marsick, 1988). Adult learning theory is based on the idea that adults are just as in need of learning as children but

are experienced, motivated, and oriented differently. The concept of adult learning theory is especially important for healthcare professional educators to understand (Mukhalalati & Taylor, 2019). One way to incorporate "adult learning" into medical training is an integration of real-world experience in early medical education (Dornan & Bundy, 2004). Dornan and Bundy (2004) use the term "professional socialization" and conclude that programs without early experience led graduates to become emotionally divorced from clinical practice—a part of medicine that many pre-health professional students look forward to the most.

Implications: Moving Forward in Pediatric Mental Healthcare

Incorporating Experience in Medical Education

By incorporating mental health experiences into pediatric residency programs, pediatricians will not only be better prepared to treat mental health but also will be less likely to become overwhelmed or experience "burnout" from the growing prevalence of mental health related disorders. Medical educators could consider the implementation of shadowing mental health professionals, role-playing scenarios, and requiring interdisciplinary case conferences as some of these "mental health experiences." Residents could be given the opportunity to observe and learn from mental health professionals, such as psychiatrists, psychologists, or social workers. This could provide valuable insights into how to identify and manage mental health issues in pediatric patients. Pediatricians could also participate in simulated scenarios during residency, where they interact with patients and families experiencing mental health issues. This could help them develop communication and empathy skills, as well as better understand the experiences of those they are treating. Additionally, participation in case conferences with mental health professionals and other healthcare providers could foster discussion of complex cases, and physicians of various specialties could work together to develop treatment plans for patients that address both physical and mental health needs.

Collaborative Care Model

When our survey asked, "Who is best equipped to help pediatric patients with their mental health disorders," nearly half of the participants reported child psychiatrists. Interestingly, pediatricians and mental

health counselors were tied as the next most popular choice, which may support the findings by Nasir et al. (2016), who discussed how pediatricians in their study reported that (1) parents would prefer mental health services be provided in a primary care office, and (2), as general practice pediatricians, they were not properly trained in how to treat mental health. One participant from our study stated that a combination of pediatricians, psychiatrists, and psychologists would be the most beneficial for treating patients with mental health disorders.

Collaborative care is a model of healthcare delivery that involves a team of healthcare professionals working together to provide coordinated and integrated care to patients. A collaborative care team typically includes a primary care provider, a mental health provider, and a care manager who coordinates care and serves as a point of contact for patients. This model of healthcare has been implemented in the geriatric population and has been proven to be effective (Rosland et al., 2013; Unützer et al., 2013). It has also shown promise in improving patient outcomes, increasing patient satisfaction, and reducing healthcare costs for individuals with mental health conditions or chronic diseases (Archer et al., 2012; Katon et al., 2010). Heavily focusing on the application of a collaborative care model could allow pediatricians and other healthcare professionals to overcome the obstacles of providing better care to young patients with mental health diagnoses. Table A5 includes comments from participants that support moving into this direction of care.

Some states have attempted to adopt a model similar to collaborative care by allowing clinical psychologists the authority to prescribe medications to patients. Advocates of this shift in care argue that it will increase access to mental health care and reduce the burden on primary care physicians, who may not have the specialized knowledge to prescribe psychiatric medications effectively. Robiner et al. (2020) conclude that psychopharmacology training is comparable between primary care physician, nurse practitioner, and psychologist programs. However, critics have expressed concerns about the safety and efficacy of this approach, as psychologists may not have the same level of training as psychiatrists or other medical professionals who traditionally prescribe medication. The historic maldistribution of psychiatric medication in the

United States also highlights whether a greater number of professionals administering psychopharmacological care is a reasonable solution in the first place (Klepac, 2020).

Continuing Medical Education Courses

Continuing Medical Education or CME courses are educational programs designed to provide healthcare professionals with up-to-date knowledge and skills to maintain and enhance their competence in their respective fields. The general requirements for CME courses vary by state and profession, but they typically involve completing a certain number of hours of accredited education each year or every few years to maintain licensure or certification.

In response to the opioid epidemic that has plagued many states in recent years, several changes have been made to CME requirements. Many states now mandate that healthcare professionals complete a certain number of hours of education related to opioid prescribing and pain management as part of their CME requirements. These courses cover topics such as proper opioid prescribing practices, recognizing and managing opioid addiction, and alternative pain management techniques. By requiring healthcare professionals to receive education on these topics, states intend to curb the overuse and misuse of opioids and promote safer prescribing practices (see *FSMB | Key Issues by State*, 2023).

The state medical boards could follow a similar pattern by requiring pediatricians to take CME courses about how to properly diagnose and treat common mental health conditions like ADHD, depression, and anxiety. Like the opioid epidemic, doing so would control the increased rates of mental health and promote better healthcare for those with mental health conditions. Additional training that would be beneficial for pediatricians could include CME courses that (1) cover the basics of child and adolescent mental health, including common diagnoses, treatment approaches, and referral resources; (2) teach pediatricians how to identify and respond to the effects of trauma on their patients, as well as strategies for preventing and mitigating trauma; and (3) provide pediatricians with the knowledge and skills they need to provide care that is culturally sensitive and appropriate for patients from diverse backgrounds.

Limitations

The current study had several limitations, the first of which was a small sample size. The AAP holds their member's contact information with MMS, a marketing service. Although nearly 3,000 individuals were asked to participate, funding limitations only allowed for a single deployment, which resulted in a low response rate of 11 out of 3,000. Second, following the low number of responses, what was a random sample originally became a non-random sample, as pediatricians and practitioners were recruited by reaching out to specific clinics asking for participation. Even then, the sample size remained relatively small. A third limitation is confounding variables influencing the reported prevalence of each psychopathology, such as the setting where a physician practices. Future studies should increase the sample size by potentially focusing the inquiries on a specific geographical region or setting and should consider recruiting participants by reaching out personally rather than using a marketing service.

Conclusion

With the growing concern over mental health, especially among children and adolescents, pediatricians should receive more training during residency on how to appropriately diagnose and treat common psychopathologies like ADHD, depression, and anxiety. Even though the number of child psychiatrists has increased by 22% between 2007 and 2016, 70% of counties in the United States have no child psychiatrists, and child psychiatrists were also significantly less prevalent in low-income, underserved communities (McBain et al., 2019). As the shortage of specialized pediatric mental healthcare professionals slowly decreases, solutions to the current problem need to be explored. Implementing collaborative care may allow the limited number of child psychiatrists to work with primary care pediatricians, giving more children the opportunity to receive treatment from a mental health professional. Additionally, continuing medical education courses could pose a solution, providing general practice pediatricians the opportunity to learn more about common mental health treatments following residency. A final suggestion would be for pediatric residency programs to improve their training curriculum so that graduates enter the workforce with more preparation. Fortunately, the data suggests that residency programs may be moving in that direction (see Table A2).

