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ORIGINAL RESEARCH

"Working in the emergency department is not a job; it's like a war" A narrative inquiry and interpretive phenomenology of the violence experienced by emergency nurses in Turkey

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Abstract

Aims: This study aims to reveal the violent experiences of nurses working in the emergency department and the meanings they attribute to them.

Methods: This research was conducted as narrative inquiry and interpretive phenomenology and recruited 15 nurses. Interviews with nurses actively working in the emergency department and who had been exposed to violence by patients or their relatives were conducted with a semi-structured interview form. The consolidated criteria for reporting qualitative research (COREQ) checklist was used.

Results: In the study, three themes were determined (1) Unpredictable event, (2) Interminable effects of violence, and (3) Like a bottomless pit. With seven subthemes.

Conclusions: This study underlined that violence applied to nurses by patients or relatives of patients in the emergency department is an unexpected situation that causes negative emotions. Violence affects all aspects of life and limits communication with the patient. Coping with a violent situation is challenging for nurses, and they demand support from the management.

KEYWORDS
emergency department, emergency nursing, qualitative research, violence, workplace violence

Summary Statement

What is already known about this topic?

- Violence is most commonly reported as experienced by nurses in the emergency department.
- Violence affects nurses deeply and causes negative effects in daily life.

What this paper adds:

- Nurses described the violence perpetrated by patients or by patients' relatives as a situation that causes negative feelings such as anger, worthlessness, and injustice.
- Nurses emphasized that violence affects their clinical environment and their daily lives.

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The implications of this paper:

- The multidimensional and destructive effects of violence on nurses have shown that it is important to make the necessary arrangements quickly to reduce violence in the emergency department
- The study provides information about the experiences of nurses who have been exposed to violence by patients or their relatives in the emergency department.

1 | INTRODUCTION

Workplace violence is defined as "incidences in which personnel are attacked, threatened or threatened", and although it is a universal problem in all occupations, workplace violence against healthcare workers in healthcare institutions is considered an urgent problem in many countries (Ashton et al., 2018; International Labor Office, 2002; Yesilbas & Baykal, 2021). It is stated that nurses are especially the primary victims of workplace violence against healthcare workers and are at higher risk of violence than other healthcare personnel (Arnetz et al., 2015; Chapman et al., 2010). It is thought that providing direct care to patients and being the most accessible health professionals compared with other health professionals increases the possibility of nurses being the target of aggressive behaviours from patients and patients' relatives (Zhang et al., 2021).

Emergency departments are one of the riskiest working environments in terms of workplace violence in health institutions (Taylor & Rew, 2011). Literature reviews show the characteristics of the emergency department workers and patients, patient and healthcare worker interaction, and environmental and organizational factors as important factors in the emergence of violence (Najafi et al., 2018; Zhang et al., 2021). Risk factors for violence in the emergency department are poor conditions, inadequacy in resolving conflict, communication difficulties with patients, lack of knowledge of patients and their relatives about the responsibilities of nurses, and insufficient security in hospitals (Çam & Ustuner Top, 2021; Hassankhani et al., 2018; Moghadam et al., 2013). Regardless of workplace violence risk factors and causes, it undoubtedly negatively affects health professionals, health institutions and patients. Studies have shown that workplace violence causes a decrease in the quality of life, decreased job satisfaction, high employee turnover, decreased productivity, depression and increased burnout in healthcare workers, resulting in higher organizational costs and lower quality of care for patients (Ashton et al., 2018; Najafi et al., 2018; Yesilbas & Baykal, 2021; Zhang et al., 2021). It has been observed that the rate of exposure to violence among healthcare workers in Turkey varies between 72.4% and 83.3%. 81% of health workers in Turkey are exposed to verbal violence, and 17% to physical violence (Sahin & Yıldırım, 2020). This shows that violence against healthcare workers is common in Turkey, where the research was conducted.

There are few qualitative studies on violence against nurses in the emergency department, which causes many negative effects, and studies have focused on the type, sources and causes of violence. Qualitative research, by its nature, presents the emotions and thoughts of the events experienced by individuals in depth. Using these features of the qualitative research method, this study aimed to present the experiences of violence of emergency room nurses in an in-depth, detailed and rich way with their own stories, feelings, and thoughts. The aim of this study was to reveal the violent experiences of nurses working in the emergency department and the meanings they attribute to them. Therefore, this study is important in revealing the experiences of violence by nurses working in the emergency department within their professional identities and as human beings and the meanings they attribute to them.

