







Perceived implementation of patient safety compliance among nursing supervisors in military hospitals: a descriptive qualitative study

Deni Setiawati^{1,2} , Setyowati Setyowati^{1*} , Rr. Tutik Sri Hariyati¹ , Ati Surya Mediawati³ , Achmad Nizar Hidayanto⁴ , and Prasetyo Adi Wibowo Putro⁴ 

¹ Department Doctor in Nursing Program, Faculty of Nursing, Universitas Indonesia, Depok, Indonesia

² Faculty of National Security, Republic of Indonesia Defense University, Salemba, Indonesia

³ Faculty of Nursing, Universitas Padjadjaran, Bandung, Indonesia

⁴ Faculty of Computer Science, Universitas Indonesia, Depok, Indonesia

*Correspondence: Setyowati Setyowati. Address: Department Doctor in Nursing Program, Faculty of Nursing, Universitas Indonesia, Depok, Indonesia. Email: wati123@ui.ac.id

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ABSTRACT

Introduction: Patient safety incidents remain high in Indonesia and are a significant responsibility of nursing supervisors working in military hospitals. The purpose of this study was to explore the understanding and perception of nursing supervisors in implementing patient safety compliance in military hospitals.

Methods: A descriptive qualitative approach was conducted with nursing supervisors at a military hospital through in-depth interviews. A total of 25 nursing supervisors from military hospitals participated in the interviews. The content analysis was employed to analyze the interview data.

Results: Five themes were identified in this study: patient safety as our responsibility, implementation in practice, support in safety initiatives, barriers to safety goals, and tech-driven safety efficiency.

Conclusions: The findings underscore that an in-depth understanding by nursing supervisors is critical to fostering appropriate behavior, particularly in achieving patient safety goals. Nursing supervisors articulated expectations for improvements in healthcare quality. As healthcare professionals, nursing supervisors must grasp the significance of a patient safety approach and be adept at executing it to enhance the quality of care, which will, in turn, lead to better healthcare outcomes.

Keywords: compliance, military hospital, nursing supervisor, patient safety.

Introduction

Patient safety incidents in Indonesia remain high (Larasati and Dhamanti, [2021](#)). Although there are 2,877 accredited hospitals in Indonesia, the incidence of patient safety incidents is still 12 %, totaling 7,465 reports (Dhamanti *et al.*, [2021](#)). This figure comprises 38% near-missed events (NMEs), 31% no-harm events (NHEs), and 31% adverse events (AEs) (Tuck *et al.*, [2014](#); Wau and Purba, [2019](#); Toyo *et al.*, [2022](#)). One of the primary causes of the high incidence of patient safety

incidents is the lack of awareness among nursing supervisors regarding Standard Operating Procedures (SOPs) for patient safety. This issue is compounded by their motivation (both internal and external) and the lack of adequate rewards or recognition by nursing supervisors (Pramesona *et al.*, [2023](#)). Implementing the nursing services of SOP is essentially part of individual performance and workplace behavior. According to Meinarno and Sarwono ([2018](#)), compliance means adhering to applicable orders or regulations and is the

starting point for changing individual attitudes and behavior.

Military nursing supervisors have different responsibilities than civilian nursing supervisors because they are essential in crisis situations. Often called upon to respond to natural disasters or epidemics to save lives (Michaud *et al.*, 2019), they play a dual role as military officers and nursing supervisors (Butler, 2017). The scope of practice for military Nursing supervisors working in general hospitals encompasses not only routine nursing duties but also military missions. Military nursing is characterized by trauma-centered care for patients of all ages, as well as challenging conditions, including potential physical and psychological dangers (Goodman *et al.*, 2013; Elliott, 2015; Butler, 2017; Conlon *et al.*, 2019). This unstable healthcare environment and demanding operational requirements increase the burden on military nursing supervisors (Heideveld-Chevalking *et al.*, 2018). Even when working in general hospitals, military nursing supervisors require competencies to thrive in this environment. Military nursing competencies include clinical nursing competencies, operational nursing competencies, soldier or survival skills, personal, physical, or psychosocial stress, leadership and administrative support, and group integration and identification (Reineck *et al.*, 2018).

