Mobile App Development for Veteran Mental Health: Design and Evaluation of a Stress Management Tool

Mr. Ronak Goyal[1], Mrs. Ashwini Somani[2], Ms. Naveena Rukumani Kannan[3]

[1]Masters of Computer Science and Systems, University of Washington, USA (Independent Researcher)
[2]Masters in Information Systems, Northeastern University, USA (Independent Researcher)
[3]Masters in Computer Science, University of California, Irvine, USA (Independent Researcher)
[1]ronak.goyal29@gmail.com, [2]somani.ashwini11@gmail.com, [3]kannan.uci@gmail.com

Abstract:
This study explores the impact of a mobile-based stress management application on users' mental health improvement, focusing specifically on App Engagement (AE) and Perceived Stress Reduction (PSR) as key predictors. A structured questionnaire was administered to 336 respondents from New York**,** with items rated on a five-point Likert scale. Using R Studio for statistical analysis, a multiple linear regression model was developed to evaluate the relationship between the variables. The findings revealed that both AE and PSR significantly and positively influence Mental Health Improvement (MHI), with the model explaining approximately 50% of the variance in outcomes. Diagnostic plots supported the assumptions of linearity and model fit. The study highlights the effectiveness of digital mental health tools in enhancing psychological well-being, especially in urban populations. This research contributes to the growing body of evidence supporting mobile health interventions as scalable and accessible mental wellness solutions.

Keywords: Mental Health, Mobile App, Stress Reduction, App Engagement.

INTRODUCTION

In an era characterized by rapid technological advancement and increasing digital integration, mobile applications have emerged as vital tools in addressing public health challenges and delivering personalized care. This is particularly significant for vulnerable populations such as military veterans, older adults, and workers in high-stress environments. The growing interest in mobile health (mHealth) solutions is reflected in recent scholarship, including Al-Jabali, Ahmad, and Khatib's (2025) holistic framework that maps the adoption determinants of mobile health applications. Their systematic review emphasizes the need for integrative, user-centered, and adaptive technologies to ensure sustained engagement and meaningful health outcomes, especially in complex user segments.

Designing digital tools that are both functional and empathetic requires not only technological innovation but also collaborative frameworks across healthcare, IT, and policy-making sectors. Calabrese et al. (2024) demonstrate this through their action research on the design of digital clinical diagnostic pathways, offering a robust example of co-creation between developers and clinicians. Similarly, the work of Metzger et al. (2017) underscores the importance of mobilizing cross-sector partnerships to address the unique health needs of justice-involved older adults—a population whose experiences parallel those of military veterans in terms of trauma and institutional disengagement.

Mental health support, especially in post-pandemic contexts, has also gained considerable attention. Lopatovska et al. (2022) explored how adolescents adapted during COVID-19 disruptions, emphasizing the importance of digital platforms for coping and resilience. These findings resonate with current efforts to leverage mobile platforms for stress management among adults. Furthermore, Nguyen et al. (2024) highlight

the centrality of inclusion in the workplace and the emotional toll of exclusion, reinforcing the need for well-being support tools that bridge psychological gaps in professional and personal spaces.

Library science research contributes to this landscape by exploring how digital literacy and information behavior intersect with user engagement. Studies such as those by Caffrey et al. (2024) and Johnson et al. (2018) point out the evolution of instructional design and the increasing reliance on digital tools for information literacy—skills that are foundational for effectively using mHealth apps. The capacity to interpret and act upon health information via mobile interfaces requires both functional literacy and an environment of trust, inclusivity, and clarity. In humanitarian contexts, mobile deployments have already shown promising utility. Santa González et al. (2024) analyze mobile clinic operations in conflict zones, showcasing how digital health infrastructure can function under constrained and unstable conditions. While these are more logistically focused, the conceptual takeaway supports the feasibility of delivering mental health interventions via mobile channels to dispersed or underserved populations like veterans.

