

Workplace violence, work process and mental health of healthcare professionals: a systematic review

Violência ocupacional, processo laboral e saúde mental de profissionais da saúde: uma revisão sistemática

Violencia ocupacional, proceso laboral y salud mental de los profesionales de la salud: una revisión sistemática

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Abstract

Introduction: Workplace violence is a form of violence influenced by different factors that is becoming increasingly common against healthcare workers and affects the mental health of the category. **Objective:** To identify relationships between the way of working and the categorized forms of violence, understanding how they influence the work process and the mental health of healthcare professionals. **Methods:** This is a systematic review conducted under the PRISMA protocol in the PubMed, SciELO, and VHL databases. A total of 1,194 articles were screened and 19 were selected based on the eligibility criteria. **Results:** The following dimensions of workplace violence suffered by healthcare professionals are summarized: the forms of violence described, the agents who perpetrate the violence, the professionals who suffered the violence, the implications of workplace violence on mental and occupational health, and the institutional and legal responses to the occurrence of workplace violence. **Conclusions:** In this review we provide bases for acknowledging forms of violence suffered by healthcare professionals and present notes on how to face it, especially in an institutional context. We emphasize the importance of further research on the topic.

Keywords: Workplace violence; Mental health; Health personnel.

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Resumo

Introdução: A violência ocupacional é uma forma de violência influenciada por diferentes fatores laborais que se torna cada vez mais comum contra profissionais da saúde e gera repercussões na saúde física e mental. **Objetivo:** Identificar possíveis relações entre o modo de trabalho e as formas de violência, e a influência destas para o processo laboral e a saúde mental dos profissionais de saúde. **Métodos:** Trata-se de uma revisão sistemática conduzida sob protocolo PRISMA nas bases de dados PubMed, *Scientific Electronic Library Online* (SciELO) e Biblioteca Virtual em Saúde (BVS). Foram triadas 1.194 publicações e selecionados 19 artigos, a partir dos critérios de elegibilidade. **Resultados:** Da análise, emergiram categorias relacionadas à violência ocupacional sofrida por profissionais da saúde: formas de violência descritas; agentes que perpetraram a violência; profissionais que sofreram a violência; implicações da violência sobre saúde mental e laboral; e as respostas institucionais e legais frente à ocorrência da violência ocupacional. **Conclusões:** Esta revisão pode fornecer bases para o reconhecimento de formas de violência sofridas por profissionais de saúde, e apresenta apontamentos para enfrentá-la, sobretudo em âmbito institucional. Reforça-se a importância de mais pesquisas relacionadas à temática.

Palavras-chave: Violência no trabalho; Saúde mental; Pessoal de saúde.

Resumen

Introducción: La violencia laboral es una forma de violencia influida por diferentes factores laborales que cada vez es más común contra los profesionales de la salud y tiene repercusiones en la salud física y mental. **Objetivo:** Identificar posibles relaciones entre la forma de trabajar y las formas de violencia y su influencia en el proceso de trabajo y la salud mental de los profesionales de la salud. **Métodos:** Esta es una revisión sistemática realizada bajo el protocolo PRISMA en las bases de datos PubMed, SciELO y BVS. Se revisaron 1194 publicaciones y se seleccionaron 19 artículos, según los criterios de elegibilidad. **Resultados:** Del análisis surgieron categorías relacionadas con la violencia ocupacional sufrida por los profesionales de la salud: formas de violencia descritas, agentes que perpetran la violencia, profesionales que sufrieron violencia, implicaciones de la violencia en la salud mental y ocupacional, y respuestas institucionales y legales ante la ocurrencia de la violencia ocupacional. **Conclusiones:** Esta revisión puede brindar bases para el reconocimiento de las formas de violencia sufridas por los profesionales de la salud y presenta apuntes para enfrentarla, especialmente a nivel institucional. Se refuerza la importancia de más investigaciones relacionadas con el tema.

Palabras clave: Violencia laboral; Salud mental; Personal de salud.

INTRODUCTION

Workplace violence is understood as the experience of violence through any act; threat of physical violence; harassment; intimidation; or other threatening behavior that occurs in the workplace, which includes embarrassment, verbal abuse, physical aggression, and even homicide.¹ Such practices occur from the interaction of several factors, which involve working conditions, the organization of work processes, and the interaction between the worker and the aggressor.