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Appendix

Figure A1

Methods Used to Obtain Study Sample

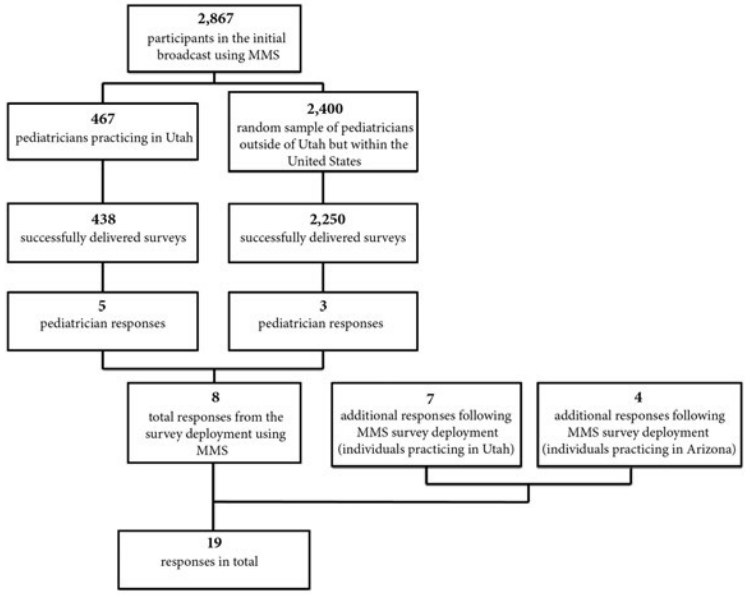

Table A1

Descriptive Statistics for Each Mental Health Diagnosis

	N	Min.	Max.	Mean	Std. Deviation
How many times per week do you treat, diagnose, or otherwise provide care for ADHD?	19	0	18	7.39	4.189
How many times per week do you treat, diagnose, or otherwise provide care for depression?	19	1	24	5.92	5.680
How many times per week do you treat, diagnose, or otherwise provide care for anxiety?	19	1	24	6.53	5.499
How many times per week do you treat, diagnose or otherwise provide care for patients experiencing suicidal tendencies	19	0	13	1.39	2.793

Table A2

Correlation Statistics Between Residency Graduation and Residency Training

		When did you graduate from your pediatric residency program?	How well did your pediatric residency program train you on caring for patients with ADHD?	How well did your pediatric residency program train you on caring for patients with depression?	How well did your pediatric residency program train you on caring for patients with anxiety?	How well did your pediatric residency program train you on caring for patients with suicidal tendencies?
When did you graduate from your pediatric residency program?	Pearson Correlation	1	-.366	-.695**	-.533*	-.629**
	Sig.[a]		.123	< .001	.019	.004
	N	19	19	19	19	19
How well did your pediatric residency program train you on caring for patients with ADHD?	Pearson Correlation	-.366	1	.704**	.717**	.439
	Sig.[a]	.123		< .001	<.001	.060
	N	19	19	19	19	19
How well did your pediatric residency program train you on caring for patients with depression?	Pearson Correlation	-.695	.704**	1	.901**	.823**
	Sig.[a]	< .001	< .001		< .001	< .001
	N	19	19	19	19	19
How well did your pediatric residency program train you on caring for patients with anxiety?	Pearson Correlation	-.533	.717**	.901**	1	.729**
	Sig.[a]	.019	< .001	< .001		< .001
	N	19	19	19	19	19
How well did your pediatric residency program train you on caring for patients with suicidal tendencies?	Pearson Correlation	-.629	.439	,823**	.729**	1
	Sig.[a]	.004	.060	< .001	< .001	
	N	19	19	19	19	19

*Correlation is significant at the 0.05 level. **Correlation is significant at the 0.01 level. [a]*Two-tailed*

Table A3
Correlation Coefficients for Training and Experience Regarding Depression

		Unstandardized Coefficients		Standard Coefficien		
Model		B	Std. Error	b	t	Sig.
1	(Constant)	3.213	.623		5.159	< .001
	How well did your pediatric residency program train you on caring for patients with depression?	.430	.222	.425	1.935	.070
2	(Constant)	2.982	.552		5.404	< .001
	How well did your pediatric residency program train you on caring for patients with depression?	.360	.196	.355	1.833	.085
	How many times per week do you treat, diagnose, or otherwise provide care for depression?	.071	.028	.485	2.505	.023

Table A4
Correlation Coefficients for Training and Experience Regarding Anxiety

		Unstandardized Coefficients		Standard Coefficien		
Model		B	Std. Error	b	t	Sig.
1	(Constant)	3.168	.595		5.325	< .001
	How well did your pediatric residency program train you on caring for patients with anxiety?	.419	.206	.442	2.033	.058
2	(Constant)	2.790	.562		4.963	< .001
	How well did your pediatric residency program train you on caring for patients with anxiety?	.390	.186	.411	2.091	.053
	How many times per week do you treat, diagnose, or otherwise provide care for anxiety?	.070	.032	.437	2.222	.041

Table A5
Comments from Participants Pediagric Mental Health Prevalence and Training

Question: Please provide any other thoughts or comments concerning the prevalence of mental health in primary care pediatrics and the training provided to pediatricians for treating these disorders in their patients
The prevalence of mental health is rising in pediatric population, especially after the COVID pandemic. Pediatric residency programs need to change and accommodate to the need of mental health treatment for pediatric patients. As primary care providers, we have to learn different levels of care for mental health (ex: residential treatment, in-patient, day treatment, intensive outpatient programs, and general outpatient therapy). There are not enough pediatric psychiatrists to manage the continual increase of mental health conditions these children and adolescents are struggling with.
There is a clear need for more training and resources.
Pediatricians are best equipped to manage straightforward anxiety, depression and ADHD, but not to manage these conditions if treatment is not working (i.e., the patient has more complicated mental health issues or patient does not tolerate medications). We need more psychiatrists!
In my opinion, the biggest issue is availability of child psychiatrists and psychologists to see the complex cases and the availability of mental health counselors for ongoing treatment. I work for a Federally Qualified Health Center in California and am unable to get my patients in to see child psychiatry unless they are actively suicidal or self-harming.
Unless specific electives are taken in residency, most training comes self-taught after residency if working in an outpatient clinic.
I am concerned about the increase in the incidence of mental health disorders and about how equipped parents and providers are to deal with it. Just as much energy needs to be focused on identifying and preventing causes as there is on treatment.
An important distinction exists between more straightforward mental health issues and more complex ones. For straightforward mental health problems – pediatrician is great. For more complex – psychiatrist.

Most of what I feel comfortable in treating all came slowly from experience. Over the course of years, I slowly became more and more comfortable treating mental health issues. Most of the experience came because there wasn't anyone available to see my patients and I was almost "forced" to learn and become more comfortable with it. I see and treat more now then 10 years ago. I also can see that a new provider in my office doesn't feel comfortable with it and almost never treat mental illness at this point.
It's a challenge, because we are a front line – but people also expect us to be the ones to diagnose and treat all of this. It's really best worked through someone that specializes in it.
Pediatricians, especially those trained >10 years ago need additional training. AAP provides for training through their PREP Program and the Reach Institute Mini Residency has provided for training for practitioners.
Mental health disorders are becoming much more common. As a result, I have become very familiar with the treatment for depression, anxiety and ADHD. As long as the patient is relatively straight forward, I feel very comfortable. However, as we have more and more mental health patients the chance of encountering one that is complicated becomes greater and for that a child psychiatrist is very helpful. Child psychiatrists are few and hard to find, however.
I've had to learn "on the job" over my 15 years of practice, not enough accessibility to pediatric mental health care professionals and not financially attainable for many of my families.
Pediatricians are expected to treat and manage all mental health disorders but are given extremely minimal training or resources to do so. I'm not sure what the solution would be, but in my opinion, it is contributing to burnout. We are expected to do more than we are capable of and don't have the time or knowledge or training to freely treat these patients on our own. Very few adult-trained mental health physicians will see pediatric patients, and many centers only focus on the pharmacological aspects of care. We should be able to have free resources for both medicine and counseling as this helps more than either treatment modality on their own.

Banned Band

Grace Emery Fadely
Utah Valley University
Altered Books

This piece is a commentary on leadership banning books from schools. In the past, rock music has been labeled "demonic," or "Devilish" and was said to cause bad behavior. While this has been refuted, rock music still stands as a symbol of going against the grain. In this piece, I used the silhouettes of a rock band, burned into banned books to question the validity and productivity of such banning, and to encourage those in leadership to stand up for students' right to free speech. Like rock music, these books have been banned from schools for very similar, groundless, reasons.

