

The Need for Palliative Care Education and Training in Liberia and Indonesia: A Review of the Literature

Moses Tende Stephens¹, Erna Rochmawati^{2,*}

1 Master of Nursing, Post Graduate Program, Muhammadiyah Yogyakarta, Indonesia.

2 Master of Nursing, Post Graduate Program, Universitas Muhammadiyah Yogyakarta, Indonesia.

*Corresponding Author Email:

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Correspondence:

Moses Tende Stephens

moses.tende.psc20@mail.umy.ac.id

Abstract

Background: Palliative care education is still in infancy in some countries, including Liberia and Indonesia. Palliative care education resources for health care professionals in Liberia and Indonesia have not emerged in the tutorial curriculum for advancement.

Aims: This review aimed to identify the availability of palliative care education and the factors that influence palliative care education in Liberia and Indonesia.

Methods: In this study, the researcher reviewed the literature of articles found in Scopus, PubMed, Google Scholar, and Science Direct, published until December 2021. The eligible studies investigating the need for palliative care education and training in Liberia and Indonesia were included. The quality of the studies was evaluated using a critical evaluation tool from the Joanna Briggs Institute, and PRISMA was used to analyze the data findings.

Results: After a comprehensive review, this review included fourteen eligible articles. After intensive study, the article concluded that three unique common factors affect palliative care education in developing countries. Those factors included poor infrastructure, lack of government support, and the inaccessibility of a palliative care curriculum. Likewise, those articles show the slow development of PC education in Liberia.

Conclusions: This literature review shows the lack of palliative care education in Liberia and Indonesia. As identified, there is a gap in palliative care education and training. Therefore, there is a need to invest in human resources and palliative care education resources due to its slow improvement.

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Introduction

Palliative care is an integrative approach to maximizing the quality of life and minimizing those with severe and complex illnesses (Rhee et al., 2018). About forty million people need a computer yearly; 78% live in low- and middle-income countries (Wiese et al., 2013). Globally, only 14% of people needing a PC receive it. This situation is due to the limited availability and access to palliative care services and the lack of exposure to palliative care during healthcare professional training (Rhee et al., 2018). Many countries where palliative care is still in its infancy experience limited integration into their curriculum (Frey et al., 2014; Rochmawati et al., 2016). The need for palliative care education is critical in Liberia to improve the availability and quality of palliative care services. The general

knowledge approach helps to implement palliative care in the public and can improve knowledge about palliative care for all healthcare professionals and the public (Hannon et al., 2016; Jack et al., 2012). A previous study found that most African countries lack formal education in PC settings or training for health professionals, which explains the lack of knowledge about PC (Aldridge et al., 2016). Most specialists in many African nations have been found to lack the competence and skills to conduct end-of-life discussions, which can be seen as proof of the lack of elements of palliative care knowledge (Sasaki H et al., 2017). Deficiencies can affect relational factors by making healthcare professionals incompetent in communicating with patients and themselves. (Ens et al., 2011; Ingleton et al., 2013). However, some African countries are developing national palliative care programs to bridge the skills and knowledge

