

# Professional Identity Emergence in a New Profession

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## Abstract

**Purpose :** The field of HIV/AIDS counseling plays a vital role in the fight against the illness. The field is new, lacking public health and other health specialists, and is less integrated with the larger health system. This environment will probably have a negative impact on the development of the professional identity (PI). In this study, the evolution of PI was examined. Strong PI is necessary for the survival and expansion of the numerous new professions that are constantly emerging.

**Design/Methodology/Approach :** A semi-structured interview was appropriate to explore the emerging profession and its PI development process. In-depth interviews of six experienced HIV/AIDS counselors in Odisha were conducted. Interviews captured counselors' lived experiences, challenges, and expectations. The analysis of the transcripts involved finding recurring themes and assigning causality to the PI.

**Findings :** Early adopters and pioneers must overcome initial obstacles, establish policies, prove their knowledge, redefine professional limits, and promote the area and its PI in order to be recognized professionally and by the public. Evangelists back the newly formed field, leading to iterative improvements in its structure, processes, and roles, thereby shaping a distinct identity for practitioners. Their educational background and moral character influenced a candidate's career. Their role within the company, the organizational structure, the benefits offered, the availability of resources, acceptability, and recognition all affect how they perceive their impact.

**Originality :** A process view of PI development was identified for an emerging profession.

**Research Limitations :** There was no outsider's perspective on the field because the sample size was restricted to seasoned professionals exclusively.

**Practical Implications :** The model developed in this study is helpful for understanding how PI emerges, enhancing the profession's effectiveness, and lowering barriers to its development.

**Social Implications :** Professions with a stronger PI tend to be more effective in service delivery.

**Keywords :** qualitative inquiry, professional identity, HIV/AIDS counselors

**JEL Classification Codes :** I180, M540, L320

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India has a significant epidemic of HIV/AIDS, ranking third in the world as of 2018 (CIA. gov., n.d.). Despite its relatively low prevalence, the disease remains a serious concern in the country. According to the India HIV research published by the National AIDS Control Organization (NACO, 2022), more than 2.4 million HIV-

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positive people were living in India in 2021. From 2010 to 2019, the number of individuals receiving HIV treatment in India experienced an almost quadruple growth. However, the social stigma surrounding the illness continues to unfairly discriminate against both patients and healthcare workers associated with HIV/AIDS. The emotional and social consequences have a negative impact on the patient's well-being. HIV-positive individuals must receive suitable treatment for mental health conditions due to the interconnectedness of mental illness, risky behaviors, and HIV/AIDS (van Dam et al., 2012). Counseling effectively reduces psychological distress, curtails hazardous behavior, and improves medication adherence (Cooperman et al., 2012). HIV/AIDS therapy works better when mental health services are included. Dutcher et al. (2011) stated that counselors with a great deal of experience may improve the outcome by using their knowledge in a particular cultural context. The role of HIV/AIDS counselors is gaining importance, and to address the growing need, individuals from diverse educational backgrounds are being recruited, resulting in increased diversity within the field.

It is important to understand the timeline and context of the AIDS control program in India and the region (Odisha) of the study. The National AIDS Control Organization (NACO) (Ministry of Health & Family Welfare, Government of India) is in charge of carrying out the National AIDS Control Program (NACP). The initiative is supported by the Department for International Development, United Kingdom, and the World Bank. For seamless implementation, State AIDS Control Societies have been established in every Indian state. The Director of Health Services (Odisha) implemented the NACP Phase I from 1992 to 1999. The State AIDS Cell of the Odisha State Health & Family Welfare Society implemented the NACP II between 1999 and 2004. In order to carry out the program, NACO ordered the establishment of the Odisha State AIDS Control Society in 2004. The structure was frequently changed, which implied unpredictability and the novelty of the services. There were misconceptions regarding the services and profession due to external financing and an ad hoc framework.

A key component of the AIDS control program's successful execution is the use of counselors. Due to the increased need for counselors, people with a variety of educational backgrounds were hired. However, a professional identity (PI) is an essential element of any profession to survive and grow. In the changing social, technological, and global context, many new professions are emerging continually. Thus, the PI evolution process must be understood with precision. Practitioners, policymakers, and the general public must have a consistent understanding and expectations from the profession. While PI is important, the emerging process is not sufficiently explained by the research that is now available. Understanding the antecedents, actors, and their interactions in the establishment of PI is therefore crucial.