Banned Band

Grace Emery Fadely
Utah Valley University

Altered Books

And

Rachel Walton
Utah Valley University
Wire, Abaca pulp

As humans, it is often our instinct to default to an "or" mentality—hot or cold, happy or sad—but the reality is our experiences are typically a combination of elements; an "and" scenario. In the exploration of leadership, navigating complexities and contradictions with an open mind allows us to transcend the limitations of these binary thoughts.

Wolf in Shepherd's Clothing: Psychology of Dark Leadership & Personality

Corin Marsh
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Dark leadership refers to a type of people management in which the manager behaves with antisocial and selfish motivation. The personality of an individual impacts their leadership style, and the degree of dark leadership in their tenure. While the born leader narrative is not entirely incorrect, leadership qualities can be intentionally developed prior to assuming an authoritative position. Leaders in general operate under different societal rules than average individuals, leading to unique effects in social functioning. This article evaluates the psychology of a dark leader and misconceptions about their nature in leadership.

What personality type does a leader have? Leaders are defined by social expectations; an exemplary manager is prosocial, confident, and holds together a healthy team. The worst trait a leader could possess is selfishness which is a defining characteristic of dark leadership. Dark leadership is a unique style of management that stems from three specific personality types; Machiavellians, narcissism, and psychopathy (now called antisocial personality disorder). Despite the colloquial stereotype of the perfect leader, there are many distinct management styles, including the psychologically unique style of dark leadership. Dark leadership is a label applied to individuals who possess the dark triad of personality traits. These three traits define the type of personality that becomes a dark leader (Paulhus & Williams, 2002). Psychologists use the theory of the dark triad with its counterpart, the light triad, as a general model for understanding an individual's personality. The collective traits of the dark triad correlate with anti-social conduct, which is the opposite

of what we look for when selecting leaders. Yet research indicates dark leaders can be as successful as their peers (Fasia, 2018).

Dark leadership is a unique management style that serves as a window into the dynamics behind our webs of social connection. Having charge can be a coveted position, but those with this type of power also take on unique personal struggles. This review aims to synthesize current research on the idea of dark leadership. To do so, this article will analyze the making of a dark leader, their personality traits, and the separation of person from leadership position.

Dark Leadership

Dark leadership as a concept appeared as early as 2002 in the publications of scientists (Mellahi et al., 2002). This idea refers to a management style in which an individual has unmoral, evil, and selfish motivations. It should be considered, however, that the term dark leadership does not necessarily indicate unsuccessful management, rather it "describes the dark part of the coin, a selfish and impulsive leader, which may nonetheless be as effective or successful as bright and prosocially oriented leaders" (Furtner et al., 2017, p. 75). All leaders possess some darkness, but dark leaders are characterized by it.

The word darkness connotates evil and danger, but dark leaders are not inherently malicious or dangerous. In fact, a dark leader can be an invaluable asset to a team. Dark leaders possess higher levels of two critical characteristics: self-confidence and dominance, both of which are invaluable skills for managing people (Furtner et al., 2017). These factors enable dark leaders to drive progress and inspire confidence in their followers. Research has shown that dark leaders also show impressive crisis management and decision-making skills, making them especially valuable in crisis scenarios (Mishra et al., 2023). From an objective standpoint, dark leadership traits are a powerful asset.

On the other hand, this type of leader displays antisocial behavior—demonstrating a lack of empathy, sharing, cooperation, and kindness. Prosocial behavior is a foundational skill in cultivating a healthy social group, because it creates strong teams and promotes relationships between individuals, which explains why a prosocial personality is prized

when choosing a leader. Anti-social behavior has a negative impact on team members; projects with managers who possess dark leadership characteristics overall show more knowledge-hiding and higher rates of project failure (Furtner et al., 2017). This pattern of failure hints at instable team dynamics, namely a lack of both social harmony and psychological safety. Despite this, research shows that to some degree, dark leaders can function effectively even without utilizing prosocial behavior (Fascia, 2018). Perhaps viewing individuals as resources rather than sympathetic individuals increases management efficiency.

Individuals who are charismatic can fall anywhere on the dark to light personality spectrum. Having a charismatic social presence is a trait common in dark triad personalities, (especially in individuals with antisocial personality disorder), indicating that an antisocial personality type does not equate to being unlikable or unfriendly. Remarkably, extroversion is a prominent feature of narcissistic personality disorder—another one of the personality disorders of the dark triad. This lends credence to the theory that extroversion and introversion appear both independent of dark triad qualities.

The Dark Triad

In 2002, researcher team Paulhus and Williams posited three traits; Machiavellianism, antisocial, and narcissism, to have overlapping but distinct impacts on personality. In modern times, the three traits have been revised to borderline personality, antisocial personality, and vulnerable narcissism. This so-named dark triad characterizes the personality type true of dark leaders.

Narcissism, antisocial, and borderline personality are all disorders that significantly affect an individual's social functioning. Decreased empathy is an important facet of the dark triad as empathy is a large component of prosocial functioning. Individuals with dark triad personalities may have a sense of superiority along with entitlement and self-serving qualities. All these behaviors are generally considered undesirable; however, they can lead to great success, especially in cultures that prize individual achievement (individualism) over the success of the group (collectivism). Concerning leadership, the dark triad has a profound impact on the outcomes of both the leader themselves and their followers.

The other half of the coin is the light triad, consisting of the characteristics of empathy, compassion, and altruism (Johnson, 2018). The light triad is considered the desirable traits for their prosocial value. In our modern society, possessing empathy, compassion, and altruism aligns with having strong moral character. Everyone will rank somewhere on a continuum between the dark triad and the light triad.

Making a Leader

Our personalities develop over a lifespan, but leadership characteristics emerge years before taking on the official title. Research by Asselmann et al. (2022), found that individuals who would eventually assume leadership roles demonstrated higher levels of emotional stability, openness, conscientiousness, extroversion, and a willingness to take risks. A direction of causation has not yet been established. In other words, it is unclear whether a leadership role incentivizes development of these traits or if previous development has increased leadership opportunities.

We often assume that our leaders possess innate talents for managing people that are not found in the average person. This cognitive bias assumes that people who were not born with a leader-type personality cannot be as successful as natural-born leaders. However, Asselmann et al. opens the possibility that qualities of a strong leader can be developed through a combination of effort and mindset. This implies that the choice to adopt a leadership mindset can match innate talent.

Charisma is a critical trait in leader selection. In fact, the American Psychological Association (2023) defines charisma as, "the special quality of personality that enables an individual to attract and gain the confidence of large numbers of people. [Charisma] is exemplified in outstanding political, social, and religious leaders." Pack leaders in our social hierarchies receive better resources, decision making authority, social capital, and other privileges. This power is especially attractive to those with dark personality traits, who are inherently self-serving and typically develop charisma for the purpose of manipulating others. Benito Mussolini, Joseph Stalin, and Adolf Hitler—some of history's most significant dark leaders—were known to be extremely charismatic.

Misconceptions of Antisocial Personality Disorder

We may wonder, if a dark leader is defined by having dark personality traits, does that indicate they are malicious or even antisocial? Interestingly enough, about 4%–12% of CEOs possess antisocial traits (McCullough, 2019). This number is frightening to many people, but this doesn't necessarily mean that these leaders aren't good at what they do. Instinctive biases stem from common misconceptions of mental disorders, such is the case with the term psychopathy. Antisocial personality disorder is a condition characterized by significant differences in social functioning compared to an average person. This trait does not make an individual with this personality disorder inherently dangerous. Individuals who possess the dark triad make dark leaders, but all leaders have some amount of the dark triad in their management styles, which isn't necessarily a bad thing. Hearing this statistic makes us wary of people in high-powered management positions. How can we trust individuals who are both attracted to power and primed to abuse it?