Although we consider this definition in this article,² conceptualizing workplace violence and identifying the involved factors has been a challenge highlighted by the scientific literature, mainly resulting from the conceptual polysemy and cultural influences present in different societies, in which work and violence are considered.³

In the field of health, incidents related to workplace violence have become frequent, with direct implications for the health of healthcare professionals.⁴ Occupational risks related to health work have been reported by workers at several levels of care, such as professionals in health centers, hospital units, and emergency services; and by various professional categories such as nurses, nursing technicians, and physicians.⁵⁻⁸

Many researchers have documented the relationships between the way of working and the predominant forms of violence — as well as their consequences.^{7,9} There has been an increase in the number of sick leaves resulting from workplace violence suffered at work, resulting in a greater number

of medical evidence resulting from mental suffering related to the work environment. However, there are difficulties for social security medical experts in recognizing the relationship between workplace violence, occupational psychosocial stressors, and impacts on workers' mental health.⁹

As pointed out by Lancman et al.,⁶ the discussion on workplace violence is a complex task, which involves understanding the workplace, the practiced profession, and establishing a causal link between occupational stressors, the work environment, and mental health. In this sense, we aim at identifying the possible relationships between the way of working and the forms of violence, as well as their influence on the work process and the mental health of healthcare professionals.

Workplace violence, also known as occupational violence, is emerging as a topic of debate in the health sector, along with labor and social policies, due to its advancement and the repercussions of its occurrence on personal, professional, care, and institutional aspects. Nevertheless, understanding the context in which healthcare workers are inserted and the forms of violence they suffer, as well as the agents who most often perpetrate aggression, the professionals most affected, the implications of this issue, which alternatives and policies to combat it are put into practice, and the criteria for granting sick leaves to the victims, demands a complex analysis of a growing problem, considering that the data provide scientific evidence regarding the severity of acts of violence, due to their frequency and their consequences for biopsychosocial health.

METHODS

This is a systematic review of workplace violence and mental health. To this end, the following procedures were adopted: definition of the topic and research question; search and selection criteria for studies; search and selection of studies; analysis of the methodological characteristics and results of the studies; presentation and discussion of the results.¹⁰

Independent reviewers, based on the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), collected data in July 2022, in the PubMed, Scientific Electronic Library Online (SciELO), and Virtual Health Library (VHL) databases.¹¹

The search strategy used was, according to the Health Sciences Descriptors (DeCS), ((*workplace violence*) AND (*mental health*) AND (*health personnel*)).

To systematize the topic at present, during the 2018–2022 period, publications made in the aforementioned databases corresponding to the textual genre of articles were included, whose languages were Portuguese or English and with text available in full. The exclusion criteria were: duplicate studies in the database and among those researched; unavailable full text; textual genres other than articles; articles in another language, published outside the established period, and/or topics unrelated to the research objective.

The 1,194 articles (Figure 1) found were systematized in a database using the Microsoft Excel® software, considering the following variables: year of publication; title; authors' names; journal; study design/strategy, and main findings, the latter two being initially defined based on the article's abstract and confirmed by reading the article in full. The systematization involved the stages of identifying, outlining, analyzing, and interpreting the selected studies. Initially, titles and abstracts were read, with 848 being excluded according to the inclusion and exclusion criteria; 45 for being duplicates and 282 for not addressing the central topic of the study. Subsequently, 33 articles were read in full, and 19 were included in this study.