needed to practice palliative care (Agom et al., 2020). Only four African countries (Uganda, South Africa, Kenya, and Tanzania) have integrated palliative care into their national health policies and strategies (Hicks et al., 2021). Swaziland, Rwanda, and Mozambique have draft guidelines that require approval from the Ministry of Health. Five African countries, including Uganda, South Africa, Kenya, Tanzania, and Rwanda, integrate palliative care into medical professionals (Ndlovu et al., 2021). Two countries (Uganda and South Africa) recognize palliative care as a research subject (Fraser et al., 2018a; Rawlinson et al., 2014a). Funding and resources for PC education remain a low priority for a country like Liberia, as successful PC implementation requires considering local resources and customs and corporate education initiatives to train medical professionals and volunteers. Community-based volunteer programs for palliative care are essential in many areas. It is especially critical in remote areas and interiors, where specialized medical facilities are an additional challenge (Iida et al., 2021; Pereira et al., 2011). Public advocacy and education are also essential to address the stigma and myths that impede the availability of PC education in Liberia, requiring investments in research infrastructure and support from local researchers (Mitchinson et al., 2021). Furthermore, the African Palliative Care Association has developed a core palliative care curriculum and core competence framework for PC providers in Africa and an e-learning model for self-development learning (Rochmawati et al., 2016 et Rawlinson et al., 2014b). Although many researchers have produced scientific work in the field of palliative care, less attention paid to palliative care education in developing countries such as Liberia and Indonesia. One of the fundamental components required in the educational plan for Liberian and Indonesian palliative care is to address training in palliative care. The six stages of palliative care education include public knowledge about palliative care education for all residents (Bassah et al., 2014). Furthermore, learning palliative care should begin effectively at school for every one of the populaces. Stage 1 simultaneously provides essential information about healthcare professionals and the entire staff working in clinics, nursing homes, and other clinical care offices. In addition, this includes individuals working in cleaning, family, mechanics, and organization. Stage two, the subsequent advance, includes palliative care knowledge as far as wellbeing might be concerned experts adding to the individuals who do not consistently provide care for the sick and dying individual. This progression guarantees adequate care throughout medical administration (Boske et al., 2021). Additionally, stage three discussed the

medical professionals who regularly need to care for sick and dying people who need good knowledge about palliative care. Stage 4 discussed the terms of the preparation program and proposed 160 hours as appropriate for medical service professionals who need to focus on dying individuals. The fifth step discusses specific care for medical experts and others whose primary errand is the care and therapy of debilitated and dying individuals. A few nations have effectively presented a specialization or sub-specialization for doctors and medical attendants (Musick et al., 2021 et Bush, 2012). This progression helps to guarantee a significant degree of specific palliative care. The last advance clarifies the further scholastic education, prompting an expert or Ph.D. degree, which is fundamental for future pioneers and analysts in palliative care (Rhee et al., 2018).

Health care in Liberia

Palliative care came into the Liberian medical services framework in 2013. Liberia faces a deficiency in palliative care education, especially for patients with cutting-edge phases of HIV/AIDS, tuberculosis, diabetes, and diseases (Musick et al., 2021). Palliative care education in Liberia faces social and financial variables. And the view of patients and their families, the mentalities of medical service providers, the absence of education and training for the medical care workforce, and the absence of coordination ((Anyanwu & Agbedia, 2020). The support of palliative care education requires equipped medical care providers, sufficient facilities, and good public awareness. Implementing palliative care in Liberia will require a joint effort between medical personnel in clinics and essential care workers. Health professionals play a positive role in spreading PC training. The need for palliative care schooling remains indispensable to add to the lifetime of patients, both older and young people with malignancies, in Liberia. Training resources should be customized to the crowd and students to shape them socially (Anyanwu & Agbedia, 2020).

The African Palliative Care Relationship with the Palliative Care Education Group increased palliative care education resources for medical care professionals in Liberia. Palliative care has been available in Africa for almost forty years, and its services are growing in light of the HIV/AIDS pestilence (Adejoh et al., 2021). In any case, the need to improve malignant growth in patients remains a test in Liberia. Palliative care education and training drives have not been met throughout Liberia. International organizations support palliative care education and training (Aldridge et

al., 2016). Education could be an indispensable commitment to all palliative care groups' viability, enlistment, maintenance, and supportability (Frey R et al., 2014). Palliative care groups have the crucial task of supporting and teaching associates (Peters et al., 2012). There are some asset challenges when considering conveying instruction in Liberia: accessibility of instructors, the effect on associations of time away for students for vis-à-vis meetings, travel distances, coordination, and cost (Fraser et al., 2018b). The World Health Organization suggested in 2004 that legislatures remember palliative care when preparing educational plans (Downing et al., 2015). Medical care workers at all levels and such educational programs for palliative care have been created in African regions of Africa in recent years, with a variety of courses accessible to health and social care experts, volunteers, strict pioneers, instructors, and others associated with the arrangement of palliative care services ((Aldridge et al., 2016).