2 | METHOD

2.1 | Design and setting

This research was conducted as narrative inquiry based on interpretive phenomenology. The purpose of interpretive phenomenology is to create a possible interpretation of the nature of a particular human experience by using the experiences of individuals to arrive at a deeper understanding (Van Manen, 1984). The phenomena revealed related to personal experiences or important life events and examined how individuals made sense of these experiences (Smith, 2004; Van Manen, 1984). This study tried to learn how emergency nurses make sense of an important life event such as violence by using their experiences. The purpose of narrative study is to examine the experiences of individuals through their narratives. Narratives are rich, detailed, often contain personal perspectives, and are powerful tools for sharing information (Anderson & Kirkpatrick, 2016). Narratives are the most basic way of revealing hidden feelings, thoughts, and experiences, especially in multidimensional incidents. All events in the past play a very important role in shaping our feelings and thoughts about the future (Muylaert et al., 2014). The violence investigated in this study derived from incidents experienced by individuals quite differently, which affected their whole lives deeply. Therefore, this study used narratives to understand nurses' real-life experiences of violence from patients or their relatives through their own stories and to reveal hidden aspects. The study was reported using the consolidated criteria for reporting qualitative research (COREQ) guidelines.

This study was conducted with nurses working in emergency departments in different cities and institutions in Turkey.

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2.2 | Participants

A purposive sampling method was used in this study. Accordingly, the present study included nurses (a) who worked actively in the emergency department of different cities and institutions in Turkey, (b) who were exposed to violence (physical, verbal etc.) by the patient or their relatives, (c) who were reachable by online platforms (WhatsApp®, Facebook®, Instagram®, and email), and (d) who volunteered to participate in the research were included in this study. No exclusion criteria were applied for this study.

The authors used online platforms to announce the research to prospective participants. The text of the announcement stated that there would be an interview with the nurses in the emergency department who had experienced violence by the patients or their relatives. The nurses who volunteered to participate could reach the researchers via telephone. When volunteer participants reached out to the researchers by phone, the researchers evaluated the participants for inclusion criteria.

The interviews continued until data were repeated and ended when data saturation was reached. A total of 15 nurses working in the emergency department were included in this study. One nurse declined to participate in the study before the interview.

2.3 | Research team and reflexivity

The researcher (AB) holds a PhD in internal medicine nursing and works as an assistant professor in the nursing department at a university. The researchers (SÖ and MSK) are PhD candidates in psychiatric nursing and work as research assistants in the psychiatric nursing department at a university.

2.4 | Ethical considerations

Ethical approval was obtained from the X University Ethics Committee for this study. This study was conducted in line with the standards of the Declaration of Helsinki. Before each interview, the purpose of the research was explained to the participants; they were informed that they would be audio recorded, and it was explained that they could withdraw from the study at any time. To ensure the participants' privacy, a code (N1, …) was given to be used during the presentation of the data.

2.5 | Data collection

Data were obtained through Zoom interviews in October and November 2022. At the beginning of each interview, the purpose of the research was explained to the participants. The researchers invited the nurses to participate in the interview to be undertaken in an area where they could be quiet and alone. Initially, sociodemographic questions, such as age and gender, and descriptive questions about violence were asked, such as frequency of exposure to violence and experience of calling a "white code". In Turkey, the white code is an emergency warning code created to take action as soon as possible in the presence of risk of violence risk or for intervention for personnel working in health institutions. Then, in-depth interviews were conducted in line with the semi-structured form.

TABLE 1 The semi-structured interview form.

1) How did your day start at the hospital?
2) Could you tell us about the violence that affected you the most?
3) How did you feel during the violence?
4) How has your personal and professional life been affected after the violence?
5) How did you deal with the violence?

The semi-structured interview form was created using the three components described by Connelly and Clandinin (2000) as necessary for narrative inquiry. The first of these components is temporality, and establishes the connection between the past, present, and future (Connelly & Clandinin, 2000). The second component is sociability, which deals with feelings, thoughts and reactions about an event. The last component is place, which allows questioning of the physical area where the event occurs. Therefore, the following five open-ended questions were used (Table 1). In addition, *'How?'*, *'Can you tell us a little more?'* and *'Anything else you want to add to this?'* was asked the nurses to elaborate on their answers.

