

## Review Article

# How Effective is Clinical Supervision in Nursing? A Systematic Review



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## ABSTRACT

**Background:** Clinical Supervision (CS) is a process of learning and professional support for nurses and developing nursing practice through regular discussions with experienced and skillful colleagues. However, it remains challenging to ensure the effectiveness of its implementation across all healthcare organizations. This systematic review study aims to answer the question: What are the effects of CS on nurses' perceptions and performance?.

**Methods:** This systematic review was conducted based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement and using a mixed method. The search was conducted in the online databases including PubMed, ScienceDirect, Cochrane library, Wiley Online Library, and ProQuest for studies related to effectiveness of CS published from 2000 to 2021. Additional studies were also added by reference/citation tracking. Methodological quality of the included studies was assessed using the McMaster Critical Review Form for both quantitative and qualitative studies (Version 2.0). Their risk of bias was assessed independently by two authors using the Cochrane Collaboration's risk of bias assessment tool. The studies were qualitatively analyzed by the classification of their main findings, study design, and CS methods/models.

**Results:** Of 1041 potentially relevant studies, 237 were removed due to being duplicates. After screening the titles and abstracts of the remaining, 793 removed and finally 11 studies that met the inclusion criteria were entered into the review process. The design of the studies was quasi experimental (n=3), randomized controlled trial (n=1), cross-sectional (n=5), and qualitative (n=2). All the included studies showed the significant effectiveness of CS presented in various methods used such as one-on-one CS and group CS. The CS increased nurses' peer support and stress relief (restorative function), professional accountability (normative function) and skills and knowledge (formative function).

**Conclusion:** CS is significantly effective in nursing practice. There is a growing need in the future for more experimental studies, taking into account the use of more appropriate methodologies.

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## Highlights

- The quality of nursing services should be controlled by clinical supervision;
- Clinical supervision is an effort to develop the ability of nurses to carry out their assigned tasks effectively;
- Clinical supervision was found to be effective in increasing nurses' knowledge, attitude, and performance and many other aspects of their nursing practice.

## Plain Language Summary

Supervision in nursing has been understood as a process of providing support using the resources needed by nurses for completing their duties and achieving predetermined goals. Clinical supervision is effective in improving the quality of nursing services. In this systematic review, clinical supervision was found to be effective in increasing nurses' knowledge, attitude, and performance and many other aspects of nursing practice.

### 1. Introduction

Clinical supervision (CS) has been a strategy for nursing practice in various forms for numerous years. Nurses can discuss patient care in a secure, supportive atmosphere with CS. During CS, nurses use reflective practice to identify and address their needs for professional development. This helps nurses provide a proof of their continued professional development for revalidation purposes (Brunero and Stein-Parbury, 2008; Butterworth, & Faugier, 2013; Driscoll et al., 2019). As part of improving the quality of care services, CS has become the standard method in all healthcare services (Snowdon, Leggat, & Taylo, 2017). CS is an activity for professional development. Less experienced healthcare practitioners may rely on their clinical supervisor's knowledge and experience to fill knowledge or skill gaps which can ultimately enhance their clinical performance and patient care quality (Dawson, Phillips, & Leggat, 2013).

The effect of CS on the quality of care is needed for improving the quality of services proposed by the World Health Organization (Cruz, 2011). CS allows nurses to discuss patient care in a safe and supportive environment. Nurses may also use CS to send feedback and advise their colleagues in order to improve their clinical issues (Brunero, & Stein-Parbury, 2008). However, CS in nursing is not just for controlling and supervising the nursing practice to achieve practical goals and efficient nursing care (Mohammadi et al., 2019). It enables nurses to increase the quality of patient care while still maintaining the current level of care. It also helps nurses show active support for one another as skilled associ-

ates, and provide comfort and affirmation (Mohamed, & Mohamed Ahmed, 2019). Recent studies have shown that CS has a positive effect on patient outcomes, such as reduced death or complications and increased treatment efficacy (Hyrkäs, 2005; Edwards et al., 2006; Addo, Stephen and Kirkpatrick, 2012; Faman et al., 2012; Snowdon et al., 2016).