It should be considered that personality disorders do not inherently make an individual competition; individuals with personality disorders are not inherently dangerous. The portrayal of people who have psychosis as aggressive or unsafe is an untrue stereotype. In fact, individuals with psychosis are more likely to be victims of violent crimes rather than perpetrators (De Vries et al., 2019). Antisocial behavior may be self-serving, but individuals with personality disorders can be proactive members of society, the same as any other civilian.

People or Positions

Does having the title of leader change the person underneath? Assumption of social roles can significantly alter an individual's natural behavior patterns. A famous example of this is the social study found in the Stanford Prison Experiment, in which participants were assigned roles as either guards or prisoners (Haney et al., 1973). Subjects of this study adopted their assigned roles quickly and dramatically with the extreme behaviors of subjects, resulting in a premature ending of the study on day six of its two-week duration. This study is commonly used to demonstrate how manufacturing an environment and social roles can have a significant

impact on human behavior, to the point that people act in ways they never would under normal circumstances.

The person and the social role have an interdependent relationship. The personality of someone stepping into a leadership role will influence their long-term outcomes as a unique type of leader. Inversely, taking on the role of leader impacts personality and social behavior. Leaders are required to adjust their social behaviors and hold themselves apart from their followers, all while they hold accountability for the success or failure of the group. This pressure causes unique mental and emotional challenges.

Leaders have a fundamentally different social role than every other individual in their group. Interpersonal relationships between leaders and group members are greatly influenced by the power dynamics of their social hierarchy. Being assigned a leadership role, no matter how small or short-lived, affects our mindset when approaching tasks and interacting with team members. The phrase "the power went to his head," is often applied when a small amount of authority leads someone to become significantly more controlling and critical.

At the end of the day, it can be difficult to separate titles like "manager" from the person beneath them. Some managers enforce a mindset that they are there to conduct others, not to be friends with them, which further sets them apart from the social group. Similar to seeing a teacher outside of an academic setting, we often have difficulty separating our experiences with leaders as our superiors from our understanding of our leaders as sympathetic individuals who lead lives similar to our own. Dispelling the natural-born leader narrative can help us see leaders in ourselves and see ourselves in our leaders.

Conclusion

Leaders are ultimately what we make of them, factors like personality, social expectations, and power contribute to this role. Some individuals believe others are born with inherently more leadership characteristics, but research indicates that leadership is a learnable skill not a genetic destiny (Asselman et al., 2022). Dark leadership is a unique type of people management, in part because it is a leadership style that holds few exemplary

leadership traits and many antisocial tendencies. Self-serving tendencies are principal aspects of a dark leader's tenure. However, these qualities do not make managers with dark leadership styles ineffective, in fact they can be a great asset.

The antisocial tendencies of the dark triad (vulnerable narcissism, antisocial, and borderline personality disorder) lay opposed to those found in the light triad, (empathy, compassion, and altruism) (Paulhus & Williams, 2002; Johnson, 2018). Leaders often have a combination of both triads. It is important to self-examine how our fears of unpredictable individuals affect the way we treat others. Those who do not play for the team stand out as nails to be hammered down, but dark trait individuals can be as efficient and functional as any average person, because they are often extroverted and personable in reality. Dark leadership is not something to fear; it is a unique aspect of leadership as a dynamic social role.

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The Role of Leadership in Implementing Artificial Intelligence in Healthcare

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With the rise of Artificial intelligence (AI) in healthcare, there is still a need for healthcare leadership to determine best practices in patient care. Physicians have determined the need to address upcoming technologies and test them before they are implemented in healthcare facilities. For the past five decades, AI research has led to the development of innovative medicine to treat patients. Then, they went further to diagnose probable medical conditions. Despite the machine and deep learning capabilities, AI uses repetitive and experiential knowledge to aid diagnosis. This paper reviews a historical overview of AI with explanations of machine and deep learning capabilities, ethical considerations, and impacts for the future. These topics discuss what is currently known about AI, its impacts and implications on healthcare today, and the future opportunities in healthcare as they come.

Artificial intelligence (AI) is a technology that has been researched over the past 50 years with the belief that machines can think independently. At first, the development was focused primarily on the research and learning of AI's possible impact in the medical field. Once the technology became available, inventions to magnify the details of human anatomy were developed, such as echocardiography (ultrasound of the heart), Computed Tomography (CT), and Magnetic Resonance Imaging (MRI).

These technological inventions are used today to help diagnose patients, develop treatment plans, and follow up with doctors to ensure symptoms are managed for the patient's quality of life. However, with the rise of AI in healthcare, there are ethical practices that may rise to prevent healthcare providers from giving *quality* care and demands for an element of leadership to determine the best practices for their patients. This paper

will introduce some history of artificial intelligence in healthcare, current AI in healthcare, and its impacts on the future. Overall, the end goal among healthcare leadership is to improve patient quality of life and allow patients to live with their families longer.

History of Artificial Intelligence

Artificial intelligence (AI) began in the 1950s when mathematician, Alan Turing wondered if machines could think and learn as humans do. (Scerri & Grech, 2002; Quest et al., 2021; Loh, 2018). In 1956, the term *artificial intelligence* was officially created, acknowledging that machines have the ability to learn. During the 1970s, researchers began to focus on medical development with the use of machines and technology (Quest et al., 2021). What we now call Artificial intelligence, was initially referred to as Machine Learning (ML) and Deep Learning (DL) for the innovative knowledge that would produce two branches of AI used in healthcare today: *physical* and *virtual*. (Zarzeczny et al., 2021; Vasile & Iriart, 2023).

Deep Learning

Machine learning has been discussed for decades, while ***deep learning* (DL)** is a newer AI concept developed by Geoffrey Hinton in 2012 (Quest et al., 2021). DL discusses complex readings in depth and reports using both physical and virtual branches of AI. The *physical* branch includes physical tools, such as robots and devices, used to aid physicians in patient care delivery. *Virtual* refers to the deep learning in software systems that use algorithms based on repetition and experience (Quest et al., 2021).

To provide an example of deep learning in software analyzing echocardiography, this technology aids healthcare leaders in addressing difficult pediatric conditions due to developmental impact (Vasile & Iriart, 2023). Deep learning is a newer development that can make images complex to decipher. However, some methods can adjust the pixel count to make the image legible and determine a diagnosis in echocardiography.

Machine Learning

According to Siddique and Chow (2020), "***Machine learning*** (ML) is the idea of computer learning to perform a task from studying a set of training examples" (p. 657). ML allows technologies to create algorithms to learn patterns from data and improve performance (Vasile & Iriart, 2023). This

will help physicians develop more accurate diagnoses and identify what treatments to use on patients needing either chemotherapy or radiation oncology therapy.

ML includes physical elements in medical technology which enable healthcare professionals to care for patients and help them achieve a higher quality of life. An example of this includes a robotic system called the Da Vinci surgical system. This system has a magnification screen and scope tools to assist surgeons in performing minimally invasive surgeries properly, revolutionizing the medical field in a new direction for patient care (Scerri & Grech, 2020). A surgical specialist still needs to perform the surgery, but the technology provides a clearer picture and more precision throughout the procedure.

Ethical Considerations for AI Use in Healthcare

The goal of utilizing AI is to support physicians so they can spend more time with their patients. The literature has shared concerns that with the rise of AI, advancements within this new technology may eventually replace medical professionals entirely. Even with these uncertainties of the future, there is still a need for human influence regarding technology. AI removes biases and promotes fairness and inclusivity when diagnosing and treating patients (Ennis-O'Connor & O'Connor, 2024) and is intended to be a supportive system for physicians to apply human interaction with providers. Because of this new topic of discussion, medical educational institutions have established engineering classes that bring awareness to the challenges of AI in medicine.