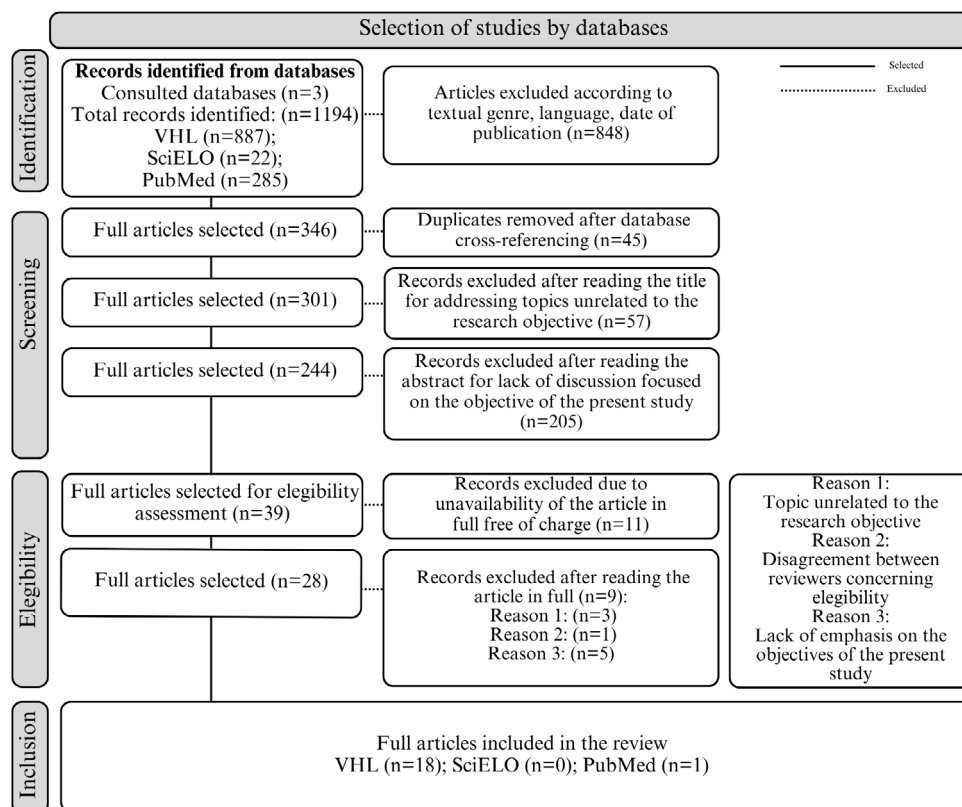


Figure 1. Flowchart of the systematic process for article selection.

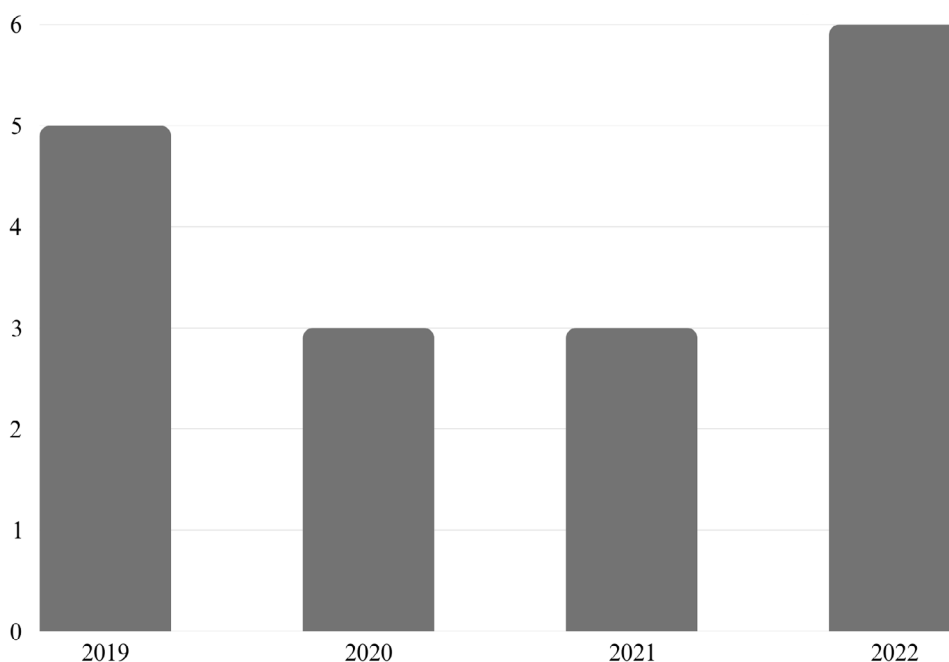
To assess the methodological quality of the selected articles, the instrument proposed by the Critical Appraisal Skills Programme (CASP) was applied, considering: (I) clear and justified objective; (II) methodological design appropriate to the objectives; (III) methodological procedures presented and discussed; (IV) sample selection; (V) data collection described, instruments and saturation process explained; (VI) explanation of the relationship between researcher and research object; (VII) ethical precautions; (VIII) in-depth and well-founded analysis; (IX) results presented and discussed, highlighting the aspect of credibility and use of triangulation; (X) description of the contributions and implications of the knowledge produced by the research as well as its limitations.