Overall, CS provides assessment, counseling, and feedback on personal, professional, and educational development in the context of patient care (Mohamed, & Mohamed Ahmed, 2019). However, it remains challenging to ensure the effectiveness of its implementation across healthcare organizations. In this regard, the present study aims to investigate the effectiveness of CS in nursing practice and assess nurses' attitudes and experiences regarding CS by using a mixed method and a systematic review approach. A mixed method may combine the findings related to CS efficacy and nurses' CS experiences to understand better about how CS works and guide future procedures and policies related to professional support and development. This review study is based on the question: What are the effects of CS on nurses' perceptions and performance?

### 2. Materials and Methods

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement was used to Report this systematic review. We used the PICO format (Population: nurses; Intervention: CS; Comparison: with routine program or other interventions; Outcome: nurses' perceptions and performance) for construct a focused question. The search was conducted in PubMed, ScienceDirect, Cochrane library, Wiley Online Library,

and ProQuest, and Google Scholar on relevant articles published from 2000 to 2021 using the keywords based on the Medical Subject Headings (MeSH). We used Boolean operators to combine the keywords, as follows: “Supervision OR Clinical Supervision” AND “Nurse Knowledge OR Nurse Perception OR Nurse Satisfaction” and “Nurse Performance OR Clinical Performance”. It should be noted that the search was mostly conducted in PubMed database; Boolean operators do not work in Cochrane, ProQuest, and Google Scholar.

The following inclusion criteria were used for the selection of studies for this review: a) Relevance to specific group CS programs for nurses only, including registered nurses, associate nurses, and nursing assistants. A group CS program includes gathering one or more supervisors and two or more nurses to discuss their nursing practices, b) Being an empirical study on comparing group CS with routine programs or other interventions. Studies with randomized or non-randomized controlled design or pre-test/post-test design were considered as comparative studies regardless of using quantitative or qualitative measurements, and c) Having information about the effects of CS on nurses. Studies conducted on other nurses, proposal papers, published non-English language, no available full-text, not being an original research such as letters to the editor, those with abstracts only, book chapters, case reports, dissertations, and editorials were excluded.

The McMaster Critical Review Form-Quantitative Studies v. 2.0 (Law et al., 1998) was used to assess quantitative studies, while the McMaster Critical Review Form-Qualitative Studies v. 2.0 (Letts et al., 2007) was used to evaluate qualitative studies. Two researchers worked independently on the procedure. Disagreements were handled in conversations until a consensus was established. One researcher extracted data from each study including design, sample size, key variables, equipment, CS models, and results. The remaining data were individually reviewed by the other researcher. The possible disagreements were resolved in discussions. The included studies were evaluated for risk of bias using the Cochrane Collaboration’s risk of bias assessment tool (Sterne et al., 2019) and the results were classified as “low risk of bias”, “some concerns” and “high risk of bias”.

Qualitative data were synthesized thematically to comprehend the effectiveness of CS. It involves identifying, understanding, and reporting patterns and clusters of meaning across data (Thomas & Harden, 2008). The framework method was used to identify themes, and the included articles were read several times. Then, the top-

ics were scrutinized for similarities, inconsistencies, and contradictions. The findings were categorized into qualitative themes. The integration of quantitative data with qualitative themes was accomplished by the first author. The matched concepts and quantitative findings were examined by the second author. Any disagreements were worked out in mutual dialogue.

### 3. Results

Initial search yielded 1041 articles. After removing duplicates, 804 potentially relevant articles remained. Due to irrelevance, being a review/report, no available full-text, being a book chapter, thesis/dissertation, 785 articles were excluded. Out of 19 remaining articles, 8 were removed due to unclear methodology, and 11 articles were finally included in the review process. To enhance the interpretation of the results, we first clarified the methodology, name of authors, and CS characteristics for the selected papers. PRISMA flowchart for literature search is plotted in Figure 1 and the characteristics of the selected articles are shown in Table 1.