Patient safety incidents can lead to adverse outcomes, including death, bodily function impairment, financial loss, and decreased public trust in hospitals (Lazar, Fleischut and Regan, 2013). The World Health Organization (WHO) reported that patient safety incidents (PSI) in the United States cause the deaths of 1.5 million people each year due to unsafe injections alone (World Health Organization, 2019). The same publication noted that approximately one in every patient was harmed while receiving hospital care. The Joint Commission International (JCI) and the WHO reported that some countries have up to a 70% error rate in drug administration (The Joint Commission, 2024).

In Indonesia, according to the Report of the Ministry of Health of Indonesia there were 189 incidents were found in 289 reports in 2015, the incidents have increased from 2020 (Kemenkes, 2020). Indonesian studies on Standard Operational Procedure (SOP) compliance regarding nursing supervisors' performance or work outcomes in providing nursing care have been conducted by Lestari (2016) and Fikri *et al.* (2022). They stated that a nursing manager can provide external motivation through rewards to nursing staffs for

implementing SOP, in this case, patient safety SOP (Fikri, Rizany and Setiawan, 2022). Additionally, internalization processes need to be reinforced to produce work motivation and a high commitment to safety-based care, as reported in the research where compliance pressure, motivation, and commitment are determinants of nursing supervisors' compliance in implementing patient safety SOP (Lestari, 2016).

In the preliminary observation by researcher at a military hospital it was identified that the implementation of patient's safety standards has not been implemented optimally. However, there were no research that explore the experiences of military nursing supervisors in patient safety compliance. The purpose of this study was to explore the understanding and perception of nursing supervisor in implementing patient safety compliance at the military hospital.

Materials and Methods

Research Design

The research design is a descriptive qualitative study (Creswell and Creswell, 2018) using one to one interviews. The study design adhered to the guidelines outlined in the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong, Sainsbury and Craig, 2007).

Settings

This study was carried out at the military hospital in Jakarta, Indonesia. Participants in this study were nurses who serving as a head nurse in a military hospital, having at least five years of experience as a head nurse, and having completed certified patient safety training.

Participants selection

In total, based on data saturation, it was found that 25 participants satisfied the requirements for inclusion. The purposive sampling method was used in the recruitment of the participants. The inclusion criteria of the participants consisted of: (1) serving as a head nurse in a military hospital, (2) having at least five years of experience as a head nurse, and (3) having completed certified patient safety training.

Data Collection

Data collection involved one-on-one interviews with the nursing supervisors, lasting approximately 30 to 45 minutes each between August and September 2023. The interviews concluded when no new topics emerged that were relevant to the research purpose (Saunders *et al.*, 2018).

Eligible nursing supervisors were contacted to determine their willingness to participate in this study. Those willing were then provided with an explanation of the study's purpose, signed informed consent after receiving this explanation, and were assured of the study's confidentiality. They were informed that they could withdraw at any time. Participant observations were taken during and after each interview and discussion, describing the circumstances under which the interviews were conducted, as well as immediate impressions of the interactions and the overall dynamics between the interviewer and the nursing supervisors. The interview guidelines were utilized to explore the nursing supervisors' roles and experiences in implementing patient safety compliance. These guidelines were strategically structured, drawing insights from a predefined framework centered around the domains of perception, experience, and expectations.

The interview protocol encompassed a series of questions were asked about patient safety goals in military hospital to the nursing supervisor, these questions were followed by guidelines questions: (1) background information including age, gender, education levels, work experience and patient safety certificate training; (2) understanding and feeling of nursing supervisor (3) actions undertaken; (4) support received; (5) barrier faced; and, (6) expectations in implementing patient safety goals in military hospitals.

Ethical Consideration

The Ethics Committee of the Faculty of Nursing, University of Indonesia gave its clearance for this study (reference numbers: Ket-0192/UN2.F12.D1.2.1/PPM.00.02/2023). The hospital where the study was conducted also granted clearance for the research. Participants who completed the requirements received an explanation of the research's goals, methods, drawbacks, risks, advantages, confidentiality, and voluntary involvement. In order to participate in this study, participants were then required to sign a written consent form. All information was kept private and published anonymously using a code that only the researchers knew (eg, P1 for participants number 1).