Based on the analysis of the bibliographic corpus, the results will be addressed from the perspective of seven dimensions as follows: 1. General characterization of the selected articles; 2. Conceptualization of workplace violence; 3. Forms of violence described; 4. Agents who perpetrate violence; 5. Professionals who suffered violence; 6. Implications of workplace violence for mental and occupational health; 7. Institutional and legal responses to the occurrence of workplace violence (sanctions applied to those who perpetrate violence, criteria for granting sick leaves due to mental illness for the victims, and education and awareness actions).

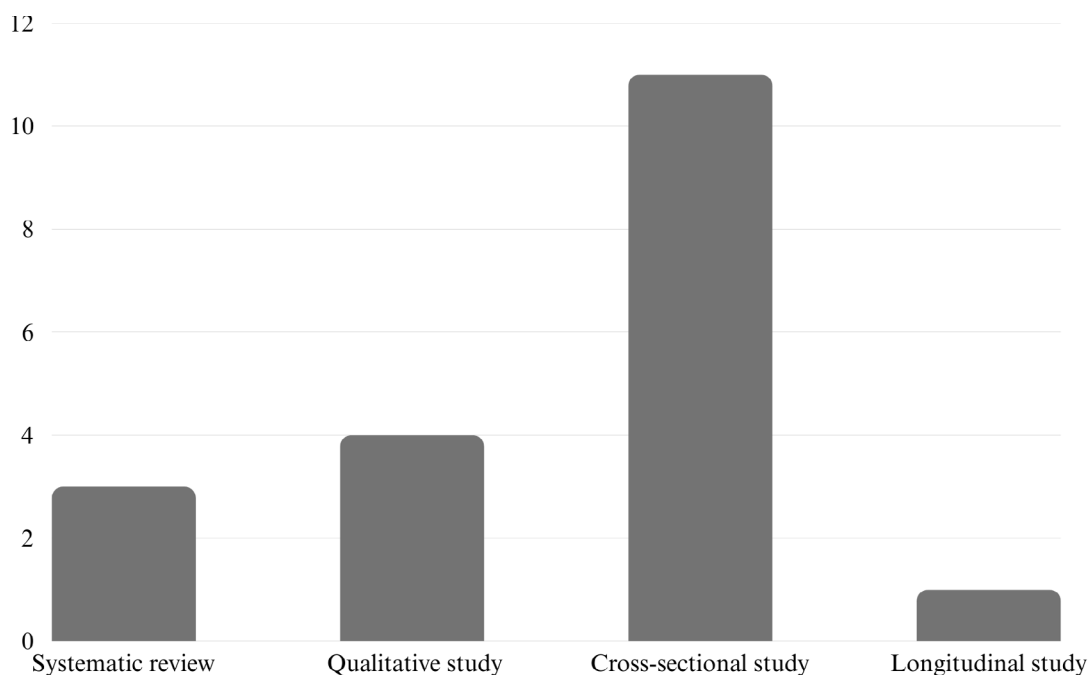
RESULTS

General characterization of the selected articles

The final corpus of this study comprised 19 articles,¹²⁻³⁰ published between 2019 and 2022 (Graph 1). Regarding the research approach, these articles are predominantly cross-sectional studies (58%) (Graph 2).