In qualitative research, data saturation is achieved when there is sufficient information to reveal the data related to the purpose of the study and new data and information are no longer evident in the interviews (Corbin & Strauss, 2015). After the thirteenth interview, the researchers realized that there were repetitions and similarities in the participants' answers and that there were no new data on the experiences of violence. Two additional verification interviews were conducted (Polit & Beck, 2021). Participants were interviewed once, and all interviews were recorded on a digital recorder. Each in-depth interview lasted between 25 and 40 min.

2.6 | Data analysis

The MAXQDA® software program (Version 20.0.6) was used to analyse the data. The four-stage interpretive phenomenological research analysis approach proposed by Smith and Osborn (2003) was used in this study. In the first stage, interview recordings were transcribed. The obtained interview texts were read independently by the researchers more than once. The researchers coded the interesting expressions they observed in the text. The codes obtained were analysed analytically and categorized according to possible themes in the second stage. In the third stage, arrangements were made to create themes and sub-themes from the categorized codes, and the relations between the themes were examined. In the fourth stage, participatory comprehensible quotations and definitions were determined for each theme and the study was reported.

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TABLE 2 Descriptive characteristics of participants.

	Age	Gender	Education level	Working time in the profession	Working time in the emergency department	Prevalence exposure to violence	The most common type of violence	Experienced giving a "white code"	Experienced receiving physical/psychological treatment due to violence	Experienced applying to the legal authority due to violence	Type of violence in the narrative
N1	26	Female	Bachelor's degree	1.5 years	1 years	Everyday	Verbal	Yes	No	Yes	Verbal, physical
N2	26	Female	Bachelor's degree	2 years	3 months	Four times a week	Verbal	Yes	No	Yes	Verbal
N3	24	Female	Associate degree	3 years	2 years	Everyday	Verbal	Yes	Yes	Yes	Verbal
N4	28	Male	Postgraduate degree	5 years	5 years	A times a week	Verbal	Yes	No	Yes	Verbal, physical
N5	27	Female	Bachelor's degree	4 years	2.5 years	Everyday	Verbal	No	No	No	Verbal
N6	28	Female	Bachelor's degree	6 years	3.5 years	Two times a week	Verbal	No	No	No	Verbal
N7	25	Male	Bachelor's degree	3 years	7 months	Everyday	Verbal	Yes	No	Yes	Verbal
N8	27	Female	Bachelor's degree	4 years	2.5 years	Two times a week	Verbal	No	No	No	Verbal
N9	24	Female	Bachelor's degree	5 months	5 months	Three times a week	Verbal	No	No	No	Verbal
N10	25	Female	Bachelor's degree	2 years	8 months	Two times a week	Verbal	No	No	No	Verbal, physical
N11	28	Female	Postgraduate degree	5 years	3.5 years	Two times a week	Verbal	Yes	No	Yes	Verbal
N12	34	Male	Bachelor's degree	9 years	9 years	Three times a week	Verbal	Yes	No	Yes	Verbal
N13	29	Female	Postgraduate degree	9 years	8 months	Three times a week	Verbal	Yes	No	Yes	Verbal, physical
N14	27	Male	Postgraduate degree	2 years	2 years	Three times a week	Verbal	Yes	No	Yes	Verbal, physical
N15	29	Male	Bachelor's degree	5 years	5 years	Three times a week	Verbal	Yes	No	Yes	Verbal

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2.7 | Methodological rigour

This study's rigour was provided using the dependability, confirmability, credibility, and transferability strategies determined by Guba (1981).

In order to ensure the dependability of the findings, a systematic analysis process was used in the analysis of the data and the process was explained step by step. In addition, more than one researcher's analysis and interpretation of the data contributed to the increase in dependability.

Confirmability is important to determine research neutrality. All interviews were conducted using the same interview form, and consistency was ensured in the interviews.

The analysis of the research process and results by three researchers with qualitative research experience was important regarding the findings' confirmability and credibility. In addition, the interview data were constantly compared and reviewed among the researchers, and the data were finalized by reaching a consensus.

All procedures, such as sampling, data collection process, and data analysis, were described in detail to ensure transferability.