Data analysis

Wording and questions were changed based on the nursing supervisors' answers to maintain continuity and flow and to encourage interviewees to speak openly. Data saturation was discussed with the research team after each transcription and translation was completed. The interviews and discussions were anonymized and

transferred to specialized software for the organization and management of qualitative data (Neringa Kalpokas, 2023). The analysis was conducted by the researcher (DS, SS), using the content analysis method by Graneheim and Lundman (2004).

The transcript of the interview results was carried out by the interviewing author into Microsoft Word and appraised by other authors who were interviewed to ensure the accuracy of the transcript. Based on transcripts, data coding and analysis were conducted by two authors. The data were analyzed using Colaizzi's seven-step method approach was used as a step to analyze the data (Creswell and Creswell, 2018), This included the following steps: 1) reading and re-reading transcripts from participants recordings; 2) looking into noteworthy remarks that were relevant to the phenomenon; and 3) characterizing and classifying each meaning, 4) compiling all the essential ideas that were repeated, 5) developing and articulating the meaning of the words received, 6) incorporating and categorizing the same meaning into the topics, and 7) giving the results back to the participants for validation. In the verification phase, all authors verified the data to get the true meaning of this study's results and agree with the data analysis results. All textual data, including themes, were translated into English from the Indonesian.

This strategy consisted of listening, transcribing of each interview and discussion, and identifying keywords. The next stage of analysis was discussed by identifying categories of related keywords and followed by formulating the themes from the appropriate categories related to perceived barriers among nursing supervisors in implementing patient safety compliance in military hospital.

Trustworthiness

The trustworthiness and credibility of the results were enhanced through a member-checking process, the completion of an audit trail, and an investigator triangulation strategy (Carter *et al.*, 2014). The member-checking process involved an in-person group meeting discussion to confirm the results and interpretations generated during the first analytic stage with some of the study's nursing supervisors. All our analytic decisions can be traced back through an audit trail, composed of a series of Word, Excel, and PowerPoint documents. This process was repeated to ensure the accuracy and validity of our findings. Furthermore, our analytic strategy incorporated perspectives from different researchers in an effort to ensure the convergence of final interpretations.

Table 1. Demographics Characteristics of Nursing supervisors (n=25)

Code	Gender	Age (years)	Education Levels	Work Experience (years)	Certified Patient Safety Training (year)
P1	Female	41	Bachelor	10	First
P2	Female	53	Bachelor	17	First
P3	Female	51	Bachelor	16	First
P4	Female	50	Bachelor	15	First
P5	Female	50	Bachelor	16	First
P6	Female	45	Bachelor	12	Second
P7	Female	49	Bachelor	14	First
P8	Male	47	Bachelor	15	First
P9	Female	35	Bachelor	5	First
P10	Female	32	D3 in Nursing	5	First
P11	Female	44	Bachelor	10	First
P12	Female	52	D3 in Nursing	15	Third
P13	Female	49	Bachelor	15	First
P14	Female	44	Bachelor	10	First
P15	Female	45	Bachelor	10	First
P16	Female	45	Bachelor	10	First
P17	Female	50	Bachelor	15	First
P18	Female	45	D3 in Nursing	10	First
P19	Male	39	Bachelor	9	First
P20	Male	45	Bachelor	13	First
P21	Female	53	D3 in Nursing	10	First
P22	Female	43	Bachelor	12	First
P23	Female	45	Bachelor	13	First
P24	Female	40	Bachelor	10	First
P25	Female	51	D3 in Nursing	16	Third

Results

Demographics and Characteristics of Nursing supervisors

The findings were extracted from the analysis of 25 in-depth individual interviews. The obtained data, as illustrated in [Table 1](#), provide a comprehensive overview of the nursing supervisors' demographics and their certified patient safety training. The age range is from 32 to 55 years, reflecting diversity in age distribution. The gender representation included both males and females, offering an unequal representation (21 female and 4 male). The duration of work experience among the nursing supervisors varied from 4 to 20 years. The duration of certified patient safety training was diverse, with one and two years being the most common lengths of certified training.

The Qualitative data analysis identified themes and sub-themes from thematic content, with keywords generated from one-on-one interviews, forming 15 categories. These sub-themes were grouped into five main themes. A comprehensive illustration of these themes and sub-themes is presented in [Table 2](#) for reference. This categorization provides a coherent framework for understanding the multifaceted aspects of perceived patient safety implementation among nursing supervisors in a military hospital.