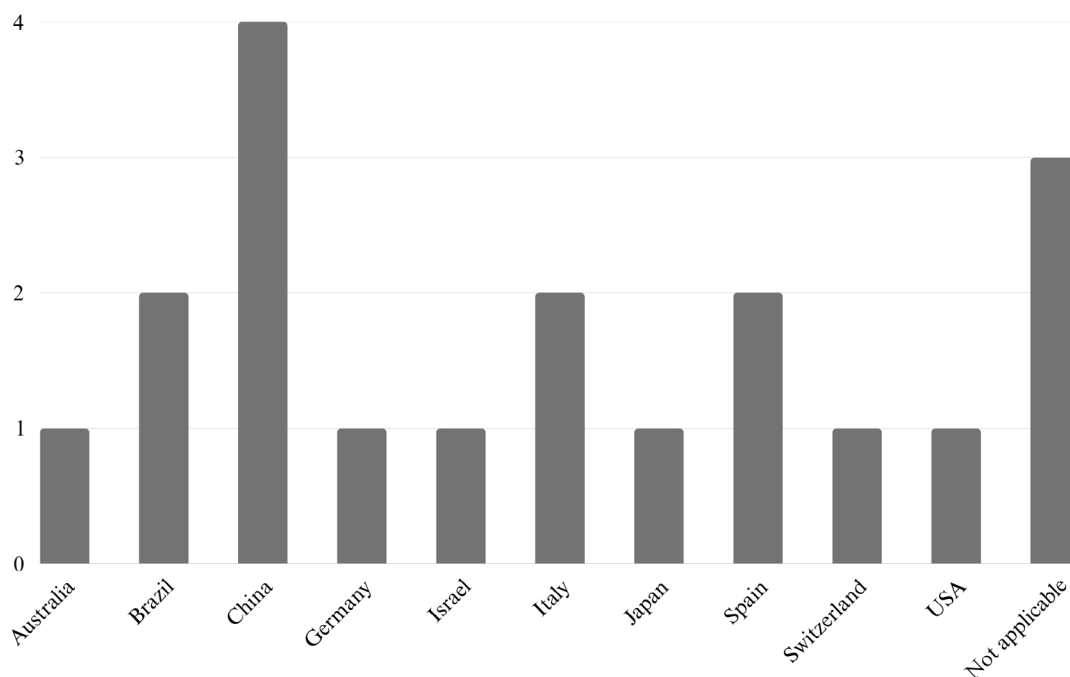
Graph 1. Characterization of the selected articles according to year of publication.



Graph 2. Characterization of articles according to study methodology.

It is worth noting that the countries that produced the most on the topic were China (21%), Brazil (11%), Spain (11%), and Italy (11%) (Graph 3).

As for the journal to which the studies were linked, we noticed that 20% (n=4) of these were published in the *International Journal of Environmental Research and Public Health*, which quantitatively stood out from the other journals listed (Table 1).



Graph 3. Characterization of articles according to the country where the study was carried out.

Table 1. Characterization of the selected articles according to the journal in which the studies were published, 2018–2022.

Publication journal	N	%
<i>Journal of Occupational and Environmental Medicine</i>	1	5
<i>BMC Health Services Research</i>	2	10
<i>International Journal of Mental Health Nursing</i>	1	5
<i>Front Public Health</i>	2	10
<i>São Paulo Medical Journal</i>	1	5
<i>PLoS One</i>	1	10
<i>International Journal of Environmental Research and Public Health</i>	4	20
<i>Revista de Enfermagem do Centro-Oeste Mineiro</i>	1	5
<i>Med Lav</i>	1	5
<i>BMJ Open</i>	2	10
<i>BioMed Research International</i>	1	5
<i>Health and Quality of Life Outcomes</i>	1	5
<i>Journal of Advanced Nursing</i>	1	5
Total	19	100

Conceptualization of workplace violence

We identified that 16 of the 19 studies addressed concepts and definitions for understanding workplace violence.^{12-14,16-25,28,30} Moreover, we observed a lack of uniform definitions of workplace violence in the literature.²⁸

Thus, systematically speaking, based on the definitions found, workplace violence can be designated as any action, behavior, or incident originating within or outside the institution, in a single event or in cumulative moments, in which, through the aggressor's voluntary procedure, a professional or a team

is harmed, abused, threatened, assaulted, and/or injured — whether in the physical, psychological (emotional), sexual, or racial dimensions; in circumstances related to their work, during or as a direct result of it.^{12-14,16-25,28,30} In Chart 1 we describe the individual presentation of the concepts per study.

Chart 1. Presentation of the concepts of workplace violence according to author and year of study.