Health care in Indonesia

When the Indonesian government launched the National Health Insurance as a system to implement universal health care in 2014, the need for palliative care in Indonesia began to receive more attention alongside the revelation of diverse cancer patients. In 2007, the Indonesian government showed its help by implementing the palliative care strategy, declaring the implementation of palliative care in a few medical facilities (Loth et al., 2020). The palliative care education and training approach is still very limited in certain hospitals and regions in Indonesia. National health insurance is intended to reach the entire population, regardless of economic status (Cleary et al., 2013). There are only 14 hospitals in the country, with more than 273 million people providing palliative care and interprofessional education for palliative care. In Indonesia, palliative care training and education still need improvement; studies show it is lacking in some regions (Kim et al., 2020). The lack of palliative knowledge between hospitals and first-care centers hinders continuity of care between healthcare providers (Kristanti et al., 2017). Palliative care activities in Indonesia are available in seven cities on three large islands (Nkhoma et al., 2021). That leads to the accompanying inquiries: How essential is the need for palliative care education and training in Liberia and Indonesia? What are the boundaries and facilitation factors in providing palliative education and training? What is the role of Liberian and Indonesian medical care experts in palliative care? However, why should everyone be interested in learning palliative care when there are experts to

deal with it? An expected large number of individuals needing palliative care cannot be handed off by specific palliative care suppliers alone (Paal et al., 2020). The development of palliative care education will further develop the health system (Ens et al., 2011).

The general purpose of this literature on palliative care education training in Liberia and Indonesia was to identify the availability of palliative care education and factors that influence palliative care education in Liberia and Indonesia. It also highlights providing complete knowledge to communities about palliative care education and training. I can also systematically search and synthesize the literature to identify critical questions about improving palliative care through education, hospitals, and nursing homes.

Materia and Methods

A comprehensive review was conducted, and the research used a systematic review method. All literature was analyzed in the following databases and search engines: PubMed, Science Direct, Scopus, and Google Scholar. The keywords Palliative care, education, Indonesia, Liberia, Training, and literature were researched from a relevant website. The search terms for this review were supported by an initial search of the literature, exploring relevant hits and keywords utilized in articles specific to the research questions for the literature.

Research strategy

The search strategy included palliative care, education, training, Liberia, and Indonesia. The most effective terms that helped identify related articles were "palliative care education, palliative care training, and palliative care in Africa, Liberia, and Indonesia. These terms were used to search for related studies on Scopus, PubMed, Google Scholar, and Science Direct.

Study Selection

Two researchers separately screened the articles' titles and abstracts of the search. Then, they screened the entire work of the selected papers to find missing content. And if there were a disagreement in any step, the two researchers would argue and sort it out to resolve it.

Data collection process

The two researchers (MS AND ER) individually extracted the data from the articles based on the data extraction form and over any issue. All data were extracted using a checklist consisting of the author's name, the title of each article, the year the article was published, the language, the type of paper, and finally, the quality of the article.

Synthesis of Results

A narrative synthesis approach was used to synthesize the findings of the studies, which were then discussed and summarized.

Results

Study Selection

The titles and abstracts of 65 documents were selected according to criteria; 40 articles were eligible for the selection of full text (Table 1), and only 14 pieces were suitable according to the objectives and standards of the present study. Table 1 briefly describes the 14 articles included in the study according to purpose and findings. Of these articles, four studies show the lack of knowledge in palliative care education for dying children. Five studies show slow improvement in palliative care education in Africa. Three focus on health professionals who train palliative care workers in Africa, and two studies show the slow evolution of palliative care education in Indonesia. Palliative care is usually carried out by a student nurse, physicians, and nurses who work in the community and are integrated into the curriculum of the health professional program (Hicks et al., 2021). In an inspection to educate family and community groups about palliation care, training and education on how to provide care at home would increase the standard of palliative care (Frey R et al., 2014; Hannon et al., 2016).