3 | RESULT

3.1 | Participants

Most of the participants were women and had a bachelor's degree. The majority of the participants were under 30 years. Participants had professional experience ranging from five months to nine years. All participants were mostly exposed to verbal violence, and the frequency of exposure varied between every day and four times a week. Ten participants had experienced calling a 'white code' and had applied to the legal authority because of violent incidents (Table 2).

3.2 | Themes

Based on a narrative analysis of the experiences reported by emergency nurses, three main themes were identified: 'Unpredictable event', 'Interminable effects of violence' and 'Like a bottomless pit' (Table 3).

TABLE 3 Key themes of the study.

Theme 1. Unpredictable event
Sub-theme. Difficult and destructive process
Sub-theme. Nurses' reactions
Theme 2. Interminable effects of violence
Sub-theme. Working where you are exposed to violence
Sub-theme. A nurse in the courtroom
Sub-theme. Effects reflected outside the hospital
Theme 3. Like a bottomless pit
Sub-theme. Developing ways of coping
Sub-theme. Desired support

3.2.1 | Unpredictable event

For participants, the incidents represented violence, anger, inhumanity, physical and emotional injury, demotivation, and border violation. Participants stated that the violence they experienced occurred unexpectedly and suddenly, so they did not know how to react at the time of the incident, which increased the destructive effect.

Difficult and destructive process

During the violence, nurses were exposed to verbal violence such as shouting, humiliation, swearing and threats, as well as walking and physical assault. During the difficult process, the participants felt angry, worthless, and wronged; They questioned whether their efforts were wasted and whether they were in the right profession.

> "At that moment, I felt regret, anger, and unhappiness. What am I doing here at 4 in the morning right now? Why am I in this profession? I questioned myself." (N10).

> "We didn't get the blood. Was it our problem? Is that why these things happened? Things like that crossed my mind." (N9).

Nurses' reactions

Participants stated that at first, they were frozen in the face of the sudden onset of violence and did not know what to do. Then they or other health personnel called security and called a white code.

> "I was shocked; I didn't expect it. At that moment, it was like my brain had stopped. I stayed for a second or two, trying to understand, and then he insulted me again. I was even surprised at that moment; I said, did you tell me?" (N10).

> "Even though I tried to explain to my patient, he continued to insult me. I couldn't understand why this happened. 'What's going on, what am I living now?' I thought." (N1).

3.2.2 | Interminable effects of violence

The participants emphasized that the wearing effects of the violence they experienced did not remain only on that day, at that hour, and in that clinic. Despite the violence they experienced, they continued to work in the same clinic; they were interested in the legal process of the incident and tried to continue their daily lives.

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Working where you are exposed to violence

Participants emphasized that they had difficulties continuing their work life after their experience of violence and that it was impossible to continue as if nothing had happened. They said they were stressed on the way to work and did not want to go, their motivation decreased, they were working as alert as if they were going to be exposed to violence again, and they even thought of quitting nursing.

> *"I started experiencing the stress of 'I'm going to work today'. I'm going to go to the ER and experience something bad again. I'm already working hard, and I'm physically tired. The anxiety that I would be exposed to violence was added to these."* (N4).

> *"Being treated this way both makes me sad and lowers my motivation. In addition, it brings to my mind the thoughts of what profession I can work in other than the health field."* (N5).

Participants indicated that their experiences of violence also affected patient care. They stated that because of the violence they had experienced, the care of their patients was disrupted, and the quality of the care they provided decreased.

> *"These conditions hinder the care of other patients. Our job is a job against time. Treatment, follow-up, and intervention should be timely. However, I spend this time defending myself, telling the person who violent me not to do this."* (N12).

A nurse in the courtroom

According to the participants, one of the most tiring and wearisome aspects of the violence experienced was the legal process. Participants stated they were dealing with hospital protocols, police station and court processes after the white code. They stated that as they recounted the incident repeatedly, they felt as if they were experiencing the same situation again, could not remember the details because of the prolongation of the lawsuit process, and had to go to court during rest periods.

> *"You tell the event to one person and then tell it to another person. This situation made me experience the event again and again. It did not normalise it. I didn't feel relieved when I told you about it. On the contrary, it made me feel stressed again, and I live it every time I talk about this situation."* (N11).

> *"What did you do? Where were you? Who were there? Such questions make people feel bored… These questions are asked over and over again."* (N13).

