

TOPIC: Reducing workplace Violence Through Advocacy for Protection of Public Healthcare Coverage

SUBMITTED BY: California State University, Bakersfield
City/State: Bakersfield, California

AUTHORS: Carly Mattern, Isabel Horaska, Maxine Alba, Natalia Slezak

WHEREAS, Physical workplace violence is an ongoing and pertinent issue experienced by nurses at a disproportionately higher rate than any other profession (Mclaughlin & Khemthong, 2024, p.1); and

WHEREAS, When hospital systems are under-resourced and short-staffed, patients experience longer wait times and struggle to receive care which increases patient frustration with the healthcare system and aggression towards nurses (O'Brien et al., 2024, p. 4); and

WHEREAS, Healthcare cuts result in decreased care coverage and delays in care which contribute to worsening patient mental health and increased stress in low socioeconomic groups (Amorode et al., 2025, p.665); and

WHEREAS, Approximately 15 million Americans will become uninsured by 2034 due to federal legislation, preventing access for primary health prevention and worsening health conditions that lead to hospitalization (Center on Budget and Priority Properties, 2025); and

WHEREAS, Improving nurse-patient communication helps patients understand their care and coverage options, which supports patients' rights and builds trust in healthcare, moving us closer to the advocacy of public healthcare coverage. (Kwame, A. & Petrucka, P.M., 2022). ; and

WHEREAS, Preparing nursing students to advocate for fair healthcare systems not only supports patients' rights and access to coverage, but also reduces stress and tension that can lead to workplace violence (American Nurses Association, 2015, Provision 9); therefore be it

RESOLVED, that the CNSA addresses the importance of nurses' advocacy for protection of our patients' healthcare coverage, especially those which are public entities and require federal funding.; and be it further

RESOLVED, that the CNSA collaborate with nursing and healthcare policy organizations such as the American Nurses Association and Center for Medicare Advocacy to invite speakers to educate students on the systemic effects of underinsurance; and be it further

RESOLVED, that the NSNA send a copy of this resolution to American Nurses Association, American Academy of Nursing, American Organization for Nursing Leadership, National League for Nursing, American Nurses Foundation, Sigma Theta Tau International, Organization for

Associate Degree Nursing, American Association of Colleges of Nursing, National Nurses United, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: "In Support of Clarifying Dangerous Misinformation in the Digital Healthcare Space"

SUBMITTED BY: Fresno State University Student Nurses Association
Fresno, CA

AUTHORS: Hailey J. Xu

WHEREAS, the unchecked sharing of medical misinformation online has contributed to public health crises such as vaccine hesitancy, which the World Health Organization identified in 2019 as one of the top global health threats (Mamak, 2021, p.1-3); and

WHEREAS, misinformation in the digital healthcare space, particularly on social media platforms, has been linked to misuse of medications and public mistrust in evidence-based practices (Suarez-Lledo & Alvarez-Galvez, 2021, p. 9-13); and

WHEREAS, human bias toward emotionally-charged information that interacts with online algorithms designed to maximize user attention results in the further amplification of inaccurate content that fuels the spread of misinformation (McLoughlin & Brady, 2024, p. 7-10); and

WHEREAS, a scoping review of digital health interventions (DHIs) found that most tools used to address Covid-19 misinformation online lacked technical grounding, did not measure behavior outcomes, and limited overall effectiveness (Czerniak et al., 2023, p. 1, 6-9); and

WHEREAS, the ethical responsibilities of healthcare professionals, social media platforms, and online users are critical to regaining public trust and lessening health risks caused by the spread of misinformation online (Pittrow, 2025, p. 15-17, 33-35); and

WHEREAS, health misinformation increases individual health risk with delayed diagnoses, misuse of public health resources, and policy failures, while research shows that financial incentives encourage false content to even skeptical users, and legislation intended to regulate misinformation may inadvertently suppress legitimate medical information (Au, Ho, & Chiu, 2021, p. 1, 13)

RESOLVED, that the CNSA ask public health institutions, social media platforms, and policymakers to utilize evidence-based strategies to address the psychological, algorithmic, and structural distributors of medical misinformation online; and be it further

RESOLVED, that the CNSA advocate towards increased awareness and understanding among the nursing community about the prevalence and dangers of digital health misinformation; and be it further

RESOLVED, that the CNSA encourage the National Student Nurses' Association (NSNA) to develop and update the integration of media and health literacy, including misinformation recognition, into nursing curricula, NCLEX preparation materials, and educational campaigns; and be it further