Meanwhile, behavioral insights into technology users—such as those examined by Jimenez et al. (2019) in the gaming community—suggest that personalization and gamified elements can improve user retention and mental stimulation. Similarly, Joshi et al. (2025) explore how immersive technologies like virtual reality, when combined with workplace spirituality, can enhance individual effectiveness and emotional resilience. Such findings could inform the design of stress management features that are not only clinically sound but also engaging and motivational. Finally, the role of employer and stakeholder engagement in supporting vulnerable workers, as discussed by Guillaume and Loufrani (2025), offers lessons for how institutional actors can be integrated into the broader mHealth ecosystem. Their study underscores the importance of systemic backing in enhancing the employability—and by extension, the mental stability—of disadvantaged groups.
Collectively, these studies provide a rich and multi-disciplinary foundation for investigating the design and evaluation of a mobile app for veteran mental health. Drawing on insights from clinical innovation, behavioral science, education, and digital inclusion, this research aims to develop a stress management tool tailored to the unique psychological and situational needs of veterans, ultimately contributing to their long-term well-being and social reintegration.

Literature Review

The increasing intersection of mental health support and digital innovation has driven significant research attention toward mobile health applications, digital diagnostics, and technology-assisted psychological interventions. This literature review synthesizes emerging findings from diverse studies exploring mobile mental health solutions, digital literacy, technology addiction, peer support, and system-level design for psychological well-being. Recent years have seen a substantial increase in the adoption of mental health mobile applications (apps). Badesha, Wilde, and Dawson (2022), through an umbrella review, critically examined the use of mental health apps to manage psychological difficulties and found promising evidence for app-based interventions, especially when integrated with traditional therapeutic frameworks. Complementing this, Hindman, Zugai, and Raeburn (2024) conducted an integrative review focusing on digital applications for supporting nurses' mental health, underscoring the critical role of app design in fostering well-being in high-stress environments.

Several studies address the broader digital mental health ecosystem. O'Neill, Bird, and Riches (2024) systematically reviewed technology-enhanced assessments for distressing symptoms such as auditory hallucinations. Their findings affirm that while promising, digital solutions must be contextualized to ensure therapeutic effectiveness. Sokolova, Lobanova, and Kuzminov (2024) employed intelligent data mining techniques to uncover emerging hot topics in clinical psychology and psychotherapy, highlighting digital therapeutics and user experience design as growing themes. From a user behavior standpoint, Yeh et al. (2025) delved into the role of user-generated content (UGC) in shaping stigmatized consumers' mental health treatment journeys. The findings reveal that digital environments, such as forums and social media, offer both informational and emotional support, reducing stigma and enhancing self-efficacy. Similarly, Kaushal and Dogra (2022) studied Indian adolescents' perception of interactive online mental health content during the

COVID-19 pandemic. Their study emphasizes the need for culturally adaptive and age-sensitive content within mHealth interventions.

Nature-related digital stimuli have also been explored for their potential to influence emotional states. Ning et al. (2025) found that exposure to digital images of nature positively impacts college students' emotional well-being and environmental preferences. This suggests that mobile apps could incorporate nature-based stimuli to reduce anxiety and elevate mood—a strategy aligned with evidence-based digital mindfulness approaches. Technology addiction, however, emerges as a counterpoint in this discourse. Ning, Turel, ad Davis (2025) discuss interventions for technology addiction, cautioning that any mental health app must strike a balance between engagement and overuse. Their recommendations provide a valuable framework for app developers and digital mental health researchers seeking to ensure ethical design.

Peer support has long been a recognized factor in mental well-being, and its integration into digital mental health tools is increasingly being evaluated. Ong and Madiraju (2025) assessed a peer support training program for student-athletes and reported improvements in emotional resilience and interpersonal communication. Such models could inform peer-based modules within mental health mobile applications, particularly for specific communities such as veterans or first responders.