Another crucial element of ML is that Generative AI (genAI) requires data sharing for it to function (Wachter & Brynjolfsson, 2023). Dr. Wachter and Brynjolfsson (2023) mention that "Healthcare is highly regulated, with vexing and often contentious (and litigious) debates related to data ownership. Moreover, powerful privacy regulations markedly restrict the data sharing that is essential in genAI" (p. 66). To counter this, the Health Insurance Portability and Accountability Act (HIPAA) was created to protect patient rights from being shared with the public. In order for genAI to be a useful tool, protocols that extend outside of a hospital setting need to be created for these complex systems.

As AI technology evolves, ethical decision-making is essential. Medical leaders must review new technologies before implementing them in a healthcare system. Loh (2018) mentions that "medical leaders will also need to constantly scan the horizon for future developments in the field of AI, and consider future risks and opportunities, in order to plan accordingly" (p. 62). Just like considering a new medication in a treatment regimen, medical leaders can communicate how the AI system will support medical staff in their roles in patient care. Wachter and Brynjolfsson (2023) expect

> GenAI will notch its early wins in health care delivery systems not so much by handling patient-facing tasks (such as making diagnoses and recommending treatments) but rather in addressing areas of waste and administrative friction, whether in creating a physician note, scheduling a patient appointment, or sending a bill or a prior authorization request to an insurance company. (p. 68)

Medical leaders are the "change agents and lead the change as AI transforms the healthcare system" (Loh, 2018, p. 62). Since clinicians and other providers are more aware of the needs of their healthcare organizations, they are the experts who collaborate with AI in patient care. The critical perspective for everyone to be aware of is that medical leaders are still doctors, and their duty is to their patients (Loh, 2018). The machine learning capabilities of technology will encourage doctors to ensure that correct decisions are made regarding their treatments (Loh, 2018). The machine learning capabilities of technology will encourage doctors to ensure that correct decisions are made regarding their treatments.

Impacts for the Future

Research has identified that AI education and knowledge are critical for students' status. According to Ahuja (2019), "Experts predict AI to have a significant impact in diverse areas of health care such as chronic diseases management and clinical decision making" (p. 2). Dr. Quest et al. mention that adopting AI will require training new and experienced physicians to ensure that AI is applied in healthcare (Quest et al., 2021). This will propel leadership decision-making and impact the medical field from diagnosing-to treating and more. Lewis et al. (2019) note that "it is imperative that AI knowledge is integrated into the medical…practice

curriculum" (p. 294). The use of AI within healthcare is not to decrease human involvement in diagnosing and strategy; it allows medical leaders to determine priority areas of improvement, such as patient care, financing, and administrative tasks (Quest et al., 2021).

Planning to implement AI within healthcare systems includes understanding the risks and challenges that may come throughout the entire process (Ennis-O'Connor & O'Connor, 2024). Implementation includes several considerations and key domains to collaborate and maintain stakeholder engagement. Some categories to consider are education and training, ensuring regulatory compliance, and gaining the trust of healthcare providers within the organization. Dr. O'Connor and Ennis-O'Connor mentioned, "The ability to make ethical decisions in an AI-driven healthcare era is a fundamental leadership competency" (p. 5). It is essential for healthcare leaders to navigate through the complexity of adopting AI algorithms in offices and other organizations. One of the implementation factors is to ensure that AI adopts patient-centric ideals and aids healthcare teams in making the best decision possible for their patients.

The range of tools that may be released will impact how healthcare operates. Similar to Lewis et al., Briganti and Moine (2020) express, "Medical schools are preparing their future medical leaders to the challenge of augmented medicine" (p. 4). AI tools are essential to developing innovative methods to enable early diagnosis of illnesses and reduce medical complications.

Conclusion

Despite some doubts about AI technology, healthcare leaders have an enormous opportunity to be involved in research for AI use in healthcare fields. The technology is not a standardized ideal; the purpose is to accommodate organizational needs and improve workflow. AI algorithm technology enables machines to learn through repetitive data and understand early diagnosis in patient care and quality of life. Medical schools are preparing the next generation of doctors for innovative technology by collaborating with experienced clinicians. As a result, AI information systems will become a tool in patient care settings. In order to prevent ethical errors and privacy violations, it is the medical

professional's responsibility to educate, train, and test the technology before it is considered for implementation. Healthcare leaders must understand the risks and challenges that may arise throughout the process before considering AI as the method of choice for their practice.

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Thailand

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This piece was made as a gift for a leader in my life. This leader spent a significant amount of time in Thailand performing humanitarian work and religious service; paying her own way to serve the Thai people. Her example of leadership prompts me to proactively work towards goals that are close to my heart and serve the people that are even closer.

Book Review

Marjorie Hass. *A Leadership Guide for Women in Higher Education.* Johns Hopkins University Press, 2021. 168 pp. $29 Paperback or E-book

In *A Leadership Guide for Women in Higher Education*, Marjorie Hass, a former President of both Rhodes College and Austin College, draws upon her experiences to guide both women transitioning to leadership roles and women considering whether leadership in higher education is right for them. Hass has played a mentorship role to many women and draws on these experiences to address commonly asked questions from women seeking to prepare themselves for a leadership role in higher education. This book is also a valuable resource for those who want to learn more about how leadership roles can impact their professional and personal life. Readers looking for practical and actionable advice on stepping into the role of a leader in higher education will not only enjoy this book but benefit from the insight Marjorie has gained from her ascent to the highest levels of higher education leadership.

From the start of her book, Hass acknowledges her privileges as a "straight, cis, white woman" (p. 2) as she writes from her lived experiences. Hass' book excels at addressing the challenges that come to women who share the same background. Although she possesses majoritarian identities, Hass encounters many challenges associated with being the 'first' in her institutions; she was the first Provost at Muhlenberg College and the first female President at both Austin and Rhodes College. Hass provides wonderful insights and practical suggestions to those who similarly might be 'first' in whatever role they may take on. Each of the seven chapters in her book address a concern that women often face in their transition to leadership. These concerns include changes in identity, power and conflict, finding joy in the work, developing necessary skills, crafting a vision, and the process of applying for higher education positions.

While Hass' experiences allow her to share a valuable perspective, there are limits to this perspective. Although she sought feedback from a

community of women in hopes of making the book "useful to a wider range of women," (p. 2), it is unclear how this feedback factored into the book. While Hass acknowledges problems that women outside the majority may encounter, she rarely offers solutions to those problems. This may be due to the fact that the only identity she possesses and points out as being less privileged is that she is Jewish. In leaning on her experiences and heritage as a Jewish woman, she often writes using concepts, stories, and analogies that while accessible to some, may not be fully understood by those unfamiliar with the religious history and beliefs of the Jewish faith. These include references to biblical stories, the role of a prophet, and the "spiritual aspects of leadership" (p. 67). These references unintentionally may make it harder for the reader to fully understand some of her points.

While Hass occasionally struggles to make her point reach a broader audience, she recommends many resources outside of her book that allow readers the opportunity to take a deeper dive into some of the concepts she addresses. These resources include books and websites that cover a range of topics from learning how to work with an institution's governing board to finding happiness at work. In many ways, Hass is successful at offering her audience the resources they need to make an informed decision. Throughout the book, Hass poses questions to her readers that allow them to consider whether they are willing and able to take on the challenges and changes that come with advancement. Hass pinpoints the values many women share and how leadership changes the way they interact with what and who is important to them. Women who are considering a leadership role in higher education, at any stage in their career, will benefit from this read, and the earlier they read it, the better.

Hass' writing is conversational and easy to read. Throughout the book, Hass offers insights on leadership gleaned from personal experience, the experiences from the women she mentors, news articles, research articles, and books new and old. While these insights are primarily intended for women, she hopes that men can benefit from the book as well. While this book references many leadership principles, most of the examples and suggestions in the book are specific to higher education, suggesting that readers looking to accelerate a career outside of higher education may

want to look for a different book. Hass also acknowledges that much of her experience comes from the perspective of working at smaller liberal arts colleges which may not always translate to other types of institutions.