#### Characteristics of the included studies

A total of 11 articles met the inclusion criteria. The included studies were conducted in different countries including: Sweden (n=4), UK (n=3), Indonesia (n=2), Norway (n=1), and Canada (n=1). In terms of the study design, 5 articles were correlational studies (Magnusson, Lützén, & Severinsson, 2002; Hyrkäs, 2005; Edwards et al., 2006; Amsrud, Lyberg, & Severinsson, 2015; Sundler et al., 2019), 4 articles were experimental studies (Heaven, et al., 2006; Bradshaw, Butterworth, & Mairs, 2007; Santoso, Sari, & Anggorowati, 2017; Yuswanto, & Ernawati, 2018) and 2 articles were qualitative studies (Berggren and Severinsson, 2000; Lantz and Severinsson, 2001). The sample size in these studies ranged from 8 to 660 nurses.

#### Results of the studies

There was significant methodological heterogeneity in the studies; therefore, data from the included studies could not be pooled for meta-analysis.

#### Variables and instruments

Various variables were determined in the studies, including knowledge, attitude, service users (Bradshaw, et al., 2007), satisfaction (Hyrkäs, 2005; Santoso et al., 2017; Sundler et al., 2019), nurse-patient relationship (Magnusson, et al., 2002), decision making (Berggren, & Severinsson, 2000; Magnusson, et al., 2002), percep-