Theme I Patient safety as our responsibility.

This theme is supported by four categories. Nursing supervisors expressed that patient safety was a nursing supervisor’s behavior to prevent injuries and accidents to patients. Theme One emphasizes that nursing supervisors view patient safety as a fundamental responsibility, focusing on proactive behaviors and

Table 2: Themes and categories

Themes	Categories
Patient safety as our responsibility	Prevention of injuries and accidents The nursing care system is safe and prevents infection Reduce patient requiring hospitalization
Implementation in practice	Nurse’s Responsibility Nursing supervisors implemented six patient safety goals Nursing supervisors implemented five patient safety goals Nursing supervisors implemented four patient safety goals or less
Support in safety initiatives	Infrastructure support Health material, medical equipment support and emergency medicine support Training and education support
Barriers to safety goals	Limited of sterile gloves Delayed in emergency medication Limited of medical device resources
Tech-driven safety efficiency	Expectation that patient safety goals are achieved; patient satisfaction is high and increasing, the quality of health services is getting better Patient safety will become easier, more effective and more efficient by using technology applications.

adherence to protocols to prevent injuries and ensure safe patient care. The example of statements below explained this.

"Patient safety is the behavior of nursing supervisors aimed at preventing anything that could injure or harm patient accidents to patients." (P1).

"Patient safety is the behavior of nursing supervisors to prevent injuries and accidents to patients, by always washing their hands before and after carrying out nursing actions and following hospital standards operational procedures." (P19).

"The behavior of nursing supervisors or health workers in hospitals is to prevent something or that could harm patients and accidents to the patient in implementing the six patient safety goals." (P24).

"Patient safety is the behavior of nursing supervisors aimed at preventing anything that could injure or harm patient accidents to patients." (P6)

"Patient safety is a system that makes nursing care safer and reduces the risk of hazards." (P15).

"I feel responsible for implementing patient safety." (P25).

Theme 2 Implementation in practice.

Theme two, "Implementation in Practice," explores how nursing supervisors at the military hospital apply patient safety standards based on their understanding and training. It highlights their adherence to the six established patient safety goals, showcasing their practical approaches and commitment to enhancing patient safety in their daily duties. The example of their statements as follow:

"...We cannot be separated from the six patient safety goals. Identification is in the form of name, date of birth and medical record number. Then, to prevent misunderstandings in communication, we increase effective communication between the head of the room and its members, between fellow nursing supervisors, between nursing supervisors and doctors, and between Nursing supervisors and other health workers. then we carry out anamnesis vigilance again with good effective communication with the patient and, we check again what it's called, on the patient's status as well, on the patient itself, there is already a marking of the operation area, then we check again, and check again on the patient." (P2).

"...In our room there are many geriatric patients who have had strokes, the patient's most frequent actions are in bed, by looking at the patient's bracelet and

communicating by calling the patient's name or asking the patient's name. family, if the patient cannot speak, give the injection by double checking with another nurse. Patients were treated for a long time and had a lot of bed rest, so many experienced decubitus. Actions taken before visiting patients include washing hands according to SOP by providing education to patients and families, preventing the risk of falls, installing bed rails, observing decubitus wounds, if the wound is little you can apply moisturizer or rub olive oil around the wound after carrying out wound care. Family tilt to the right, tilt to the left every 2 hours, and put a ring in a prominent place that has the potential to cause pressure sores, give a pressure sore or an air mattress, after the procedure we wash our hands again..." (P25).

"...For endoscopic procedures, the first is to identify the patient, make an appointment to perform the endoscopic procedure, signature informed consent, carry out effective communication by explaining and ensuring the patient fasts to prevent aspiration during the procedure. Second, before the procedure we wash our hands, then wear PPE (Personal Protective Equipment) such as masks, aprons, gloves for nursing supervisors to avoid infections obtained from patients before the procedure, and during the procedure. Third, the nurse removes the PPE, throws it in the infectious waste bin, then washes her hands. Next, raise the bed rails so that the patient does not fall after the procedure because the patient is sedated. Finally, we wash our hands again after taking steps to prevent infection..." (P13).