All in all, *A Leadership Guide for Women in Higher Education* is a must-read for those considering a leadership role in higher education. Hass invites her readers to consider their strengths and weaknesses as well as what skills they need to develop into effective leaders. She gives a realistic view of the challenges women may face while giving them necessary tools to successfully navigate those challenges. Hass draws deeply from her own experiences while addressing concerns other women may experience as well. The details of her journey will cause readers to contemplate their own circumstances and how they will need to navigate their anticipated challenges. Reading this book may highlight aspects of leadership that readers have not considered. I would strongly recommend this book to anyone thinking about pursuing advanced leadership opportunities within higher education.

Utah Valley University Kelly Prue

Freed Femininity

Anna Lesā
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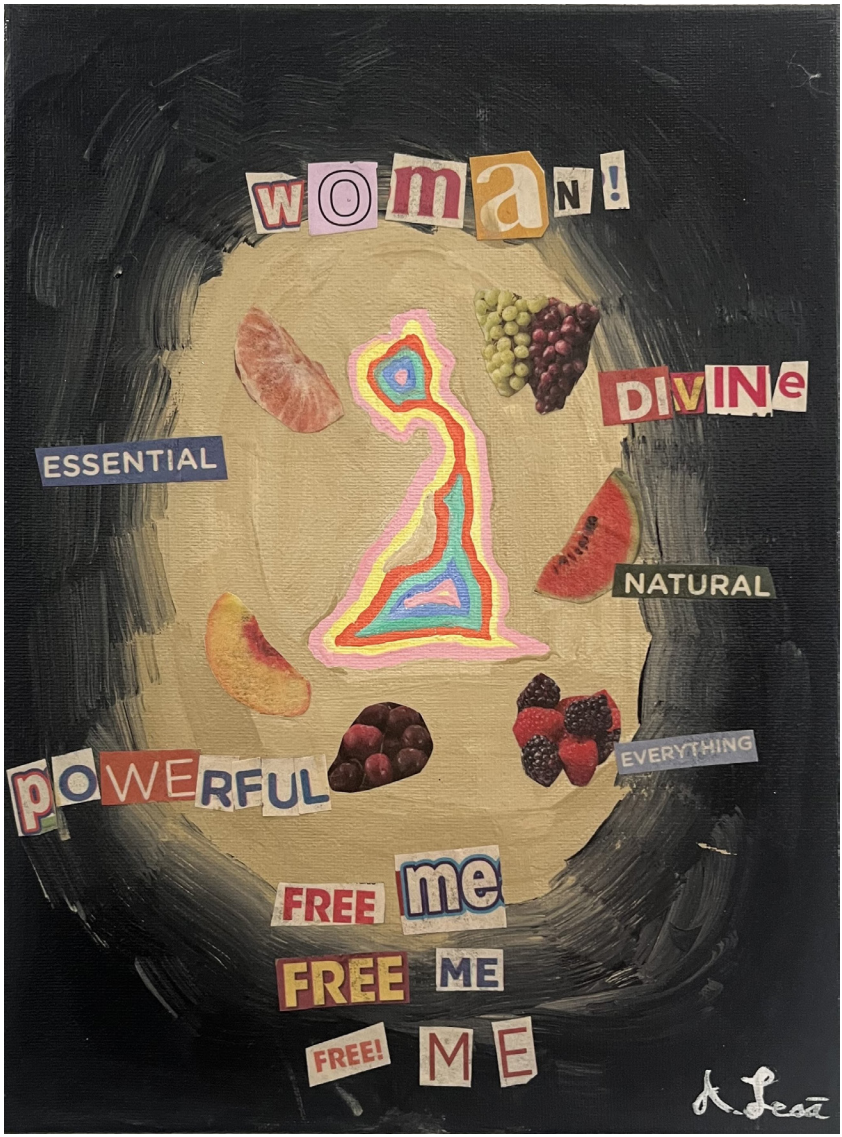
Arylic paint on canvas

My painting focuses on women and some qualities I believe to be innate to all women. This painting depicts a woman in the center full of color, exuding all the listed qualities. The woman is surrounded by darkness which is symbolic of external forces that prevent her from fully expressing these qualities. Examples of this can be seen in different forms of sexual discrimination such as: sexism in the workplace, sexual violence towards women, and legislation over women's bodies. The words used in my painting acknowledge positive feminine attributes that are very useful in leadership. The fruits surrounding the woman symbolize growth which connects to the right of free development of personality. Below the woman it says "free me," symbolizing a request to be free from systemic and interpersonal challenges in society that can feel confining. This painting acknowledges the struggle in advocating for change in feminism and shows that exercising leadership is vital in that movement towards complete "freedom" and equality of the sexes.



Freed Femininity
Anna Lesā
Utah Valley University
Acrylic paint on canvas

Land and Ocean in New Zealand

Yen-Chen Liao
Utah Valley University
Alabaster stone sculpture

This stone sculpture, inspired by the Māori fish hook, encapsulates the essence of leadership as a navigational art. Leadership, like a skilled navigator wielding the fish hook, requires a profound understanding of the environment, a keen sense of direction, and the ability to adapt to changing tides. This sculpture serves as a timeless reminder that true leadership is not just about authority but about guiding others with wisdom, resilience, and a profound connection to one's cultural roots.

To Lead

Jenna Berndt
Utah Valley University

What do I need to lead?
You must be a guide who
stands by their people's side.
But what if I'm scared?
Then do it scared.
Dare to be courageous!
To lead, is to hear.
How?
Start with empathy.
If that doesn't work?
Then, there is a need for a kind of camaraderie.
To lead, is to grow.
Through the highs and through the lows.
To lead, is to be accountable.
Trust me, self-awareness is a quality that is commendable.
To lead, is to have integrity—
a necessity to reach prosperity.
To lead, is to *overcome*.
To lead, is to know and understand
where those around you come from.
To lead, is to be
not *I,* but *we*.
That is how you will succeed.

To Nurture Growth

Mary Jones
Utah Valley University
Graphite on Paper

True leadership can be defined in many ways, but it always revolves around empowering others to be their best and by being a positive role model. In this drawing, the focus is on the beginning stages of leaders nurturing growth. The importance of the beginning stages of nurturing growth is as important as keeping motivation alive and building a team up. To be a true leader is to nurture thoughts, assist in healthy collaboration, and ultimately to lead others to a better future.

On Embroidery

Alyssa Cronin-Jamison
Utah Valley University

Embroidery requires needles.
Sharp points tying and knotting up strings that are then hidden within a beautiful thing.
I think this must be why embroidery has always been seen as a woman's craft.

Chilean *arpilleras* to Palestinian *tatreez.*
Britta Marakatt-Labba to Dindga McCannon.
The Bayeux Tapestry to Judy Chicago's Dinner Party.

Passed down through the generations.
All the mothers, daughters, and ancestors in between.

Women–
Encouraged to show outward beauty and order,
When we are not so perfect within.
Our strings are tangled.
We've suffered pain and jabs that go unseen between our folds.

In our bodies.
In our minds.
In our souls.

We tear.
We snap threads.
We fall apart.

We mend back up again.

Our complicated, carefully arranged layers of
cross-stitches, patterns, knots, and textures we forge
are strong *and* beautiful.
We would not be ourselves without the chaos within.

And I find that remarkably human.

Lead to Inspire

Sophia Andersen
Utah Valley University
Digital art

Inspired by Studio Ghibli, this artwork demonstrates a self-portrait where I am teaching children about the importance of family, love, and kindness through a potential scene in a picture book. Beyond this piece, I plan to continue to inspire others through artistic expression in picture books, illustrations, and animation.