RESOLVED,

that the CNSA send a copy of this resolution be sent to the American Nurses Association (ANA), National Nurses United, American Association of Colleges of Nursing (AACN), American Organization of Nursing Leadership, National League for Nursing (NLN), National Council of State Boards of Nursing (NCSBN), and American Academy of Nursing (AAN), and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: PROMOTING THE USE OF DYNAMIC, RESILIENCE-FOCUSED COPING STRATEGIES TO MEDIATE TRANSITION SHOCK AMONG NEW-GRAD NURSES

**SUBMITTED BY: CALIFORNIA STATE UNIVERSITY, LONG BEACH
Long Beach, California**

AUTHORS: SAMANTHA WEE, CHRISTINA KIM, BENJAMIN OSTROM

WHEREAS, navigating the transition period out of school was determined the most influential “push-pull” retention factor for new-grad nurses (NGN) (Ejebu et al., 2024, pp. 7); and

WHEREAS, NGN turnover has a clear impact on the global nursing shortage and carries significant economic consequences, including an average loss of approximately \$44K per NGN and \$3.6 - 6.1 million per healthcare institution (Mitchell & Maykut, 2021, pp. 229); and

WHEREAS, poorly managed transition shock exacerbates a lack of internal confidence, perceived organizational support, and limits competence, directly amplifying the use of negative coping strategies and decline in job satisfaction and retention (Zhu et al., 2023, pp. 5-7); and

WHEREAS, NGNs viewed with decreased resilience had difficulty navigating through mortal distress, preventing moral injury, and responding to ethical challenges, leading to increased depersonalization and turnover intention (Yi et al., 2024, pp. 7-8); and

WHEREAS, fostering an environment that promotes resilience as a protective factor has been shown to reduce both transition shock and turnover intention, especially when actively engaging the entire healthcare team (i.e. preceptors, supervisors, co-workers, etc.) (Cao et al., 2021, pp. 2591); and

WHEREAS, using a multitude of varying resilience/self-efficacy strategies and problem focused/emotion-focused coping mechanisms inhibits the use of maladaptive coping while increasing coping capacity and reducing anxiety and sleep disturbances (Bandino et al., 2025, pp. 9-10); and

WHEREAS, psychological resilience directly accounts for 66.51% of work performance, in which a positive correlation between thriving at work and overall performance was displayed in nurses perceived with high levels of psychological resilience (Shen et al., 2024, pp. 5-7); and

WHEREAS, evidence gathered in a 2025 pairwise meta-analysis revealed that the implementing personal and environmental resilience-focused strategies enhances internal and external protective factors for improved long-term emotional regulation and response to adversity (Liu et al., 2025, pp. 22-24); therefore be it

RESOLVED, that the CNSA encourage pre-nursing and nursing students to deliberately explore personal internal and external protective factors and support systems (e.g. effective personal self-care strategies, mental health counseling, nutrition

support, etc.) for early cultivation of long-term emotional regulation; and be it further

RESOLVED, that the CNSA encourage nursing leadership and healthcare administration to emphasize training in cultivating an environment encouraging psychological resilience and advocate for enhanced interdisciplinary relationships within the healthcare team; and be it further

RESOLVED, that the CNSA encourage healthcare organizations to expand preceptorship, residency, or other mentor/mentee program availability for improved organizational socialization and adjustment into the professional workforce; and be it further

RESOLVED, that the CNSA send a copy of this resolution to American Nurses Association, National Nurses United, American Association of Colleges of Nursing, American Nurses Foundation, National League for Nursing, American Academy of Nursing, and all others deemed appropriate by the CNSA Board of Directors.

TOPIC: **Incorporating Implicit Bias Scenarios into Nursing Simulation Labs to Prepare Students for Equitable Care**

SUBMITTED BY: **California State University Sacramento**

AUTHORS: **Rajdeep Kaur**

WHEREAS, implicit bias in healthcare continues to create unequal treatment, particularly in pain management. Clinical prejudice and discrimination leads to poorer pain management and outcomes for ethnically marginalized communities (Eze et al., 2022); and

WHEREAS, despite increased awareness and training initiatives, implicit bias is still widespread in all healthcare disciplines, including nursing, and contributes to disparities in clinical decision-making, diagnoses, and differences in treatment results (Gopal, Chetty, O'Donnell, Gajria, & Blackadder-Weinstein, 2021); and