Palliative care education in Liberia and Indonesia: main findings

Education and training of healthcare workers is a way to address the inadequate number of trained clinicians in the field and the steadily neglected palliative care that has arisen. Educating link nurses in PC is one way to utilize nurses in the palliative area (Rawlinson et al., 2014b). The method of providing education must include formal

Figure 1 shows the results of 390 documents obtained using the search strategy in the research database (Scopus: 30, PubMed: 85, Google Scholar: 180, and Science Direct: 95), but the number of articles after duplication was 300.

Inclusion and exclusion criteria: The search period lasted from December 2020 to December 2021. We inserted articles associated with the Improvement of Palliative Care Education in Africa (Liberia) and Indonesia to describe PCs' state of affairs on both continents clearly. The research was limited to articles published between January 2010 and December 2021. All articles searched were classified using Mendeley bibliographic software and using folders on the computer.

or informal, online or face-to-face, in the learning process. The educational duration of palliative care training must be expected to expand for two years to improve care delivery. These articles mention formal learning, which empowers students to interact in PC education to improve health systems. Informal learning articles review the participation of communities in palliative care education through training (Rawlinson et al., 2014b). After a thorough review of the study, we found three common factors that affect palliative care education in developing countries. Those factors included poor infrastructure, lack of government support, and the inaccessibility of a palliative care curriculum. Similarly, those articles show the slow development of PC education and training in Liberia.

Facilitating factors identified in both countries included the Indonesian Association of Nursing Education (Rochmawati et al., 2016) and the African Palliative Care Association, including family and community support to grow palliative care education and its training (Grant, Downing, et al., 2011). Providing knowledge and training in palliative care is a critical facilitator at its turn of events. Human resources criteria are

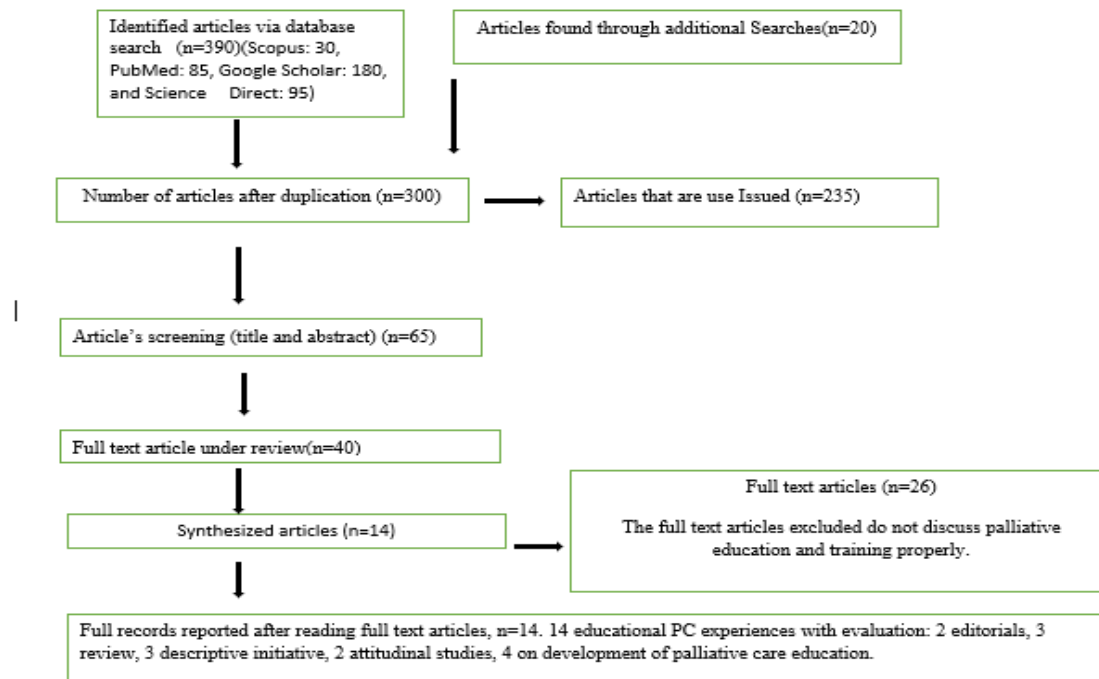


Figure 1: The (PRISMA) diagram focuses primarily on reporting reviews evaluating the effects of interventions but can also be used as a basis for writing systematic reviews with objectives.