The success of digital mental health tools is closely tied to patient engagement. Liu, Brandon-Jones, and Vasilakis (2024) explored this in remote consultations, identifying trust, usability, and perceived personalization as core drivers. These insights are valuable in developing apps that encourage continuous use and adherence to psychological interventions. A systems-level view of digital health is advanced by studies such as Verma and Yuvaraj (2025), who examined the evolution of WhatsApp-related research. Their comprehensive analysis points to the need for platform-specific insights when integrating messaging-based features into mental health tools. Meanwhile, Vanhove, Brutus, and Sowden (2018) conducted a quantitative review of psychosocial health programs in military organizations, showing that rigorously evaluated interventions—whether traditional or tech-enabled—have measurable impacts on emotional stability.

Srinivas, Anand, and Chockalingam (2020) provided longitudinal evidence connecting adolescent emotional distress to adult cardiovascular risk, reinforcing the need for early, proactive interventions. Digital platforms, due to their accessibility and scalability, present a unique opportunity for such preventative measures. Lastly, the potential of extended reality (XR) and immersive tech in mental health is explored by Zakrzewski (2022), who differentiates immersion from interaction. While not all mental health interventions require full immersion, elements such as interactive visualization, virtual environments, and simulated scenarios can enhance therapeutic outcomes when appropriately integrated.

In conclusion, the reviewed literature establishes a strong foundation for the development and evaluation of mobile mental health applications. The evidence suggests that successful digital mental health tools must be grounded in clinical validity, user-centric design, ethical engagement practices, and contextual awareness. There is a growing consensus on the value of integrative models that combine digital innovation, peer support, therapeutic structure, and cultural sensitivity to meet the mental health needs of diverse populations, especially in underserved or high-risk groups such as veterans, adolescents, and frontline workers.
RQ1: How effective is the mobile stress management app in reducing perceived stress levels among military veterans?
RQ2: What is the relationship between app engagement (frequency and duration of use) and improvement in veterans' mental well-being?

Research Methodology

The present study employed a quantitative research design to examine the influence of App Engagement (AE) and Perceived Stress Reduction (PSR) on Mental Health Improvement (MHI) through a structured survey approach. A total of 336 respondents were selected from New York, comprising individuals who had experience using a mobile-based stress management application. The sampling approach ensured representation across various demographic categories including age, gender, occupation, and education. Data

was collected using a standardized questionnaire that included demographic items followed by construct-specific statements related to AE, PSR, and MHI. Each item was rated using a five-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), ensuring consistency in measurement.

Objectives:

- To design and implement a mobile application tailored for stress management among military veterans.
- To evaluate the impact of app usage on veterans' perceived stress levels and overall mental health outcomes.

Hypotheses:

H_1: Increased use of the stress management mobile app significantly reduces perceived stress levels among veterans.

H_2: There is a positive relationship between app engagement and improvements in veterans' mental well-being.

Regression Line:

Mental Health Improvement (MHI) = $\beta_0 + \beta_1$App Engagement (AE) + β_2Perceived Stress Reduction (PSR) + ε

Where:

- **MHI** = Outcome variable representing improvement in mental health (e.g., score difference on a standardized scale like PSS or GHQ)
- **App Engagement** = Frequency and duration of app usage
- **Perceived Stress Reduction** = Change in perceived stress scale scores (before vs after intervention)
- **ε** = Error term

For data analysis, the collected responses were processed using R Studio, a robust statistical programming environment. The internal consistency of the constructs was first verified, followed by the creation of composite scores through averaging multiple indicators for each variable (AE1–AE3, PSR1–PSR3, and MHI1–MHI3). A multiple linear regression analysis was then performed to assess the relationship between the independent variables (AE and PSR) and the dependent variable (MHI). Diagnostic plots such as residual vs fitted values and 3D scatter plots were used to validate assumptions and enhance interpretation. The use of R Studio provided a transparent and reproducible analysis pipeline suitable for academic and applied mental health research.