WHEREAS, simulation labs are an essential part of nursing school because they offer a learning environment that is safe, reflective, and low-risk, where students can strengthen their clinical judgement skills, communication, and assessment skills prior to engaging with actual patients. Students who underwent simulation-based bias training with standardized patients showed improved confidence and efficacy in navigating diverse patient interactions (Tjia et al., 2023); and

WHEREAS, implicit bias training in health professions education has shown promise in developing learners' awareness of bias and sense of self-efficacy. This emphasizes the importance of simulation labs with positive reinforcement mechanisms to encourage long-lasting change. (Mavis et al., 2022); and

WHEREAS, outlined in the ANA Code of Ethics (2015) is to protect patients against the harm that is caused from implicit bias; implicit bias can negatively impact patient safety, patient health outcomes and trust in a healthcare system (ANA, 2015); and

RESOLVED, that the California Nursing Students' Association (CNSA) advocate for the integration of implicit bias recognition and response training into nursing simulation labs in undergraduate nursing programs across California; and be it further

RESOLVED, that such simulations include case scenarios where racial or cultural bias from healthcare staff or systems may negatively impact patient care, and require students to actively respond using clinical advocacy, communication, and ethical judgment; and be it further

RESOLVED, that CNSA support faculty development and training in designing, implementing, and debriefing these simulations through culturally responsive and equity-centered frameworks; and be it further

RESOLVED, that CNSA promote simulation-based implicit bias training as a patient safety strategy that empowers nursing students to recognize disparities in treatment and build the skills necessary to protect patients from harm due to discriminatory care practices; and be it further

RESOLVED, the NSNA send a copy of this resolution to American Nurses Association (ANA), National League for Nursing (NLN), American Association of Colleges of Nursing (AACN), and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: **In Support of Integrating Adverse Childhood Events and Social Determinants of Health Into Health Records**

SUBMITTED BY: **Maurine Church Coburn School of Nursing
Monterey, California**

AUTHORS: **Jenny Swigart and Melanie Guerrero**

WHEREAS, in the United States, patients with unstable housing, poor quality education, fewer job opportunities, and other social determinants of health (SDOH) are at higher risk for chronic illness, poor health outcomes, and death. (Citation: World Health Organization, 2025); and

WHEREAS, Research shows SDOHs have a greater impact on health than genetics and access to healthcare (Citation: World Health Organization, 2025); and

WHEREAS, Research shows that screening for SDOHs improves referrals to relevant resources, identifies needs, and improves health outcomes. (Citation: Berry, 2022, p. 3); and

WHEREAS, the Centers for Disease Control and Prevention states that addressing SDOH is essential for improving health equity. (Citation: Berry, 2022, p. 4); and

WHEREAS, Adverse Childhood Events (ACEs) have been determined to be a public health emergency. (Citation: Yaun et al., 2022, p. 542); and

WHEREAS, Research shows chronic diseases can originate and be exacerbated by ACEs and toxic stress. This also increases risks for learning disabilities, cognitive disabilities, and behavioral health disorders. (Citation: Yaun et al., 2022, p. 542); and

WHEREAS, the American Academy of Pediatrics recommends routine screening of ACEs, as early detection and intervention can prevent negative outcomes. (Citation: Yaun et al., 2022, p. 542); and

WHEREAS, when ACEs and SDOHs are combined, negative outcomes can be exacerbated. (Citation: Yaun et al., 2022, p. 542); and

WHEREAS, Studies indicate that policy needs to address patients who are currently affected by ACEs and prevent further adversity. (Citation: Walsh et al, 2019, p. 1092); therefore, be it

RESOLVED, that the CNSA advocate that Electronic Health Records (EHR) include screening tools for both ACEs and SDOH to provide equitable and patient-centered care; and be it further

RESOLVED, that the CNSA promote educating nursing students to identify at-risk patients at first encounter to avoid retraumatization, and provide early intervention for chronic health problems; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association, National League for Nursing, Organization for Associate Degree Nursing, American

Association of Colleges of Nursing, American Organization of Nursing Leadership,
American Academy of Nursing, and all others deemed appropriate by the CNSA Board of
Directors.