Bay View Trail

Jenafer Bauerle
Utah Valley University

Oil Pastel

With a Hand on the Wind

Gage Nelson
Utah Valley University

I'm not sure how the rain falls on my back. I've never understood how flowers grow and grow and grow from every crack—but I care how it got there. I care about the specific way the water buffalo grazes the sky, and how the black-billed magpie cleans their beak. I've somehow fallen in love with how a mother watches her child sleep, how the moon in the sky makes a poet weep. I've grown to know each strand of the mole's hair. I've noticed how my peers climb into their desks. I've noticed how a dog actually smiles, and I actually care. I've come to know that the snow on the mountain means something more than a pretty backdrop—it's food for thousands. I've learned the certain way a stranger combs their hair might mean something about what they're doing that day. That allergies are just a flower's way, of telling you they're there. Learning, yearning, from the leadership of Life. Like the little light that led shepherds to a star.

Somewhere out there, everywhere out there, there's Life. There are small nothings to follow, simply showing you where to go. Without following the lead, and the need for every example, we might not ever know anything at all. I might not see that the bison stares back at me. The black and blue birds follow me home. How gently and diligently my mother watched me rest, paying close attention to every breath. The stories I write of the stars, how they teach me more and more about myself. What if I missed the mole's fuzzy nose that shyly says hello? What if I never notice the hellos

and good mornings when I sink into a chair, right there, next to someone I know? I know the dog smiles at me. I taste the water from the mountain that fills my metal cup. I see the glossy curls manicured just for me. And when I sneeze at a flower—I thank it. And sometimes, from time to time, I remember what Life teaches me. To stretch out my hand and help it go where it needs to go. It leads me every day, and in every way, it grants me a better Life. I watch leadership shape the mountains and fill the streams. Teaching water how to flow, showing the deer where to drink. With a hand on the wind, I feel Life leading me where to go. So I stop to listen and inhale every bit imaginable.

Another Day

Sarah Thompson
Utah Valley University

Do you seek a sun
to brighten a new day?
Do you fear the shadows
that lie along the way?
Do you sit in darkness
afraid to carry on?
Do you think the sunlight
will never come along?

Listen to your heartbeat
it whispers all around.
Can you hear it speaking?
it's such a subtle sound
Telling of the things
you thought were lost, now found
Saying, "You're not broken!
you've simply been unbound"

Oh-h-h

Secret scars of which we never speak
And the lies we tell ourselves to keep
In a world too often found without conscience
We fly
We cry
Another day

Are you holding on
so desp'rate to remain?
Are you moving on
despite the growing pain?
Are you full of sorrow
no other could describe?
Are you all alone
no matter how you try?

There's another song
it's waiting deep inside
And it won't be broken
no matter how they try
There's a power in it
that can't be hid by lies
Beating out the rhythm
that the whole world can't hide

Oh-h-h

Secret scars that never give us peace
And the lies we struggle to release
In a world that's saying we are not enough
We fly
We'll cry
Another day

In one moment
blinks a future
one pill
one vial
one more suture

Now we've lived
and have our answer
rise up
rise higher
fight this cancer

Secret scars will never rule our lives
And these lies aren't who we are inside
In this world that never seemed to understand
We'll fly
Don't cry

Let the song from deep inside resound
Let it tell of all the strength we've found
Tell the world that it can't silence this anthem
we cry
We fly
Another day

Bargain of Fools

Tanner Staheli
Utah Valley University
Pen and Ink

A true king is first to answer in the face of danger.

Ode to the High King

Sylvia Hall
Utah Valley University

Tell us, boy king, of the weight
of the world settled on young shoulders,
too narrow for the burden they bear.
Your hands tremble but you hold fast,
faithful, for if you did not answer the call,
who would? In this moment,
you are Atlas, and you bear it all
with the strength of a man far beyond your years.

Tell us, warrior king, of the violence
it takes to defend the lands you love.
Your blade flashes and blood drips
and your heart breaks, but you know you would do it again.
You will do it again. In this moment,
you are Death, and you will reap men's souls,
for your kingdom needs defending.

Tell us, magnificent king, of the splendor
of your golden age. All the world
is beauty, laughter, and life
and you have brought peace. In this moment,
you are Springtime, the return of hope and light
at the end of Winter's dark and bitter night.

Tell us boy, warrior, magnificent,
High King
Tell us of the weight,
of the violence,
of the splendor.

Smother Earth

Kaitlin Eck
Utah Valley University
Mixed Media

I learned that the Air Quality Index existed while I was visiting Beijing in 2018. I could look directly at the sun without difficulty due to the dense, hazy blanket of air pollution in the sky. My artwork displays the ugly truth of how human industrialization has impacted the earth—specifically in the form of air pollution. The beautiful greenery of nature is obscured in relation to the increasingly intense levels of air pollution (as represented by the different colors in the Air Quality Index). I feel frustrated that the individuals and organizations in power have been so slow to address such dire circumstances to the point that we are looking at the possibility of irreversible damage to the planet and its inhabitants. As air pollution is a world-wide issue, I believe that we need a committee formed by educated representatives of each country to be dedicated to the sole purpose of negotiating the issue, and leading the effort to save our beautiful home from destruction.

Contributing Authors and Artists

Sophia Andersen is a passionate artist, aiming to create vibrant and evocative pieces that resonate with the themes of love, success, kindness, and nature. Spending nearly three years in Thailand, Sophia continues to draw inspiration from the natural beauty of Thai animals and plants. Studio Ghibli films also play an important role in shaping her artistic vision and values. Within her colorful and stylized artworks of nature, she invites the audience to learn about her experiences.

Christopher Anderson, Ph.D. is an Assistant Professor of Psychology at Utah Valley University. He specializes in health psychology and also teaches classes in research methods, psychopharmacology, as well as brain and behavior. He enjoys mentoring students in research and helping them reach their career goals.

Melinda Barber, M.S. is an Assistant Professor and Program Director of School Health in the Department of Public Health at Utah Valley University. Her research focus is on mental health.

Jenafer Bauerle is a student at Utah Valley University in the Communications Department and has developed an adaptive form of painting. She uses her hands to create all of her pieces, working through a series of smudging techniques, until the piece is finished.

Jenna Berndt is a sophomore at Utah Valley University working towards her Bachelor's in Creative Writing. Since her freshman year, Jenna has had the opportunity to intern for her UVU's student College of Engineering and Technology Marketing POD where she writes blog posts for their website on current events and accomplishments of students and faculty. Jenna is also currently working on self-publishing her poetry book, *A Teenage Wasteland*.

Kylie J. Beutler has been published in the art book *Composing Chaos*, and has had work featured in the Spiritual and Religious Art Show at the Springville Museum of Art. She is pursuing a BFA in Sculpture and Ceramics at Utah Valley University. Her carved stones dwell in abstraction and highlight spiritual ideas with their physical forms.

Katelyn Buell is an art and design student at Utah Valley University. She loves to create art and experiment with new techniques and materials.

Natasha Brynn Byrd, MPA is a wife and mother who has earned a Master's in Public Administration (MPA) with an emphasis in Healthcare Management. She also has a bachelor's degree in Emergency Services Administration with an emphasis in Leadership, Emergency Management and Disaster Assistance. She works with Utah Cancer Specialists as a pharmacy technician mixing IV chemotherapy.

Bret D. Crane, Ph.D., MBA is an Associate Professor of Leadership at the Jon. M. Huntsman School of Business and the Executive Director of the Stephen R. Covey Leadership Center at Utah State University. Bret's research focuses on leadership mindsets. As a respected authority and researcher on topics related to leadership, management, and organizational behavior. Bret has published in a variety of journals including *Harvard Business Review*, *Journal of Business Ethics*, *Journal of World Business*, *Business & Society,* and *Business Horizons*.