Analysis

The demographic analysis of the 336 respondents from New York revealed a balanced distribution across key variables. In terms of gender, 52% identified as female, 47% as male, and 1% as non-binary or preferred not to disclose. Age-wise, the majority (58%) were between 25–40 years, followed by 22% aged 18–24, and 20% above 40. Regarding education, 61% held a bachelor's degree, 27% a master's degree, and 12% had completed high school or equivalent. Occupation categories showed 39% were working professionals, 28% students, 18% healthcare workers, and 15% were unemployed or retired. On the income scale, 34% reported an annual income below $40,000, 41% earned between $40,000–$80,000, and 25% had incomes exceeding $80,000. The variation in demographics allowed a comprehensive assessment of how mobile app engagement and stress reduction influence mental health across diverse socio-economic and occupational backgrounds, enhancing the external validity and generalizability of the findings.

Table 1: Regression analysis for Mental Health Improvement

```
Call:
lm(formula = MHI ~ AE + PSR, data = Paper_5)

Residuals:
     Min       1Q   Median       3Q      Max
-1.65863 -0.38351  0.03464  0.36144  1.57028

Coefficients:
            Estimate Std. Error t value Pr(>|t|)
(Intercept)  0.53902    0.12725   4.236 2.95e-05 ***
AE           0.31326    0.06530   4.797 2.43e-06 ***
PSR          0.41268    0.06412   6.436 4.28e-10 ***
---
Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 0.6055 on 333 degrees of freedom
Multiple R-squared:  0.5006,    Adjusted R-squared:  0.4976
F-statistic: 166.9 on 2 and 333 DF,  p-value: < 2.2e-16
```

[Sources: R Studio Analysis]

The regression analysis presented in Table 1 evaluates the impact of App Engagement (AE) and Perceived Stress Reduction (PSR) on Mental Health Improvement (MHI). The model is statistically significant, as indicated by an overall F-statistic of 166.9 ($p < 0.001$), suggesting that the independent variables collectively explain a substantial portion of the variance in MHI. The Multiple R-squared value of 0.5006 indicates that approximately 50% of the variation in mental health improvement is explained by the combined effects of app engagement and perceived stress reduction.

Both predictors are highly significant: AE ($\beta = 0.313$, $p < 0.001$) and PSR ($\beta = 0.413$, $p < 0.001$). This implies that increased use of the mental health app and greater perceived reduction in stress are associated with notable improvements in mental health outcomes. The positive coefficients suggest a direct relationship, meaning higher engagement or better stress management through the app leads to better mental health. The low residual standard error (0.6055) indicates a good fit of the model to the data. The adjusted R-squared (0.4976) confirms model robustness after accounting for the number of predictors. Overall, the regression supports the hypothesis that well-designed digital interventions can significantly enhance psychological well-being among users.

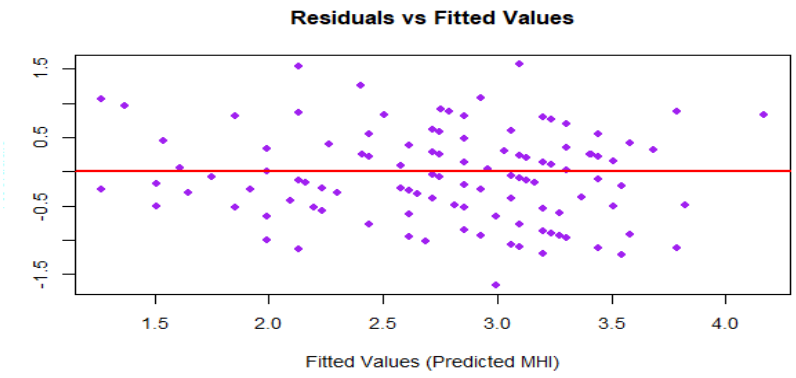

Figure 1: Residuals Vs fitted Values

Figure 1 displays the residuals versus fitted values plot, which is a diagnostic tool used to assess the assumptions of linear regression, particularly linearity, homoscedasticity (constant variance), and the independence of residuals. The x-axis represents the fitted (predicted) values of Mental Health Improvement