"...Last time I called the patient's name with a diagnosis of diabetes mellitus, high blood sugar, date of birth and I wash my hand first, checked the patient's blood pressure, and I wash my hand again then the patient visited the doctor, the patient got an insulin injection. I explained to the patient and the patient's family according to the SOP how to inject insulin." (P12).

Theme 3 Support in safety initiatives.

Nursing supervisors expressed that support from hospital management and nursing management would greatly impact on the success implementing of patient safety goals. The statements below are the example of their statements:

"If the management has prepared a running water sink, hand soap for washing hands, gloves and clothes in the hemodialysis ward, the nursing supervisors will typically use them." (P2).

"The psychiatric ward, The nursing supervisor suggested installing hazard signs and safety measures in the care room. provides suggestions for installing danger signs and safety measures in the nursing ward." (P7).

"The nursing supervisor initiated discussions with other healthcare workers and families to ensure patient safety." (P12).

Theme 4 Barriers to safety goals.

This theme explores the significant obstacles that nursing supervisors face in implementing patient safety protocols, focusing on the scarcity of essential resources like sterile gloves and medical devices, and the impact of these shortages on timely and effective healthcare delivery. The example of nursing supervisors' statements below confirmed this situation:

"...If sterile gloves were empty in our ward, we would typically borrow to another ward..." (P8).

"I was reluctant to change the infusion because the supply of abbot number 24 ran out." (P11).

However, participants also voices barriers in making nursing supervisors depressed when emergency medicine stocked run out. As they stated:

"I was depressed because I had to wait until the emergency medication (dopamine and sulfas atropine) arrived from the pharmacy before I could help the patient overcome bradycardia and hypotension." (P8, P19).

Theme 5 Tech-driven safety efficiency.

Theme five explores how integrating technology into healthcare practices can enhance patient safety outcomes, increase patient satisfaction, and improve the overall efficiency and quality of health services in military hospitals. As the example of their statement:

"...We hope that patient safety goals can be achieved and patient satisfaction will be high and increase so that the quality of health services in our hospital will be better..." (P25).

This theme embodies the nursing supervisors' desire to increase accessibility, simplify procedures, and reduce waiting times in the healthcare ecosystem, reducing the workload of nursing supervisors more effectively and efficiently, reinforcing the profound impact of technology on healthcare expectations.

"My family and me can now easily register for hospitals because I'm a member of a WhatsApp group."(P21)

"Since our patients previously received accurate information from the service, we are optimistic that the information system will progress." (P131)

"In order to reduce waiting times, we believe that all hospitals will eventually employ online registration systems." (P2)

"To reduce the workload of nursing supervisors to make nursing supervisors' work more effectively and more efficiently, we believe all hospitals will eventually implement Management Information Systems." (P22)

Discussions

The first theme identified is 'Patient Safety as Our Responsibility. The nursing supervisors expressed that patient safety is their responsibility. Our findings highlight the important influence of understanding patient safety principles as the main basis for forming good behavior, especially in the implementation of patient safety goals. Research by Pelzang et al. (2020) confirms that inadequate understanding of the concept of patient safety has the potential to hinder the improvement of patient safety processes and practices in the Bhutanese healthcare system. Our findings are in line with aspects of patient safety highlighted by Chatzi & Malliarou (2023) and Zolot (2017). They stated that aspects of patient safety are routinely given to nursing supervisors so that they can increase nursing supervisors' understanding and perception of patient safety. The influence of understanding patient safety principles as the main basis for forming good behavior can increase nursing supervisors' understanding and perception of patient safety.

The second theme was about implementation in practice. The study found that most nursing supervisors implemented the patient's safety standards based on their understanding. This result aligns with research by Rizany et. al. (2019) which states that nursing supervisors in military hospitals have a strong organization, clearer responsibilities, and clear lines of command. Other research also states that patient safety is the responsibility of nursing supervisors which is divided into two, including civil responsibility and criminal responsibility (Sukendar et al., 2021). In military hospitals, the responsibility of military nursing supervisors has a strong organization, clearer responsibilities, and clear lines of command, because it is based on the values of life in the military which consist of discipline (carrying out service orders with a full sense

of responsibility, fostering the relationship between superiors and subordinates in harmony and mutual trust, and upholding goals in carrying out tasks), hierarchy (carrying out orders and being accountable for them and implementing them based on the chain of command), and military honor (avoiding actions that embarrass oneself, the family, the corps and the state, as well as positioning yourself as a role model for the environment) (Bramasta and Firdaus, 2023).