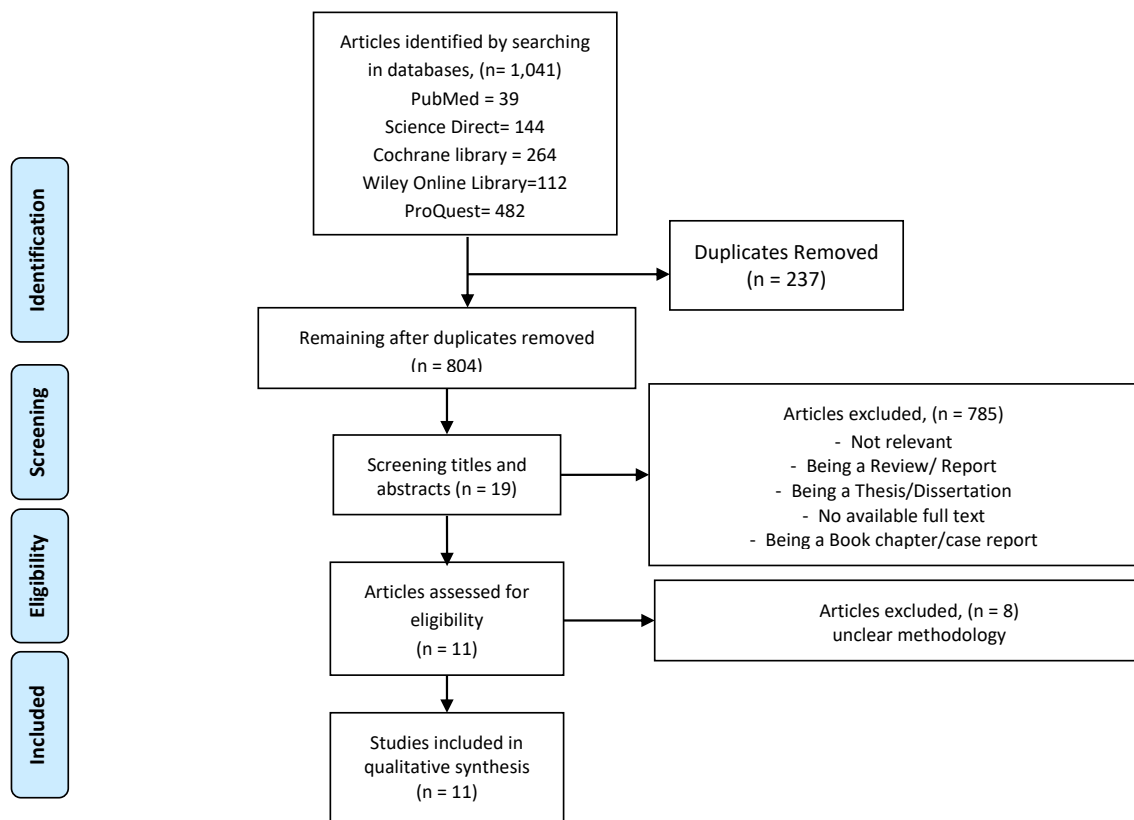


Figure 1. PRISMA Flowchart for literature search

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tion, response, self-insight, reflection, creativity (Lantz and Severinsson, 2001), patient safety (Amsrud et al., 2015), communication skills (Heaven, et al. 2006), burn-out (Hyrkäs, 2005; Edwards et al., 2006), and nursing documentation (Yuswanto and Ernawati, 2018). Variables were measured by Multiple-Choice Questions, the Krawiecka, Goldberg and Vaughan’s Symptom Scale, Social Functioning Scale (Bradshaw et al., 2007), questionnaire (Lantz, & Severinsson, 2001; Magnusson et al., 2002; Amsrud et al., 2015; Santoso et al., 2017; Sundler et al., 2019), interview (Berggren and Severinsson, 2000; Lantz and Severinsson, 2001; Heaven et al., 2006; Sundler et al., 2019), Manchester Clinical Supervision Scale (Hyrkäs, 2005; Edwards et al., 2006; Amsrud et al., 2015; Yuswanto and Ernawati, 2018), the Effects of Supervision Scale (ESS), the Focus on Empowerment Scale (Amsrud et al., 2015), Maslach Burnout Inventory (Hyrkäs, 2005; Edwards et al., 2006), and the Minnesota Job Satisfaction Scale (Hyrkäs, 2005).

### Clinical supervision

In general, CS can be carried out in a variety of ways. This review included studies that presented CS in the forms of psychosocial interventions in groups of 3 (two students and one supervisor) (Bradshaw et al., 2007),

a reflective supervision model (Santoso et al., 2017), process-oriented supervision in psychiatric care, clinical nursing supervision, psychotherapeutic oriented supervision (Magnusson et al., 2002), weekly supervision for an hour (Berggren, & Severinsson, 2000), focus group-oriented supervision (Lantz and Severinsson, 2001), individual and group supervision (Hyrkäs, 2005; Edwards et al., 2006; Amsrud et al., 2015; Sundler et al., 2019), based on Bandura’s theory (Heaven et al., 2006), and based on Proctor Theory (Yuswanto, & Ernawati, 2018).

All the included studies reported positive changes or improvement in knowledge, attitude, social functioning (Bradshaw et al., 2007), job satisfaction (Hyrkäs, 2005; Santoso et al., 2017; Sundler et al., 2019), security in decision making (Berggren and Severinsson, 2000; Magnusson et al., 2002), safer relationship with the patient (Magnusson et al., 2002), perception of and response to the family members’ need, self-insight (Lantz, & Severinsson, 2001), awareness, interpersonal, professional, and communication skills (Heaven et al., 2006; Amsrud et al., 2015), reduced burnout (Hyrkäs, 2005; Edwards et al., 2006), learning experience and satisfaction (Sundler et al., 2019), and quality of nursing documentation (Yuswanto and Ernawati, 2018).