Author	Concept of workplace violence adopted
Nowrouzi-Kia et al., 2019 ¹²	Violence, aggression or threat of aggression, involving an individual in the performance of their work duties, characterized according to the type of relationship between the two parties involved.
Stahl-Gugger and Hämmig, 2022 ¹³	Any action, incident, or behavior that distances itself from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of or as a direct result of their employment.
Cao et al., 2022 ¹⁶	Physical or psychological incidents where employees are abused, threatened, or assaulted in circumstances related to their work, including commuting to and from work, and which involve an explicit or implicit challenge to their safety, well-being, or health.
Tsukamoto et al., 2022 ¹⁷	Any action, incident, or behavior based on the aggressor's voluntary procedure, as a result of which a professional is attacked, threatened, or suffers any damage or injury during the execution of his/her work, or as a direct consequence resulting from the work.
Pina et al., 2022 ¹⁵	Incidents in which a worker suffers mistreatment, threats, or aggression in circumstances related to his/her work and which, implicitly or explicitly, put his/her safety and health at risk.
Vidal-Alves et al., 2021 ¹⁹	Incidents in which professionals are attacked, threatened, or intimidated in a context related to their work, which can be triggered by a set of individual, psychosocial, and cultural factors in the workplace.
Silva Júnior et al., 2021 ²⁰	Situation in which the worker is attacked in his/her physical, psychological, or moral dimensions, resulting in harm to his/her well-being and physical and mental health and safety.
Balducci et al., 2020 ²²	Incidents where staff are abused, threatened, or assaulted in circumstances related to their work.
Vincent-Höper et al., 2020 ²³	Any behavior by an individual or individuals, within or outside an organization, that is intended to physically or psychologically harm one or more workers and occurs in a work-related context.
Kobayashi et al., 2020 ²⁵	Any incident where a person is abused, threatened, or assaulted in circumstances related to their work; this may include verbal abuse and threats as well as physical assault.
Pérez-Fuentes et al., 2020 ²⁴	It refers to violent events, such as harassment, threats, or physical assault, which compromise the well-being of workers in the workplace.
Berlanda et al., 2019 ²⁸	It can mean a single event or a series of small, recurring incidents that, cumulatively, have the potential to cause serious harm to the worker.
Pien et al., 2019 ³⁰	Incidents where employees are abused, threatened, or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, health, and well-being.
Nevo et al., 2019 ²⁶	Violence is not necessarily physical. It can also be verbal or mental.
Clari et al., 2020 ²¹	Broad definition that includes a spectrum of physical, verbal, emotional, and sexual behaviors.
Duan et al., 2019 ²⁹	Workplace violence is considered as verbal actions (insulting, degrading, or using other words that harm personal dignity, whether in face-to-face meetings or through telephone calls, letters, networks, or leaflets, etc.), but no physical contact; threats (involving personal and property security, threatening complaints) with or without physical contact or attack with an object (hitting, kicking, slapping, stabbing, pushing, biting, throwing objects, twisting arms, pulling hair, raping, among others).

Forms of violence described

Some authors describe that although workplace violence can take many forms, broadly speaking, it can be classified as non-physical violence (humiliation, unappreciation, lack of respect, injustice, verbal

abuse, threats, irony, derogatory looks, provocative or aggressive body language) and physical violence, which describes the use of physical force against someone that can lead to physical and psychological harm (physical intimidation and damage to people, property, or furniture).^{15,19,20,23,25}

Vidal-Alves et al.¹⁹ add that the understanding and classification of forms of violence are carried out in line with a set of individual, psychosocial, and cultural factors related to the workplace. In this sense, Clari et al.²¹, point out how essential it is to identify and discuss workers' exposure to workplace violence and the ways to address it at individual, collective, and organizational levels, seeking to overcome the gaps that are still present in its understanding.

Accordingly, when investigating the most reported forms of violence, we verified that non-physical violence had the highest incidence in all studies.¹²⁻³⁰ The non-physical violence addressed in the studies, therefore, included verbal violence,^{13,14,17-19,22-28,30} threats and humiliation,^{13,14,20,22,27,28,30} insults,^{20,24,30} sexual harassment,^{13,17,18,30} intimidation,^{13,20} moral harassment,¹³ racial discrimination,²⁰ and gender-based violence.²⁰

Berlanda et al.²⁸ state that verbal violence includes verbal abuse, in the form of harsh words, insults, speaking aggressively or in a raised voice, bullying/mobbing, and written threats that do not lead to physical injuries.

In turn, physical violence, according to researchers, occurs less frequently.^{13,14,16-18,23-29} Pérez-Fuentes et al.²⁴ state that the occurrence of physical violence can be understood as hounding, pushing, hitting, or attacking with an object. Furthermore, Vrablik et al.²⁷ point out that healthcare professionals perceived situations in which they were kicked, spat at, and had objects thrown at them as violence.