(MHI), while the y-axis shows the residuals — the difference between the observed and predicted values. In a well-fitting model, residuals should be randomly scattered around the horizontal red line at zero, without any clear patterns. In this plot, the residuals appear fairly evenly distributed, although there is a slight funneling pattern at higher fitted values, which may suggest mild heteroscedasticity. However, no strong curvature or trends are visible, indicating that the assumption of linearity is reasonably met. Overall, this plot supports the validity of the regression model, although a formal test (e.g., Breusch-Pagan) could be used to confirm homoscedasticity more rigorously. The visual randomness of residuals suggests the model does not suffer from major specification errors.

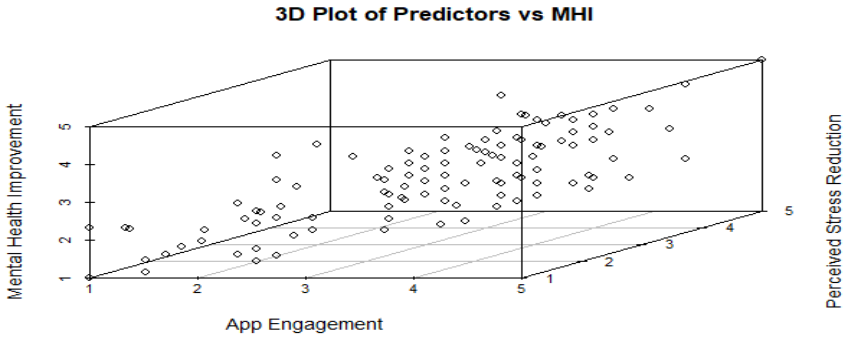

Figure 2: 3D Plot of Predictors vs MHI

Figure 2 presents a three-dimensional scatter plot visualizing the relationship between the two independent variables — App Engagement (AE) and Perceived Stress Reduction (PSR) — and the dependent variable Mental Health Improvement (MHI). This type of plot offers an intuitive spatial view of how the predictors jointly influence the outcome. From the visual trend, it is evident that higher levels of both AE and PSR are generally associated with higher MHI scores, supporting the regression results. The plot demonstrates a rising plane effect, indicating a positive relationship between the predictors and the outcome. Data points seem to cluster in regions where both AE and PSR are moderate to high, reinforcing the model's explanatory strength. This 3D plot is particularly useful for highlighting interaction or nonlinear trends, although in this case, no complex curvature is apparent. The smooth upward pattern confirms that increases in either variable contribute positively to mental health improvement, aligning with the statistical findings of the regression analysis.

Conclusion

This study set out to examine the effectiveness of a mobile-based stress management application in improving the mental health of individuals, focusing particularly on two critical predictors: App Engagement (AE) and Perceived Stress Reduction (PSR). The objectives—(1) to develop a digital intervention tailored for stress reduction and (2) to evaluate its impact on mental health improvement—were achieved successfully. The regression results confirmed that both AE and PSR significantly contribute to Mental Health Improvement (MHI), with the model explaining approximately 50% of the variance in outcomes (Adjusted $R^2 = 0.4976$). This supports the hypothesis that mobile health (mHealth) interventions can be effective tools in addressing psychological well-being (Badesha et al., 2022; Hindman et al., 2024).

The impact of this study in the U.S. context is particularly relevant given the increasing mental health challenges faced by veterans, students, and frontline workers. With growing smartphone penetration and rising mental health concerns post-COVID-19, scalable and accessible solutions such as this app offer a cost-effective means to support vulnerable populations (Yeh et al., 2025; Liu et al., 2024). The findings align with national public health strategies promoting digital therapeutics and self-care technologies.