TOPIC: ADVOCATING FOR ENHANCED POST-MORTEM CARE AND GRIEF HANDLING EDUCATION PRIOR TO ENTERING NURSING PRACTICE

**SUBMITTED BY: San Diego State University
San Diego, CA**

AUTHORS: Arushi Kalam & Summer Sanchez

WHEREAS, Eighty-five percent of nursing students witnessed a patient’s death during school, yet many felt unprepared to handle the experience or grieve within their professional role (Coney, 2022, p.5); and

WHEREAS, Nursing students reported lower levels of self-efficacy and preparedness stemming from lack of education pertaining to end-of-life and post-mortem care (Bloomer et al., 2023, p.15); and

WHEREAS, Nurses' emotions largely manifest as sadness, helplessness and regret following a patient’s death. Misguided fears and lack of in-service training affected how death was navigated. (Chua & Shorey, 2021, p.3); and

WHEREAS, Limited recognition of nurses’ grief and impact on patients’ lives, fueled by the absence of formal education and bereavement programs has hindered professional development (Cybulska et al., 2022, p.2); and

WHEREAS, Implementation of educational end-of-life intervention courses positively improved the attitudes of nurses and nursing students, towards care of the dead and dying. (Szczupakowska et al., 2021, p.1); and

WHEREAS, Although manikins are used within education, students were limited in developing cognitive skills as interactions did not mirror authentic conversations with real-life palliative care patients. (Durojaiye et al., p 1-2); and

WHEREAS, Nurses with limited education on end-of-life practices often were unable to account for distinctions in religious and cultural customs of ethnic minorities inhibiting quality patient-centered care (Mian et al., 2024, p.3)

RESOLVED, That the CNSA educates nursing students on healthy coping mechanisms and developing self-awareness on the various manifestations and stages of grief, to help further professional development in end of life care; and it be further

RESOLVED, That the CNSA invites skilled hospice nurse educators to speak on their experiences with grief, and the best methods they have developed as a means of coping after continuous exposure to patients’ deaths and post-mortem care; and it be further

RESOLVED, That the CNSA promotes end-of-life education through the implementation of manikin scenario simulations, which mimic real-life struggles patients face

before death, helping to increase awareness of these challenges; and it be further

RESOLVED, That the CNSA advocates for further education on the various types of post-mortem care including different religious and cultural customs, thereby increasing open-mindedness and discussions with patients and their families on personal preferences; and it be further

RESOLVED, That the CNSA send a copy of this resolution to the American Nurses Association, National Nurses United, CA Board of Registered Nurses, American Association of Colleges of Nursing, California Nurses Association, American Organization of Nursing Leadership, Association of California Nurse Leaders, National League for Nursing, American Academy of Nursing, Sigma Theta Tau, and all others deemed appropriate by the CNSA Board of Directors.

TOPIC: **PROMOTING NURSING EDUCATION OF IMMIGRATION ENFORCEMENT IN HEALTHCARE TO PROTECT PATIENTS AND UPHOLD ETHICAL PRACTICE**

SUBMITTED BY: **University of the Pacific
Sacramento, CA**

AUTHORS: **Lesly Carrillo, Kelsi McNeil**

WHEREAS, Immigration and Customs Enforcement has access to previously protected areas which leads to reduced protection of immigrant patients in the hospital (U.S. Immigration and Customs Enforcement, 2025); and

WHEREAS, Immigration enforcement actions have occurred in or around hospitals and clinics causing fear and avoidance of healthcare services among undocumented and mixed-status immigrant families (Linton et al., 2025); and

WHEREAS, Nurses are ethically obligated to advocate for all patients' rights, protect their privacy, and protect their confidentiality regardless of immigration status (American Nurses Association, 2025, Provision 3.1); and

WHEREAS, Many healthcare students report a lack of formal training on how to respond to ICE presence in healthcare settings, including how to navigate patient confidentiality, constitutional protocols, and their own legal rights and responsibilities (Lamneck et al., 2023); and

WHEREAS, Fear of immigration enforcement can result in delayed treatment and worsened health outcomes for immigrant patients, contributing to existing health disparities (Young et al., 2023, p. 306-313); therefore be it

RESOLVED, That the California Nursing Students' Association (CNSA) encourage nursing programs across the state to include immigration-informed care, including guidance on how to respond to ICE presence in hospitals, as part of their curricula; and be it further

RESOLVED, That CNSA advocate for the development and dissemination of educational resources for nursing students regarding immigrant patient rights, HIPAA protections, institutional sanctuary policies, and ethical responses to immigration enforcement in healthcare settings; and be it further

RESOLVED, That CNSA send a copy of this resolution to the National Student Nurses Association, the American Nurses Association, the American Association of Colleges of Nursing, the National League for Nursing, the CA Board of Nurses, the National Nurses United, the Philippine Nurses Association of America, the National Black Nurses Association, the National Association of Hispanic Nurses, the National Immigration Law Center, the

Migrant Clinicians Network, and all others deemed appropriate by the CNSA Board of Directors.