Agents who perpetrate violence

Among the agents who perpetrated violence, we observed that violence was mostly committed by service users and/or their family members.^{20,21,23,25,26,28-30} Researchers also mention that verbal aggression by patients and/or their family members, in comparison to physical aggression, occurred less.²⁴

Mental/emotional problems, altered mental or behavioral state, and substance use — such as alcohol or drugs — were contributing factors to the violence committed by these perpetrators.¹² In addition, in situations of violence, physicians were more likely to describe the perpetrator as having a known psychiatric disorder, being addicted to drugs, alcohol, or tobacco.²⁶

Also considering violence by third parties, there are studies whose authors describe workplace violence perpetrated by team colleagues, by a professional from another category, boss, or supervisor.^{19,20,22,25,30}

Professionals who suffered violence

In this context, among the analyzed studies, the professionals who suffered violence were mostly members of the nursing team;^{13-20,23,25,28,30} followed by physicians.^{12,13,15,21,22,26,28,29}

We verified other occupational categories in which violence was reported, especially highlighting its occurrence among academics in health courses. Moreover, we found that, among members of the nursing team, according to the studies, there is a higher occurrence of violence among those working in the area of mental health.^{14,25}

Implications of workplace violence for mental and occupational health

The implications of workplace violence can have repercussions on the mental and occupational health of healthcare professionals. Regarding occupational implications, there is a decrease in the

retention of professionals in their current position,¹² reduction of job satisfaction,^{12,15,17,19,21,24,27-30} waste of time,¹² burnout,^{16,28} low levels of personal interaction,¹⁴ lack of skills,^{14,28} reduction of professional effectiveness,^{15,22,24,28} low problem-solving ability,^{21,24,28} and job abandonment.^{19,24,29}

With regard to mental health outcomes, we identified a higher occurrence of Post-Traumatic Stress Disorder (PTSD),¹² depression,¹² burnout,^{12,13,15,16,25,27} depersonalization,^{12,16,17} lack of sense of safety/protection, emotional distress (anger, humiliation, fear, guilt),^{12,21,22,27} severe sleep disorders,¹³ psychological stress,^{12,21,22,24,25,28,30} emotional exhaustion,^{17,20,24,27,28,30} cynicism,¹⁵ and substance abuse.¹²

Institutional and legal responses to the occurrence of workplace violence

Authors of the studies point to institutional and legal recommendations in the face of workplace violence. These include creating clear and reliable procedures for reporting aggressive behaviors (regardless of the type of violence);^{12,14,17,20,22} establishing organizational guidelines for occupational protection;^{12,13,14,17,20,22} creating assessment teams (occupational health and safety committees) to increase safety, improve personal protection methods, and enable recovery and return to work;¹² training and workshops for healthcare professionals to recognize signs and situations that increase the risk of workplace violence and ways to neutralize aggression;^{12,13,16,20,21,26} promoting emotional intelligence at the individual, family, community, and societal levels as a cognitive-behavioral strategy to overcome violence;^{16,22} introducing reporting systems or safety procedures; formulating zero-tolerance policies; promoting a people-oriented culture through open communication, cooperation, trust, and participation in decision-making;¹² immediate professional intervention and psychological support.^{14,15,17,22}

DISCUSSION

Investigating the analyzed articles allows us to highlight key elements, especially regarding the vulnerability of healthcare professionals to workplace violence, corroborated by the lack of training and a technical-legal and psychosocial apparatus that precedes the occurrence of these events with an early and effective approach. Likewise, the fragility of interpersonal relationships established between physicians, patients, and family members/caregivers is evident due to the emergence of manifestations and ideologies that sublimate the distance between potential and actual violence by compromising aspects of the social order and professional/citizen rights.

Considering the contextual particularities between the analyzed countries, overall, the occurrence of workplace violence tends to be diluted in everyday practice, considering that the healthcare professional who suffers the aggression is responsible for mitigating and reversing the occurrence of these events, due to the lack of a person trained for this purpose in health services. This ideology leads to a cover-up of situations of violence perceived by healthcare professionals, to the detriment of the perception of third parties' violation of their own civil rights.⁵

In this scenario, given the diversity of occurrences related to workplace violence, the repercussions of the lack of conceptual consensus can be observed.⁵ This enables, as presented by Molinos et al.,³¹ that, in circumstances of workplace violence, the healthcare professional is subject to the so-called "invisible suffering," which cumulatively leads to the psychosocial illness of the worker.