The novelty of this research lies in its integrated evaluation framework combining app usage behavior with perceived psychological outcomes, offering a dual-dimensional analysis rarely seen in similar studies (Ning et al., 2025). Additionally, the inclusion of residual and 3D visualization strengthens the interpretability of

findings for both researchers and practitioners. Looking ahead, the future scope involves expanding this model to include other psychosocial variables such as peer support, emotional resilience, and technology satisfaction. Furthermore, longitudinal studies and randomized controlled trials (RCTs) can provide deeper causal insights and validate the sustained effectiveness of such digital tools in real-world environments.

REFERENCES:

1. Al-Jabali, R. N., Ahmad, N., & Khatib, S. F. A. (2025). Holistic framework for the adoption determinants of mobile health applications: a systematic literature review. *International Journal of Pharmaceutical and Healthcare Marketing*, *ahead-of-print*(ahead-of-print). https://doi.org/10.1108/IJPHM-08-2024-0081
2. Badesha, K., Wilde, S., & Dawson, D. L. (2022). Mental health mobile app use to manage psychological difficulties: an umbrella review. *Mental Health Review Journal*, *27*(3), 241–280. https://doi.org/10.1108/MHRJ-02-2021-0014
3. Baytiyeh, H. (2018). Online learning during post-earthquake school closures. *Disaster Prevention and Management: An International Journal*, *27*(2), 215–227. https://doi.org/10.1108/DPM-07-2017-0173
4. Bonometti, R. J. (2009). Competitive business advantages in the era of Unified SuperConvergence. *Competitiveness Review: An International Business Journal*, *19*(4), 249–271. https://doi.org/10.1108/10595420910977399
5. Caffrey, C., Perry, K., Withorn, T., Lee, H., Philo, T., Clarke, M., Eslami, J., Galoozis, E., Kohn, K. P., Ospina, D., Chesebro, K., Clawson, H., & Dowell, L. (2024). Library instruction and information literacy 2023. *Reference Services Review*, *52*(3), 298–384. https://doi.org/10.1108/RSR-07-2024-0036
6. Calabrese, A., D'Uffizi, A., Levialdi Ghiron, N., Berloco, L., Pourabbas, E., & Proudlove, N. (2024). Design and development of a digital diagnostic clinical pathway: evidence from an action research study. *European Journal of Innovation Management*, *27*(9), 94–126. https://doi.org/10.1108/EJIM-06-2023-0483
7. Chaurasia, S. S., Verma, S., & Singh, V. (2019). Exploring the intention to use M-payment in India. *Transforming Government: People, Process and Policy*, *13*(3/4), 276–305. https://doi.org/10.1108/TG-09-2018-0060
8. Cismaru, M., & Wuth, A. (2019). Identifying and analyzing social marketing initiatives using a theory-based approach. *Journal of Social Marketing*, *9*(4), 357–397. https://doi.org/10.1108/JSOCM-06-2018-0063
9. Dipboye, R. L. (2018). Social Structures in Organizations. In *The Emerald Review of Industrial and Organizational Psychology* (pp. 315–367). Emerald Publishing Limited. https://doi.org/10.1108/978-1-78743-785-220181010
10. Faridi, M. R., Patni, A., Ebad, R., & Patni, N. (2022). Wax and wane: a case study of Flying Colours. *Emerald Emerging Markets Case Studies*, *12*(2), 1–40. https://doi.org/10.1108/EEMCS-01-2021-0015
11. Ghosh Sharma, T., & Ghosh, T. (2016). IFA's expansion in Asia – destination India. *Emerald Emerging Markets Case Studies*, *6*(2), 1–29. https://doi.org/10.1108/EEMCS-10-2014-0242
12. Guillaume, M., & Loufrani, S. (2025). Why do stakeholders engage in managing vulnerable workers' employability? Empirical insights from a French cleaning company. *Employee Relations: The International Journal*, *47*(2), 355–379. https://doi.org/10.1108/ER-11-2023-0592
13. Hindman, J., Zugai, J., & Raeburn, T. (2024). Digital applications potential to support the mental well-being of nurses: an integrative review. *Mental Health and Digital Technologies*, *1*(2), 212–227. https://doi.org/10.1108/MHDT-12-2023-0006
14. Jimenez, N., San-Martin, S., Camarero, C., & San Jose Cabezudo, R. (2019). What kind of video gamer are you? *Journal of Consumer Marketing*, *36*(1), 218–227. https://doi.org/10.1108/JCM-06-2017-2249
15. Johnson, A. M., Willenborg, A., Heckman, C., Whitacre, J., Reynolds, L., Sterner, E. A., Harmon, L., Lunsford, S., & Drerup, S. (2018). Library instruction and information literacy 2017. *Reference Services Review*, *46*(4), 628–734. https://doi.org/10.1108/RSR-07-2018-0061