This study's third theme describes support in safety initiatives. The result of research found that support from leadership is important in optimizing patient safety in services. Research by Al Sawafi (2021) confirms that health service leaders must be responsible and accountable for strengthening the health service system by improving infrastructure, providing adequate support and resources, carrying out comprehensive monitoring and evaluation of patient safety. This result research is in line with study by Parand et al., (2014). They stated that managers and policies made by managers are one of the factors that influence patient safety. Other results of this study also found that support from management including providing opportunities for hand hygiene training and higher education can also increase understanding of infection prevention which will impact patient safety. Management support in providing training opportunities, such as hand hygiene and advanced education, significantly bolsters staff understanding of infection prevention—a key component in ensuring patient safety. Leadership effectiveness in healthcare is not solely about policy-making or resource allocation but also involves fostering a culture of continuous learning and adherence to best practices in safety. Enhancing patient safety requires a multifaceted approach by leadership. By prioritizing both structural and educational improvements within healthcare settings, leaders can create an environment that not only supports but actively promotes patient safety. This approach is integral to cultivating a healthcare system where safety protocols are not just implemented but are ingrained in the everyday practices of all healthcare professionals, thereby driving substantial improvements in patient care quality and safety standards.

This study's fourth theme describes barriers to safety goals. The main barrier in implementation of the patient's safety strategies was varied including limited facilities. This results in line with another studies by Md Vera Susiladewi et. al (2023), Guanche-Sicilia et al (2021), and Eka Safitri et. al (2023), they found that only 11.4% of nursing supervisors monitor peripheral vein

cannulation using the VIP score which can cause patient safety problems. They stated that the condition of the infusion being installed for a long time due to nursing supervisors not changing it causes an increase in phlebitis. Incorrect use of medical gloves or gloves also has an impact on patient safety. Research by Lindberg & Skytt (2020) states that the continuous use of gloves during activities with patients carries the risk of transmission with ideally one gloves for each patient. Medical gloves also have a direct influence on the safety of clinical staff and patients as well as optimal performance (Zare et al., 2021). Limited facilities have an impact on patient safety. The facilities used directly by nurses in providing medical care have a direct influence on optimal safety. So, the responsibility of the supervisor is very important to maintain and fulfill the facilities that will be used to provide nursing services and care.

The final theme of this study describes tech-driven safety efficiency. Research found that nursing supervisors hope to make the implementation of patient safety strategies easier, more effective, and more efficient through technology applications, which requires support and engagement from hospital management. Research by Wahyuni et al. (2023) confirms the importance of health information technology and system infrastructure components supporting digital transformation in hospitals. This result research is in line with study by Mokoagow et al. (2024). They stated that Hospital Information Systems can Minimize the complexity of health services by improving organizational efficiency through innovation-based information system development business process management, service flow automation, cost reduction, improving hospital performance, which aims to develop human resources, organizational development, and quality improvement technology to achieve hospital service efficiency. Integrating digital systems streamlines complex health services and improves organizational efficiency through innovations in business process management and service flow automation. Such technological advances not only reduce costs but also bolster hospital performance by facilitating human resource development, organizational growth, and quality improvements. This underscores the importance of hospital management's active support for technology adoption to drive significant improvements in service delivery and operational efficiency.

This study faces a limitation concerning the diversity of participants. Although the participants varied in terms

of education, age, work experience, and backgrounds, this diversity may not fully represent the broader range of experiences necessary to comprehensively understand patient safety compliance implementation.

Conclusion

This study highlights the significant role of hospital and nursing management support in shaping the understanding, experiences, responsibilities, barriers, and expectations of nursing supervisors in military hospitals, emphasizing the profound effects of implementing patient safety compliance. It reveals that a deep comprehension of patient safety protocols by nursing staff is fundamental to fostering positive behaviors essential for achieving safety goals. Furthermore, the research points to the high expectations that nursing supervisors have regarding the enhancement of healthcare quality. As healthcare professionals, nursing supervisors must not only grasp but also effectively implement these patient safety approaches, thereby improving the quality of care and ultimately raising overall healthcare standards.

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Conflict of Interest

There are no potential conflicts of interest to declare.

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