Being a victim of violence results in lifelong trauma. Considering the most common form of violence — non-physical violence —, the effects on mental health are devastating, with a significant correlation

between non-physical violence, anxiety, and symptoms of post-traumatic stress disorder. However, both forms of violence had an identical negative impact in terms of burnout and job dissatisfaction.³²

Considering that the professionals who have suffered the most from hostile actions are those in the front line, physicians and nurses, it is worth highlighting that the more frequent the exposure to workplace violence, the greater the chances of the emergence of psychological symptoms and negative outcomes for mental health, generating a harmful impact on occupational and relational activities both in the professional and family fields. Workers who suffer insults, threats, or have witnessed violence multiple times are more likely to experience intermediate depressive symptoms and likely major depression.³³

New initiatives aimed at institutional and legal responses to workplace violence are necessary, and existing projects must continue to be perpetuated and encouraged by health managers and workers — so that professionals have access to practical and easily accessible tools that are based on approaches to be applied in training situations — in order to encourage social dialogue between stakeholders in the health sector and jointly develop approaches to combat workplace violence, as proposed in the Training Handbook prepared by the International Council of Nurses (ICN), the World Health Organization (WHO), Public Services International (PSI), and the International Labor Organization (ILO). As this document is primarily intended for work situations, it is also suitable for flexible use in awareness-raising contexts. It consists of guidelines aimed at a wide range of operators in the health sector, including health personnel, members of professional associations, trade unionists, administrators, managers, instructors, decision-makers, and professionals in general.³⁴

Olímpio et al.³⁵ emphasize that, although workplace violence affects various healthcare workers, prevention and/or care strategies must be more carefully directed at those who have employment ties in Primary Health Care (PHC) services. This level of health care is preferably the gateway to the care network and, due to its attributions, such as continuity of care, it deals with the needs of users, families, and the territory more closely and remotely. Hence, despite the potential of this strategic health model, the greater occurrence of professional violence can have repercussions to increase the frequency of professional turnover, which leads to discontinuity of work processes and weakening of the bond between user and professional, thus weakening attributes, such as cultural competence and community guidance, fundamental axes for health systems guided by PHC.

CONCLUSION

It is evident that workplace violence experienced by healthcare professionals takes different forms, with a predominance of non-physical violence, such as verbal violence, threats and humiliation, insults, sexual harassment, intimidation, racial discrimination, and gender-based violence. It is mainly perpetrated by service users and/or their family members, occurring especially in conditions of mental/emotional problems and substance use, but also by coworkers and supervisors. The main professionals affected are members of the nursing team, followed by physicians, and the effects on mental health include professionals' absence and reduction of satisfaction with the job, social interaction, and multiple skills; insecurity and stress; in addition to the development of mental disorders such as PTSD, depression, and sleep disorders.

Among the legal recommendations for tackling workplace violence, the following stand out: the creation of clear procedures for reporting, the definition of protective guidelines, assessment teams, respect for recovery time, training for acknowledging and managing cases, intersectoral strategies, and psychological support.

The study limitations include its dependence on the methodological quality of secondary data. Nevertheless, as this is a systematic review, the size of the selected sample and the eligibility of the studies analyzed according to the language of publication may result in a presentation that does not take into account the global reality. The analysis category “criteria for granting sick leaves” may also be compromised due to underreporting of violent incidents, which affects the verification of sanctions applied to perpetrators of violence and also the identification of the criteria for granting sick leaves due to mental illness linked to labor issues — the latter usually taken as common and accepted.

Despite the relatively small number of selected studies that answer the research question, in this review we provide a basis for acknowledging forms of violence suffered by healthcare professionals and present suggestions for addressing it, especially at an institutional level. Based on the findings, we recommend training healthcare professionals to recognize the aforementioned warning signs and structuring services so that they can register and intervene in workplace violence with a view to preventing it — as well as the repercussions caused by it. We emphasize the importance of further research related to the different categories analyzed.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

FBMM: Conceptualization, Formal analysis, Writing – original draft, Writing – review & editing. MGLC: Conceptualization, Data curation, Writing – original draft, Writing – review & editing. LLG: Conceptualization, Data curation, Writing – original draft, Writing – review & editing. GGCL: Conceptualization. HLPCS: Conceptualization, Writing – original draft, Writing – review & editing. LHPE: Conceptualization, Writing – original draft, Writing – review & editing. NMBLP: Conceptualization, Writing – original draft, Writing – review & editing.

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