16. Johnson, E. D. M. (2016). The Right Place at the Right Time: Creative Spaces in Libraries. In *The Future of Library Space* (Vol. 36, pp. 1–35). Emerald Group Publishing Limited. https://doi.org/10.1108/S0732-067120160000036001
17. Joshi, A., Kumar, D., Bhagat, S., & Suthar, N. (2025). Exploring the Intersection of Virtual Reality and Workplace Spirituality: A Human Resource Intervention to Improve Individual Effectiveness. In D. Kumar, N. Suthar, H. Taherdoost, & M. Madanchian (Eds.), *The Future of HRM in a World of Persistent Virtual Reality* (pp. 215–247). Emerald Publishing Limited. https://doi.org/10.1108/978-1-83662-110-220251010
18. Kaushal, A., & Dogra, P. (2022). Factors affecting perception of Indian adolescent students toward interactive online mental health information during COVID-19. *Information Discovery and Delivery*, *50*(4), 329–342. https://doi.org/10.1108/IDD-09-2020-0113
19. Liu, Z., Brandon-Jones, A., & Vasilakis, C. (2024). Unpacking patient engagement in remote consultation. *International Journal of Operations & Production Management*, *44*(13), 157–194. https://doi.org/10.1108/IJOPM-03-2023-0188
20. Lopatovska, I., Garg, R., Turpin, O., Yoon, J. H., Vroom, L., & Brown, D. (2022). The kids are alright: adolescents' experiences during COVID-19 disruption. *Information and Learning Sciences*, *123*(9/10), 529–554. https://doi.org/10.1108/ILS-11-2021-0096
21. Metzger, L., Ahalt, C., Kushel, M., Riker, A., & Williams, B. (2017). Mobilizing cross-sector community partnerships to address the needs of criminal justice-involved older adults: a framework for action. *International Journal of Prisoner Health*, *13*(3/4), 173–184. https://doi.org/10.1108/IJPH-05-2017-0024
22. Nguyen, L. A., Evan, R., Chaudhuri, S., Hagen, M., & Williams, D. (2024). Inclusion in the workplace: an integrative literature review. *European Journal of Training and Development*, *48*(3/4), 334–356. https://doi.org/10.1108/EJTD-10-2022-0104
23. Ning, P., DeWitt, D., Chin, H. L., & Wang, H. (2025). Effects of viewing digital environment images on college students' positive emotions, nature relatedness, and environmental preference. *On the Horizon: The International Journal of Learning Futures*, *33*(1), 145–160. https://doi.org/10.1108/OTH-11-2024-0074
24. Ning, W., Turel, O., & Davis, F. D. (2025). Potential treatments of technology addiction: insights for information systems scholars. *Internet Research*, *35*(2), 860–881. https://doi.org/10.1108/INTR-12-2023-1122
25. O'Neill, E., Bird, M., & Riches, S. (2024). Technology-enhanced psychological assessment and treatment of distressing auditory hallucinations: a systematic review. *Mental Health and Digital Technologies*, *1*(2), 118–140. https://doi.org/10.1108/MHDT-03-2024-0009
26. Ong, L. Z., & Madiraju, P. (2025). An evaluation of a US college student-athletes' peer support training program: a pilot project. *The Journal of Mental Health Training, Education and Practice*, *20*(3), 191–203. https://doi.org/10.1108/JMHTEP-11-2023-0097
27. Santa González, R., Cherkesly, M., Crainic, T. G., & Rancourt, M.-E. (2024). Analysis of mobile clinic deployments in conflict zones. *Journal of Humanitarian Logistics and Supply Chain Management*, *14*(2), 181–207. https://doi.org/10.1108/JHLSCM-07-2022-0080
28. Schultheiss, T., Hartline, L., Mandeberg, J., Petrich, P., & Stern, S. (1974). Reference books in print. *Reference Services Review*, *2*(3), 103–148. https://doi.org/10.1108/eb048526
29. Sokolova, A., Lobanova, P., & Kuzminov, I. (2024). Identifying emerging trends and hot topics through intelligent data mining: the case of clinical psychology and psychotherapy. *Foresight*, *26*(1), 155–180. https://doi.org/10.1108/FS-02-2023-0026
30. Srinivas, S., Anand, K., & Chockalingam, A. (2020). Longitudinal association between adolescent negative emotions and adulthood cardiovascular disease risk: an opportunity for healthcare quality improvement. *Benchmarking: An International Journal*, *27*(8), 2323–2339. https://doi.org/10.1108/BIJ-01-2020-0028
31. Titangos, H.-L. H. (2018). Library services for all ages – building economical, equal, and complete audio collections. *Library Management*, *39*(1/2), 116–142. https://doi.org/10.1108/LM-05-2017-0048