The participants emphasized that violent incidents occur much more often than is known. Still, they refrained from calling a white code because of the difficulties they mentioned in the legal process.

> *"Normally, the white code thing is much more. But the events people were bothered about are now being taken to court… Most people do not want to give white code because we deal with these things when we need to rest."* (N12).

> *"It's tiring and frustrating. The incident I mentioned happened last year, but the lawsuit is still ongoing. Therefore, our colleagues do not even want to give a white code."* (N14).

Effects reflected outside the hospital

The effects of the violence experienced by the participants were not limited to the hospital only but also affected their daily lives. These effects were in the form of decreased tolerance, irritability, depressed mood, and sleep problems.

> *"We leave the emotional events related to the patients in the hospital, but we cannot leave the violent events. There is intolerance and irritability when we come home, in our private life, when talking to our spouse and family."* (N10).

> *"The person walked towards us, cursing. When I got home that day, I couldn't sleep for a long time."* (N3).

3.2.3 | Like a bottomless pit

The emergency department was like a bottomless pit from which they could not get out, no matter what they did. They were hopeless as they thought they could not solve this situation on their own. However, they tried to use various coping methods to maintain their well-being and continue nursing and made suggestions for ending violence.

Developing ways of coping

The violence experienced caused the participants to develop some methods to protect themselves. These were avoiding the environment, decreasing communication with patients, trying not to personalize the event, and immediately seeking security when they sensed a problem would arise.

> *"First, I stepped away from the environment. I went to a quieter place. I didn't talk to anyone for a while."* (N1).

> *"I call security when there is a problem situation. Let the security deal with it… I don't interfere in the events myself anymore."* (N6).

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Colleagues were most helpful to participants in coping. Participants indicated that they talked about the situation with their colleagues, reviewed the event, and calmed each other down.

> *"The event happened, then we talked to my colleagues who witnessed the event, re-evaluated the event, and expressed our feelings."* (N4).

Desired support

Participants underlined that they need administrative and legal support to prevent violence. According to them, the low number of health personnel and security guards, the difficulty of accessing the health system, patients' and relatives' lack of triage knowledge, and the absence of deterrent punishments for violence were the causes of violence. Furthermore, they stated that it would not be possible to prevent violence without making improvements to the mentioned problems.

> *"Security is weak. There is no deterrent. People can treat us however they want. Either they are not punished, or the punishment they receive is not enough to affect their lives."* (N12).

> *"First of all, the number of personnel should be increased. A sufficient number of personnel should be reached… We care for too many patients in a tiny area. Working areas should be expanded. More adequate physical conditions should be achieved."* (N7).

4 | DISCUSSION

This study revealed that violence is expressed by nurses as a situation that occurs unexpectedly and causes negative emotions such as anger, irritability, and injustice. A study conducted in Iran stated that emergency nurses expressed violence as unpleasant and emphasized that they experienced sadness, humiliation and insecurity (Hassankhani et al., 2018). Another study indicated that emergency nurses who were exposed to violence in Turkey experienced negative emotions such as sadness, nervousness, and disappointment (Yıldız & Yıldız, 2022). In this study, nurses reacted differently to violence and were shocked and unresponsive at the time of violence. In a recent study, nurses in Taiwan expressed violence as an unpredictable and complex process that leads them to stress (Hsu et al., 2022). In another study, nurses in the United States stated that violence was an unexpected shock situation and that they had difficulty recognizing it in the first stage because it occurred suddenly (Powell et al., 2022). Another study determined that the emergency nurses exposed to violence in Australia took no action at the first stage and then informed the security guard (Dafny et al., 2022). Although countries have cultural differences (Ogharanduku & Tinuoye, 2023), individuals' reactions to violence are universal. Nurses in many different countries define violence as a negative situation and experience the shock of not knowing what to do in case of violence.