Alyssa Cronin-Jamison is an integrated studies major at Utah Valley University, merging Art History and Creative Writing. When she isn't writing poetry, Alyssa enjoys rock climbing, hiking new trails, sketching at her favorite coffee shop, and exploring art museums.

Isaac Dixon graduated Summa Cum Laude with Honors in International Business and Economics from Utah State University in 2023. As an undergrad, Isaac exercised his passion for entrepreneurship, leadership, and research. He has worked on projects in the Dominican Republic, led humanitarian groups to Puerto Rico, and served in various leadership positions at the University. He was also part of the team that won the 2021 Enactus Sustainable Development goal pitch competition in the category of Decent Work and Economic Growth. He enjoys learning about how leadership and entrepreneurship can lead to positive change. Isaac will pursue a PhD in Management at the University of Notre Dame beginning this fall.

Kaitlin Eck is a family science and art student at Utah Valley University. Her passion lies with her familial relationships, experiences in nature, and exploring different artistic processes. She plans to own a small, sustainable farm, become a beekeeper, and open her own therapy practice someday.

Sylvia Hall has been writing poetry since the age of 14. She is currently working towards her bachelor's in deaf studies at Utah Valley University and plans to become an ASL interpreter. She is also writing several novels that she hopes to publish someday.

Colleen Hatch is on her way to getting a bachelors degree in creative writing and enjoys being imaginative and focused on other artistic pursuits besides writing. She has a passion for travel and plans to extensively in the future. She hopes to graduate by 2027 and to teach English to children in foreign countries and/or work as a freelance writer.

Mary Jones is a multimedia artist from Eagle Mountain, whose works focus on the significance of a moment by resembling close, cropped in moments. She has had her work published in literary journals such as *Touchstones* and *Essais*. Jones is currently studying at Utah Valley University pursuing a bachelor's degree in Art Education.

Makela Kamiya, a multicultural artist, is currently working toward her Bachelors in Art and Design at Utah Valley University. She has been published in *The Journal of Student Leadership* and showcased at the UVU MOA as well as the Springville MOA. She strives to share important messages through her art using inspiration from her cultures and different ethnic backgrounds.

Merilee Larsen, Dr.P.H. is an Associate Professor in the Department of Public Health and the Program Director of Health and Wellness Coaching at Utah Valley University.

Anna Lesā is from Kaneohe, Hawaii, and she is of Samoan and Hungarian descent. Her writing has been published in the JSL, and her art has been displayed at PEAU's Pasifika Art Exhibit. She is pursuing an accounting degree at Utah Valley University and will graduate in the Spring of 2024. Anna is passionate about education and she's an advocate for racial and gender equality.

Yen-Chen Liao is currently working toward his Bachelor of Fine Art in Sculpture and Ceramic department of Utah Valley University and expects to graduate in 2024. He has published art pieces in the JSL, *Composing Chaos* and *Touchstones*.

Corin Marsh is a clinical and cognitive research psychologist. She currently works at the Utah State Hospital as an Activity Technician, working with individuals with severe mental illness. Her favorite PopTart flavor is brown sugar cinnamon. :)

Michael Steven Milius is a recent graduate of Utah Valley University with his BS in Psychology. He is currently attending Noorda College of Osteopathic Medicine with plans to specialize in Primary Care Pediatrics following medical school. Combining his interests, Michael is passionate about mental health among the pediatric population, especially within the state of Utah.

Presley Moffett graduated in May 2022 with a Bachelor of Science degree from California State University, Fullerton and is currently a graduate student at Chapman University in Orange, California. Presley is interested in how leadership can be used to help improve the educational experiences of all students and hopes to continue her studies in a doctoral program.

Gage Nelson is a writer whose focus is Poetry and Nonfiction. He has recently been published in *Touchstones* and is graduating in the spring of 2024 with a bachelor's degree in English Creative Writing from Utah Valley University. He is an aspiring writer who draws most of his inspiration from nature and everyday life.

Kristina Oldroyd, Ph.D. is Assistant Professor of Psychology at Utah Valley University. Her research looks at the psychophysiology of narration. In other words, she studies how the stories you tell about your life affect your body.

Heather Olsen studied at the Bridge Academy of Art and the Hein Atelier of Art, before earning her Bachelor of Fine Arts degree from the University of Utah in 2015. Since then, she has gained national recognition as an award-winning artist, exhibiting through galleries and museums nationwide. Her artwork has been featured in collaboration with Intermountain Healthcare, Art Battle Worldwide, and the Portrait Society of America earning widespread media coverage. Beyond her personal achievements, she continues to share her expertise through art workshops and community programs.

Emmalie Parker is a Junior at Utah Valley University studying Healthcare Administration

Kaylee Kenison Powell, BSN, RN is an ASN and BSN graduate from UVU Nursing in 2023. She specializes in providing care to respiratory and sepsis patients, having most recently worked on a COVID-19 unit. Through this experience, she found her passion for helping nurses prevent burnout by watching coworkers leave the profession. She is a Utah native who has spent time volunteering in Brazil. In her free time, she enjoys spending time with her husband and being outdoors.

Kelly Prue is currently an academic advisor at Utah Valley University advising students in the Woodbury School of Business. She is working on her M.Ed. degree with an emphasis in Higher Education Leadership at UVU and enjoys studying issues related to employee job satisfaction.

Ryan J. Rushton, PT, DPT, MHA is an Assistant Professor and Program Director of the Physical Therapist Assistant Program at Utah Valley University.

Tanner Staheli is a 24-year-old certified 'artist' type creature from Utah, USA, with a small attention span and a vast imagination. His love for drawing concepts and illustrations began with him finding ways to pass the time during high school classes; this went on long enough for him to realize his true potential in creating art and fictional settings using numerous inspirations that surrounded him. https://www.artstation.com/tannerstaheli

Heather Thiesset, Ph.D., MPH is an Assistant Professor and Undergraduate Program Director of Healthcare Administration at Utah Valley University. Her research focus is on opioids, access to care, and rural health.

Sarah L. Thompson has previously been published in *Warp and Weave*. She will graduate with her creative writing emphasis bachelor's degree Spring semester 2024 at UVU and is looking forward to taking her writing above and beyond.

Rachel Walton is student at Utah Valley University pursuing a BFA in Sculpture and Ceramics. She has been featured in journals such as *Warp and Weave* and has a permanent display in UVU's Student Wellness Center.

Abigail Zeigler is an artist exploring cultural heritage, identity, childhood media, and creative influence in a world with emerging artificial intelligence and constant consumption of visual communication.

Journal Description and Call for Papers

The Journal of Student Leadership is a double-blind, peer-reviewed, interdisciplinary, academic journal that addresses ideas, theories, and issues of leadership. The journal's two purposes are to:

1. Contribute to the scholarship and discussion on leadership.
2. Provide an engaging outlet for research, writing, editing, and publishing.

We welcome papers and essays on leadership topics from all relevant disciplines, including business, education, law, policy, social sciences, arts, humanities, and technology.

We invite perspectives on leadership from every sector of the academic community. Academicians and students are equally welcome to submit their papers to the editors of the journal for feedback and consideration for publication.

What Topics Are Most Interesting?

Authors often wonder what topics would be of greatest interest to the editorial board or readers. The following topics are just a subset of appropriate areas that could be addressed: ethics in leadership, the need for diverse leaders, why and how people lead, the importance of communication in successful leadership, how to maintain integrity in leadership, what practices the best leaders implement, examples of excellent leaders and their contributions, and a broad range of other topics that relate to leadership. Likelihood of publication exists for those submissions that are able to incorporate current theories of leadership in their paper.

How to Submit an Article or Essay

For the latest on submission criteria, consult the following:

Email the editors at JOSL@uvu.edu
uvu.edu/slss/jsl/
https://journals.uvu.edu/index.php/jsl