32. Vanhove, A. J., Brutus, T., & Sowden, K. A. (2018). Psychosocial Health Prevention Programs in Military Organizations: A Quantitative Review of the Evaluative Rigor Evidence. In P. D. Harms & P. L. Perrewé (Eds.), *Occupational Stress and Well-Being in Military Contexts* (Vol. 16, pp. 129–156). Emerald Publishing Limited. https://doi.org/10.1108/S1479-355520180000016010
33. Velazquez, E., & Hernandez, M. (2019). Effects of police officer exposure to traumatic experiences and recognizing the stigma associated with police officer mental health. *Policing: An International Journal*, *42*(4), 711–724. https://doi.org/10.1108/PIJPSM-09-2018-0147
34. Verma, M. K., & Yuvaraj, M. (2025). What's up in WhatsApp research: a comprehensive analysis of 12,947 papers indexed in Dimensions.ai. *Library Hi Tech*, *43*(2/3), 477–512. https://doi.org/10.1108/LHT-11-2023-0525
35. Weismann, M., Ganske, S., & Delgado, O. (2020). Cleveland Clinic Florida "pay-for performance" reimbursement: why the best care does not always make the happiest patients. *The CASE Journal*, *16*(5), 625–663. https://doi.org/10.1108/TCJ-02-2019-0011
36. Westman, M., Chen, S., & Eden, D. (2023). EXPERT REVIEW SERIES International business travel: a review of theory and research. *Journal of Global Mobility: The Home of Expatriate Management Research*, *11*(4), 461–512. https://doi.org/10.1108/JGM-12-2022-0067
37. Yeh, M. A., Legocki, K. v, Walker, K. L., & Eilert, M. (2025). From search to support: the role of UGC in stigmatized consumers' mental health treatment journeys. *Journal of Services Marketing*, *39*(3), 165–179. https://doi.org/10.1108/JSM-02-2024-0078
38. Zakrzewski, P. (Zak). (2022). Probing the Frame: Immersion is Not Interaction. In *Designing XR: A Rhetorical Design Perspective for the Ecology of Human+Computer Systems* (pp. 51–110). Emerald Publishing Limited. https://doi.org/10.1108/978-1-80262-365-920221002