Table 1. Specification of the studies included for review

Author (y)	Country	Design	Sample	Variables/ instruments	CS model	Findings
Bradshaw et al., 2007	United Kingdom	Quasi experimental	Mental health nursing students (Control=12, experimental=11)	Knowledge & attitude, assessed by multiple choice questions, service users assessed by the Krawiecka, Goldberg and Vaughan symptom scale, Social Functioning Scale	Psychosocial interventions conducted in groups of three: two students and one supervisor.	Significant increases in the knowledge, No significant positive changes in attitudes, significantly greater reductions in positive symptoms and total symptoms demonstrated significant improvements in social functioning
Santoso et al., 2017	Indonesia	Quasi experimental	Nurse practitioners (Experimental=34, control=34)	Job satisfaction assessed by a questionnaire (adapted from Siagian's instrument)	Reflective supervision model	Significant improvement in nurses' job satisfaction
Magnusson et al., 2002	Sweden	Cross-sectional	District nurses and mental health care workers (n=660)	Relationship with the patient, and Ethical decision-making, assessed by a 20-items questionnaire	Process-orientated supervision in psychiatric care, clinical nursing supervision, psychotherapeutic orientated supervision	Feeling more secure in decision making and safer relationship with the patients
Berggren & Severinsson, 2000	Sweden	Qualitative	15 registered nurses	Ethical decision making assessed through interviews	One-and-a-half hours of supervision once a week	improved nurses' capacity to deliver care based on their decision making
Lantz & Severinsson, 2001	Sweden	Qualitative	8 females intensive care unit nurses	Perception, response, self-insight, reflection, creativity assessed by open-ended questionnaire and interviews	Focus group-oriented supervision	Increased perception of and response to the family members' needs, increased self-insight related to the therapeutic use of oneself in the relationship with patients, increased reflection on factors which increased their competence, increased creativity
Amsrud et al., 2015	Norway	Cross-sectional	76 undergraduate nursing students	Patient safety assessed by a questionnaire, Manchester Clinical Supervision Scale, the Effects of Supervision Scale, and the Focus on Empowerment Scale	Individual and group CS	Increased awareness and a strong improvement related to interpersonal ( $r=0.47$ ), professional ( $r=0.50$ ) and communication skills ( $r=0.59$ )
Heaven et al., 2006	United Kingdom	Randomized controlled trial	61 nursing specialists from hospitals and community clinics	Communication skills assessed by the Medical Interview Aural Rating Scale	Based on Bandura's Social Cognitive Learning Theory	Significantly effective at improving the communication skills
Edwards et al., 2006	United Kingdom	Cross-sectional	260 community mental health nursing	Burnout assessed by Maslach Burnout Inventory, Manchester Clinical Supervision Scale	6 sessions of group CS	Effective in lowering burnout
Hyrkäs, 2005.	Canada	Cross-sectional	569 mental health nurses	Job satisfaction, burnout assessed by the Manchester Clinical Supervision Scale, the Maslach Burnout Inventory, the Minnesota Job Satisfaction Scale	One-to-one or group CS	Efficient CS lowered burnout, inefficient CS increased job dissatisfaction
Sundler et al., 2019	Sweden	Cross-sectional	140 specialized nursing students	Learning experiences, students satisfaction assessed by a questionnaire with open-ended questions	Group CS	Significant effects on learning experiences and satisfaction
Yuswanto and Ernawati, 2018	Indonesia	Quasi experimental	200 nurses	Nursing documentation assessed by the Manchester Clinical Supervision Scale	Based on Proctor Theory and interpersonal relationship cycle	Significantly improved the quality of nursing documentation

**Table 2.** Critical review for included quantitative studies

Criteria		Bradshaw et al., 2007	Santoso et al., 2017	Magnusson et al., 2002	Amsrud et al., 2015	Heaven et al., 2005	Edwards et al., 2006	Hyrkas, 2005	Sundler et al., 2019	Yuswanto et al., 2018
Study purpose	Was the purpose clearly stated?	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö
Literature	Was relevant background literature reviewed?	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö
Sample	Was the sample described in detail?	Ö	Ö	NR	Ö	Ö	Ö	Ö	Ö	Ö
	Was the sample size justified?	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö
Outcomes	Were the outcome measures reliable?	Ö	Ö	Ö	Ö	NR	Ö	Ö	Ö	Ö
	Were the outcome measures valid?	Ö	Ö	Ö	Ö	NR	Ö	Ö	Ö	Ö
Intervention	Intervention was described in detail?	NA	Ö	NA	NA	Ö	NA	NA	NA	NA
	Contamination was avoided?	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Co-intervention was avoided?	NA	NA	NA	NA	NA	NA	NA	NA	NA
Results were reported in terms of statistical significance?	Were the analytical methods appropriate?	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö	Ö
	Clinical importance was reported?	Ö	Ö	Ö	Ö	Ö	NA	Ö	Ö	NA
	Drop-outs were reported?	NA	NA	NA	NA	NA	NA	NA	NA	NA
Conclusions and implications	Conclusions were appropriate given the study methods and results?	Ö	NA	Ö	Ö	Ö	Ö	Ö	Ö	Ö