The best representation is education in palliative care. Palliative care education and training influence not only the level of care provided but also the level of team participation (Grant et al., 2011). Challenges and Barriers to Palliative Care Education in Liberia and Indonesia

The challenges in PC education and training in Indonesia are often associated with the government strategy, the absence of palliative care education, the attitude toward medical care, and general social conditions within the country(Nkhoma et al., 2021). The working factors that support the inventory of palliative care in Indonesia include cultural support, government strategy support, and support from local organizations (Rochmawati et al., 2016). Indonesia lacks palliative care education and specialist clinicians (Rochmawati et al., 2016).

The challenges of informal education include the lack of training for palliative care providers and the requirement of formal acknowledgment of specific PC training (Fraser et al., 2018b). The importance of palliative care education and training among health workers has also been perceived as improving. Since 2002, the African Palliative Care Association has recognized that palliative care education has expanded within the region(Sasaki et al., 2017). Notwithstanding this effort to enhance palliative care education and training, few trained palliative care providers are still in Liberia. The shortfall in palliative care education could be the lack of subsidizing expert palliative care and hierarchical limitations related to insufficiently qualified teachers (Bush, 2012; Fraser et al., 2018b).

Table 1: In previous related studies using data extraction tables, we individually mapped the data of the articles contained by all authors, year of publication, title, language, methodology, purpose, and significant findings.

Writer (year)	Title	Year	Language	Method	Objective	Finding
Rhee et al.	The African PC Association (APCA) Atlas of Palliative Care Development in Africa	2018	English	Qualitative interviews	The objective was to develop and use many indicators to measure the development of African palliative care.	Uganda, South Africa, and Kenya offer the best professional hospice and PC services (71% of the identified palliative care services).
Anyanwu and Agbedia	The Practice of Palliative Care among Nurses in Selected Hospitals in Eastern Nigeria	2020	English	descriptive cross-sectional design.	Determine how nurses' variables, knowledge, and attitudes affect palliative care practices in eastern Nigeria.	Most respondents (40.1%) had RN / RM as the highest educational qualification.
Amery et al.	A study of children's PC educational needs of health professionals in Uganda	2010	English	The Mixed Quantitative and qualitative survey set	To survey the educational needs of Ugandan healthcare professionals related to palliative care (CPC).	Communication with children was rated highest in all three arms of the study self-assessment survey.
Aldridge et al.	Education, implementation, and policy to PC	2016	English	Using literature review	Provide an overview of the barriers to the broader integration of PC.	They identified critical barriers to palliative care integration in three domains of the World Health Organization: (1) education domain.

Writer (year)	Title	Year	Language	Method	Objective	Finding
Bush	PC Education: Does it influence future practice?	2012	English	A descriptive/explorative mixed methods study	This research study aims to determine whether completing selective oncology and PC courses will help a group of undergraduate nursing students.	The results of this study emphasized the importance of students studying a particular topic within a single program and how this opportunity encouraged them to participate in learning processes.
Fraser et al.	Palliative care development in Africa: Lessons from Uganda and Kenya	2018	English	Review	They investigated the impact of approaches to facilitate the development of PC Uganda and Kenya.	In both countries, the success of these efforts appears to be related to the integration of PCs into the curriculum.
Pandey et al.	Perception of PC among medical students in a teaching hospital	2015	English	A descriptive study /using a self-structured pretested questionnaire	Finding the perception of medical students in PC in teaching hospitals.	Of the 270 medical students, only 152 heard the term PC. Eighty-four students also know that they can provide early PC in a life-threatening disease.
Reigada et al.	Educational programs for Family Caregivers in PC	2014	English	Using the literature review.	Analyze the literature on educational programs to empower PC patient care workers to explain conceptual differences between programs and psychosocial interventions.	Eight studies were identified and analyzed on program topics, measuring instruments, locations, results, strategies, and duration.