This study underlines that the impact and process of violence continue to impact almost every aspect of nurses' lives. After the violence was experienced, the participants did not want to return to work, their motivation decreased, and they even thought of quitting nursing. Similarly, other studies have found that violence reduces nurses' motivation, makes them feel unsafe while working, and increases their intention to leave (Li et al., 2019; Najafi et al., 2018; Sahebi et al., 2022; Stafford et al., 2022). In addition, the participants stated that the quality of care they gave patients decreased after the violence was experienced. In another study, emergency nurses in Iran indicated that their attention was distracted, and their skills and productivity decreased after the violent experience (Hassankhani et al., 2018). In this study, participants stated that the legal process did not proceed quickly, reminded them of their lived experience repeatedly, and therefore did not call a white code even though they experienced violence most of the time. Studies have shown that nurses in Jordan and Turkey are reluctant to initiate the legal process and do not report violent incidents to avoid legal processes (Darawad et al., 2015; Gunaydin & Kutlu, 2012). In a study parallel to our findings, nurses in Iran stated that they did not want to spend their time dealing with the court and paperwork (Hassankhani et al., 2018). In addition, participants stated that the experience of violence affected them negatively in their daily lives outside the hospital. Similarly, a meta-synthesis study conducted by Al-Qadi (2020) stated that emergency nurses were stressed, depressed, and had nightmares after the violence.

Participants developed methods to cope with the violence they experienced and avoid further similar violence. The participants started implementing methods such as avoiding the environment, reducing patient communication, trying not to personalize the incident, and immediately calling security. In the literature, it has been reported that Iranian emergency nurses do not react to violence and accept it as a normal and common situation that can be encountered in emergency health services (Dadashzadeh et al., 2019; Sheikhbardsiri et al., 2022). In cases of violence, it was stated that they did nothing but stay away from the environment and called security (Dadashzadeh et al., 2019). In another study, it was noted that, as coping strategies, emergency nurses in the USA used physical distancing from violence, maintaining emotional distance in their work or private lives, rationalizing the behaviour of patients and their relatives, and talking about their feelings with colleagues in similar situations (Vrablik et al., 2019). Although nurses try to cope with violent events, effectively or ineffectively, these events can negatively affect nurses' health and, indirectly, the quality of patient care (Nikathil et al., 2017).

In this study, the participants emphasized that to experience less violence in emergency departments, it is necessary to increase nurse manpower, improve working environments, increase security measures, inform the public about health systems, and deter penalties. Similarly, the literature shows that these issues are among the causes of violence (Al-Qadi, 2020; Ashton et al., 2018; Najafi et al., 2018). Studies have grouped the causes of violence as those arising from the

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health system, health institutions, health personnel and patients/relatives (Al-Qadi, 2020; Ramacciati et al., 2018; Yesilbas & Baykal, 2021) and emphasized that the surveillance of patient rights and the complaint systems in emergency services are insufficient (Sheikhbardsiri et al., 2020). It has been argued that making improvements for these reasons will significantly reduce the incidence of violence (Ashton et al., 2018; Yesilbas & Baykal, 2021).

4.1 | Limitations

One of the study's limitations is that only the experience of emergency department nurses is included because of purposeful sampling. Therefore, the findings must be generalized to clinics in the emergency department. Second, most of the participants in this study were under 30 years of age and had a maximum professional experience of 9 years. For this reason, conducting the study with nurses who were older and had more experience may provide additional data.

5 | CONCLUSION

Violence is an unexpected situation that wears out emergency nurses and triggers negative emotions. Violence causes a reaction in nurses ranging from unresponsiveness to applying to security and legal authorities, negatively affecting their work and daily lives. It has implications for nurses concerning how they cope with violence, with studies showing they prefer to avoid the environment and limit communication with patients. Requests for future support include for more emergency nurses, sufficient health professionals to reduce and cope with violence, and informing the community about health services.

Emergency nurses are exposed to violence that negatively affects their individual and work lives and reduces their motivation to work. Reducing and preventing violence is a complex phenomenon that requires a multidimensional strategy. It requires the establishment of a zero-tolerance work environment. Accordingly, legal processes should be accelerated, penalties should be more deterrent, and security measures should be increased. Insufficient nurse manpower, unsuitable working environments and high patient loads are the areas that need improvement. Further, problematic areas at the systemic and organizational levels should be identified, and regulations should be amended to address these issues. In future studies, examining the experience of violence against emergency nurses in terms of patients and patient relatives is recommended.

AUTHORSHIP STATEMENT

Aylin Bilgin: Conceptualization; data curation; analysis; methodology; writing—review and editing; software; writing. **Mustafa Sabri Kovancı**: Conceptualization; data curation; analysis; methodology; writing—review and editing; writing. **Sinem Öcalan**: Conceptualization; data curation; analysis; methodology; writing—review and editing; writing.

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CONFLICT OF INTEREST STATEMENT

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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