NA: Not Applicable; NR: Not Reported

### Critical appraisal

The critical evaluations of quantitative and qualitative studies are shown in Tables 2 and 3, respectively. As can be seen from Tables 2, the quantitative studies had a clear objectives and related literature review. However, lack of sample size legitimation, lack of measurement, and lack of a control group were their weaknesses. All studies reported reasonable conclusions, considering the purpose of the study. As shown in Table 3, the two qualitative studies had an explicit purpose, a literature review, targeted sampling, and overall certainty. However, their data acquisition methods were weak, and the sampling problem was obvious. The results of studies were transferable. All studies had rational conclusions by taking into account the study purpose.

### 4. Discussion

The main objective of the current review was to systematically review the literature relevant to the effectiveness of CS on nursing practice in various fields of care. After a comprehensive database searching, 1041 potential studies were identified; by screening their titles and abstracts, 804 were selected for examining the full-texts. In the end, only 11 studies met the inclusion criteria and were finally included in the data synthesis. These studies varied widely in terms of background, scope, and quality, making it difficult to compare and summarize the findings. In general, the results obtained from this review study showed that CS had a significant effect on nursing practice. However, it should be acknowledged that these studies did not cover all areas of nursing practice due to their conformity with the exclusion criteria.

**Table 3.** Critical review for included qualitative studies

Criteria		Berggren & Severinsson, 2000	Lantz & Severinsson, 2001
Study purpose	Was the purpose and/or research question stated clearly?	Ö	Ö
Literature	Was relevant background literature reviewed?	Ö	Ö
Study design	Was a theoretical perspective identified?	Ö	Ö
Sampling	Was the process of purposeful selection described?	Ö	Ö
	Was sampling done until redundancy in data was reached?	Ö	NR
	Was informed consent obtained?	Ö	NR
Data collection	Clear and complete description of data?	Ö	Ö
	Clear and complete description of participants?	Ö	Ö
	Role of researcher and relationship with participants?	Ö	Ö
	Identification of assumptions and biases of researcher?	NR	NR
	Procedural rigor was used in data collection strategies?	Ö	Ö
	Data analysis	Data analyses were inductive?	Ö
Data analysis	Findings were consistent with and reflective of data?	Ö	Ö
	Decision trail developed?	Ö	NR
	Process of data analysis was described adequately?	Ö	Ö
	Did a meaningful picture of the study phenomenon emerge?	Ö	Ö
	Overall rigor: Was there evidence of the four components of trustworthiness?	Credibility	Ö
	Transferability	Ö	Ö
	Dependability	Ö	Ö
	Confirmability	Ö	Ö
Conclusions and implications	Conclusions appropriately presented the study findings?	Ö	Ö
	The findings contributed to theory development and future practice/research?	Ö	Ö

NR: Not Reported

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These findings support the results of previous review studies which reported that CS provides peer support and stress relief for nurses (restorative function), and promotes professional accountability (normative function), skills, and knowledge (formative function) based on Proctor's theory (Brunero and Stein-Parbury, 2008). Another review study showed that CS by health professionals is associated with care improvement, and found a significant improvement in the care process that may improve processes related to improving patient outcomes (Snowdon et al., 2016).