Writer (year)	Title	Year	Language	Method	Objective	Finding
Frey et al. (Frey et al., 2014)	Perceptions of clinical staff about palliative care-related quality of care, access to services, education, and confidence in training needs and delivery in an acute hospital setting	2014	English	A descriptive cross-sectional design	This study aimed to examine the perception of PC training.	On average, the clinical staff rated the quality of care provided to hospitalized people as "good" ("x = 4.17, SD = 0.91).
Peters et al.	Is work stress in palliative care nurses a concern?	2014	English	A literature review	This article aims to critically examine the current literature on stress and burnout in palliative care nurses.	In the reported studies, work demands were a common cause of stress. However, there is substantial evidence that palliative care or hospice caregivers were exposed to higher stress levels than caregivers in other disciplines.
Ingleton et al.	Exploring Education and training needs among the palliative care workforce	2013	English	Mixed Methods(Qualitative and Quantitative)	Education and training are seen as essential parts of the provision of palliative care.	The focus groups' results revealed various barriers to providing and managing palliative care, not least the need for more education and training.

Writer (year)	Title	Year	Language	Method	Objective	Finding
Ens et al.	Graduate Palliative Care Training: Evaluation of South African programs.	2011	English	A mixed method approach.	The purpose is to assess the degree of the University of Cape Town (UCT) Graduate Distance Education PC concerning perceptual abilities that affect palliative care.	The general graduate school survey results were 5 out of 6 categories, significantly higher than those of current students.
Iida et al.	Palliative and end-of-life educational interventions for staff working in long-term care facilities	2021	English	An integrative review of the literature	Integration of the current literature on palliative care and educational interventions in the care of EOL of LTCF employees and identification of disabilities and remedies in implementing interventions.	Despite the development of research in this area and this environment, the results are suboptimal research and educational practices for development, global volatility and non-standardized educational approaches, and a lack of perspective of service users. It suggests that it remains.
Jack BA et al.	The personal value of being a PC Community Volunteer Worker in Uganda	2012	English	A qualitative study	This study assesses volunteer motivation and the personal impact of working in Uganda as a PC community volunteer.	The results identify a cultural desire to be an essential motivation to help people participate in volunteering.

Writer (year)	Title	Year	Language	Method	Objective	Finding
Paal et al.	Interdisciplinary post-graduate PC education and training	2020	English	qualitative methodology	Facilitate ideas for the timely integration of palliative care services, facilitate interdisciplinary networking and communication, and improve self-care, introspection, and team-building skills.	Fifty-three of the 56 nurses in all palliative care professions completed the evaluation form (94.6% of the respondents), with an average age of 39 (22-64) and an average work experience of 13.6 (1- 44 years).
Rochmawati et al.	Current Status of PC services in Indonesia	2016	English	literature review	Review the medical literature on palliative care in Indonesia and identify factors that can influence the evolution of palliative care.	Identified barriers to palliative care delivery are the limited understanding of palliative care by medical professionals, the challenging geography, and limited access to opioid medications.

Table 2: Summary of strategies for developing palliative care for the Kenya and Uganda domains.

Area	Uganda	Kenya
Palliative care education and training.	HAU creates palliative care training programs for an alternate scope of medical care workers.	Expand the promotion and conveyance of post-graduate PC.
	Adapt palliative care to educational programs of health care professionals, ensuring.	Integrate PC in educational programs of medical professionals.

Discussion

Nursing students and doctors in Liberia and Indonesia believe that palliative care education in both countries appears underdeveloped and should be more integrated into medical education. Liberian and Indonesian physicians consider palliative care a significant field in the care of malignancies. Students possessing knowledge of the broad concept of PC, further improvement, and practical skills are missing(Gage et al., 2020). Most doctors

treating terminally ill patients would not work in PC services, but those who had required palliative care education were significantly more accepting of carrying out the work ((Grant, Brown et al., 2011). Regardless of the difficulties, the inventory of PC education in these countries is growing(Duncan & Sinanovic, 2019). With the recognition of PC as a critical component of health care through the WHO goal, there is a possibility of expanded education for palliative care across the regions(Harding et al., 2013). Palliative care

competencies and skills should be compulsory for all new specialists and nurses (Kristanti et al., 2017). The literature on palliative care education provides interest to numerous associations, organizations, experts, and instructors in presenting progressing training within the subject at the undergraduate and graduate levels (Grant, Brown et al., 2011)

Education in palliative care in other neighboring countries, Uganda and Kenya.

This review exclusively examines palliative care education and training in Liberia and Indonesia since the training structures in some African countries differ. In Uganda and Kenya, it is clear that undergraduate and post-graduate education in palliative care is high in implementation compared to Liberia. Their policy and multiple educational interventions recognize the need for palliative care education and training in palliative care (Nkhoma et al., 2021). The African Palliative Care Association organized an essential educational program on palliative care (Fraser et al., 2018b). The foundation of globally coordinated efforts to build critical mass research in Africa has endorsed the expanded advancement of palliative care education and training in Uganda and Kenya (Aldridge et al., 2016). The researcher's mentality toward palliative care education and care in both countries is usually good at the highest expected point (Kim et al., 2020). As for my country, Liberia lacks this training in one of our higher institutions. A table explains the strategies for developing the palliative care domain in Kenya and Uganda (Agom et al., 2020). Palliative courses are productive in significantly reducing negative attitudes toward death and expanding communication skills. Palliative care education, including the humanities, can serve as a vehicle (Jack BA et al., 2012)—a study carried out by Indonesia's current nursing literature lacks significant studies assessing palliative nursing knowledge and skills. Without appropriate data on nurses' knowledge about palliative care, they will not recognize and address real care education needs (Loth et al., 2020). In this way, there is an urgent call to analyze the PC educational needs of PC nurses in PC by identifying nurses' knowledge of palliative care, and it is also necessary to identify factors

associated with PC knowledge (Elysabeth et al., 2017).

Limitations to the Study

The limited number of studies also restricts the quality of the proof found. The low number was because palliative education and training are still new in Liberia and Indonesia, and education research is not yet well developed and integrated. In any case, excluding non-English papers after 2010 at the study's outset resulted in the article's rejection. Furthermore, the shortage of education and research is beginning in non-Anglophone countries. Most of the studies reviewed in this article have a high risk of selection bias.

Consequently, the findings of this review cannot be assumed to be transferable to a volume context. This review does not contain bias, as the two authors carried out it. Most of the grey reports had contentious content, so the study was believed to be comprehensive.

Conclusion and Future Research Direction

The main objective of this literature review is to explore the availability of palliative care education and the factors that influence palliative care education in Liberia and Indonesia. Similarly, it points out the elements and provides complete knowledge on palliative care education and training to communities. The review points out the availability of PC education and shows the slow improvement of PC education in Liberia and Indonesia. The study found two mediums of palliative care education: formal and informal. Future palliative programs looking at Liberia and Indonesia might imagine getting live online classes and active online groups that provide peer support and criticism. The videos will be precious if this is done with the appropriate consent. Indonesia and Liberia are probably ready for palliative care education and are expected to learn more after completing the course. Formal and informal learning will help spread the understanding and skills needed to provide quality PCs in Liberia and Indonesia. The limited number of studies also restricts the quality of the proof found. The low number was because palliative education and training are still new in Liberia and Indonesia, and

education research is not yet well developed and integrated.

Consequently, the findings of this review cannot be assumed to be transferable to a volume context. This review does not contain bias, as the two authors carried out it. After intensive study, the article concluded that three unique common factors affect palliative care education in developing countries. Those factors included poor infrastructure, lack of government support, and the inaccessibility of a palliative care curriculum. Similarly, those articles show the slow development of PC education and training in Liberia. This study encourages researchers to conduct studies on the success factors of palliative care education because it explores the factors that affect it.

DECLARATION SECTION

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Conflict of interest

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Data availability:

Data are available by contacting the corresponding author by email.

Authors' contribution

Study conception and design: MS, ER. Literature review/analysis: MS. Manuscript draft writing: MS study supervision: ER. Critical revisions for important intellectual content: ER.

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