A study by Bradshaw et al. (2007) showed that nursing students in the experimental group showed a powerful increase in knowledge of psychological interventions compared to the control group. Moreover, service users seen by the students in the experimental group showed significantly more reductions in psychotic symptoms and total symptoms than those seen by students in the control group. The authors reported that CS in the workplace may have benefits for nurses attending in psychosocial interventions. In their study, CS was conducted in small groups led by a member of the program team. A review study believe that CS by mental health

professionals may reduce psychological symptoms of patients diagnosed with a mental illness (Snowdon et al. 2017). Another study conducted by Santoso et al. (2017) provided a 7 day reflective CS training model focusing on job satisfaction. This model improved the nurses' job satisfaction measured by a questionnaire consisting of autonomy in work, task variation, job identity, job importance, and feedback. Studies of reflective CS in early childhood care have indicated that it stimulates emotional well-being dimensions, including emotional comprehension, compassion, and self-efficacy. These skills are essential to boost early childhood professionals to manage job stress and maintain a sense of balance and capability. Emotional perception, self-efficacy, empathy, and compassion are associated with mental health, job satisfaction, and resilience to job stress (Susman-stillman et al., 2020).

Regarding the nursing documentation, CS model based on Proctor theory and interpersonal relationship cycle may enhance nurses' performance in improving the quality of nursing care documentation (Yuswanto and Ernawati, 2018). The CS is not only for monitoring the task performance of nurses in the best possible way in accordance with the instructions or conditions, but also helps to know how to improve the ongoing nursing process. Supervision in nursing is done to ensure the operations are carried out based on the vision, mission, and objectives of the organization and following predetermined standards (Yuswanto and Ernawati, 2018). Nursing documentation can improve the ability of nurses and the quality of provided services (Urquhart et al., 2018). It helps nurses understand their shortcomings and strive to improve their performance (Madlabana et al., 2020). CS balances the perceptions of the ward manager and nurses regarding the quality of care and documentation. Therefore, in each guidance and situation, new ideas, suggestions, knowledge and skills are expected (Yulianita et al., 2020).

Berggren and Severinsson's (2000) hermeneutic interpretation analysis showed four themes: greater self-assurance, increased ability to help the patient, increased ability to be in relationship with the patient, and increased ability to accept responsibility. In their qualitative study, the most notable effect of CS was increased self-assurance in decision making. Nurses had different decision-making strategies. Some observed the patient directly, while others gathered information in other ways. They reflected the data they collected and prioritized the decisions needed to support the patient. Understanding the patient's wishes is important nurse's decision-making. The ability of nurses to observe the needs of patients is needed for their decision-making. Through observation, nurses identify problems and continue the decision-

making process (Nibbelink and Brewer, 2018). Another qualitative study found that the ability to exchange work experiences was a factor that affected the nurses' development in CS (Lantz and Severinsson, 2001). In their working environments, the nurses expressed feelings of loneliness. This was replaced by a sense of comfort stated as "others think and feel the same way I do." Other study believed that the ability to convey this profound sense of confirmation is the result of CS (Francis, & Bulman, 2019). It was observed that sharing supervisory experiences was significant since it prompted thought on how one's colleagues feel and think about their work environment (Francis, & Bulman, 2019).

## 5. Conclusion

CS is significantly effective in nursing practice. There is a growing need in the future for more experimental studies, taking into account the use of more appropriate methodologies. We have identified several limitations in this study, including limited access to high quality databases, which are expected to provide broader search results. Moreover, there were fewer studies that met our inclusion criteria with respect to the aspects of nursing practice. Most of focus in this study was on the mental health care. The risk of bias in the reviewed studies was low or had some concern of bias; therefore, it should be cautious when using the results of the current review.

## Ethical Considerations

### Compliance with ethical guidelines

There was no need for ethical approval in this study, since no any experiment on animal or human models were conducted.

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### Authors' contributions

Writing-original draft: All authors; Data collection: Ernawati Ernawati and Dam M Damris; Data analysis and Writing – review & editing: Ernawati Ernawati, Asra Revis, and Solha Elrifda.

### Conflict of interest

The author declared no conflict of interest.



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