## **Literature Review**

According to Noonan (2019), a person's PI is shaped by how they see themselves, how others see them, and how the community views them. A strong professional identity conveys assurance and security (Myers et al., 2002; Remley & Herlihy, 2021). The PI influences various aspects such as work roles, values, activities, limitations, intentions, and preservation (Berkovich & Eyal, 2020), as well as satisfaction, dignity, and consistency (Woo et al., 2014), and overall gratification (Cruess et al., 2019; Remley & Herlihy, 2021). The PI is important for individual development and impacts others with whom professionals interact, including service recipients (Maor & Hemi, 2021). The PI demonstrated an individual's work-related ethics, capabilities, awareness, professional comradeships, personal ownership and commitment, and pride in taking up the profession (Cull et al., 2020; Lin et al., 2019; Remley & Herlihy, 2021; Uzunbacak et al., 2023). Pelling and Whetham (2006) asserted that professionalism is characterized by PI's standing as a valid, well-established field with a distinct personality, as opposed to being a replica of other professions. Yet this distinction is difficult to make because counselors' duties overlap.

The following factors pose challenges to the PI of counselors: (a) Counseling is a more modern field than other mental health occupations, (b) Counseling has shared roles, purposes, and responsibilities, (c) Counselor profiles

differ when education, sociology, and psychology are combined, (d) Differences are seen in training, acquiring expertise, and professional associations, in order to obtain required credentials, (e) Counselors themselves have misconceptions about counseling, and (f) There is commonality in clientele and services provided (Fitzgerald, 2020).

There are similarities among different counselor development frameworks (Savickas, 2020). Models show great motivation, insecurity in the early stages of their careers, a lack of control over their boundaries, dependence on others for direction, and conflict in the mid-career stage as a result of erratic confidence, motivation, and bewilderment. Counselors in the subsequent stage exhibit a stronger PI by showing a sense of security, consistent motivation, knowledge, and self-awareness.

## Research Gap

Earlier research indicated that PI positively impacts various outcomes. However, the emergence of PI in new fields, such as public health, particularly in response to the HIV/AIDS crisis, poses unique challenges. It is critical to comprehend these new processes and pinpoint significant roadblocks in order to advance a profession and its PI. Therefore, scholarly studies that look at how PI is expanding into new industries are essential for the advancement of the profession and effectively addressing public health issues.

## Objectives

Apropos of the gap, this study investigated:

- ✦ Antecedents of PI as perceived by the HIV/AIDS counselors.
- ✦ Factors influencing counselors' perception of PI.
- ✦ The process of the development of PI.
- ✦ Outcomes associated with the PI.

## Methodology

A semi-structured interview process was considered suitable to study emergent characteristics of the profession. The interviewees were guaranteed anonymity and the option to withdraw at any time. The questions covered demographics such as years of experience, education, training, gender, and training, as well as professions such as reasons for choosing a career in HIV/AIDS counseling, experiences in the field, opinions of colleagues who are not counselors, and how society views the field and its significance. Participants selected the language of communication. For the purpose of preventing reporting bias, the interview transcript was distributed to everybody. To find themes and to confirm the accuracy and dependability of the interpretation, the transcripts were repeatedly reviewed. Corbin and Strauss (2014) provided a reference to earlier research on qualitative research design approaches. Research approval was granted from the Directorate of Health Services Odisha's ethical committee (Letter no. 9810/MS-2-IV-2020 (PT), Bhubaneswar, April 19, 2021).

## Analysis and Results

Table 1 displays the significant knowledge and background of counselors. Their wide range of academic backgrounds ensured diversity. The two respondents gave an overall perspective from their diverse roles as supervisors and trainers rather than just one particular point of view.

**Table 1. Profile of Counselors**

I. No.*	Gender/Age	Experience (Roles, years, prior experience)	Education
I1	M/43	Counselor-13, Others-3 (Adjunct Faculty Management)	Postgraduate (Psychology), Diploma (Guidance and Counseling)
I2	F/40	Counselor-13, Social Work-2	M.Phil. in Psychology
I3	M/43	Counselor-13, Clerk in the Electrical Department-2	Postgraduate (Psychology), Diploma (Guidance and Counseling)
I4	F/36	Counselor-10	Postgraduate (Humanities and Social Work)
I5	M/55	Counselor/ Master Trainer/ Supervisor-20, Others-5	Masters in Law (Human Rights)
I6	M/44	Counselor/Trainer/Supervisor-20	Ph.D. (Psychology)

**Note.** \* Identification number for participants.

### **Construct of PI**

The way in which the participants described their work and how it connected to it revealed elements of PI. “How we fit in the mental health field, how we work for the people, how others see us at work, how we are viewed within the community, is important to me” (I1) and “how doctors, nurses, and other paramedical staff view our work... specialized work-life... how we view ourselves as professionals; that's how I see it... and how we... fit into this field” (I4) are examples of descriptions of importance that reflected the psychosocial construct. Individual, intragroup, intergroup, and public relationships with oneself and others were determined to be significant.

A positive relationship between the duration of experience and PI was indicated in the statement, “New counselors may not have ... but counselors working for several years hold similar viewpoints and show solidarity like in other professions (I1).” Additionally, an adverse role of ill-defined system and structure was indicated in statements “job satisfaction, recognition, and the salary not commensurate with the work and the system does not allow counselors to be serious (I5).” Initially, HIV/AIDS counselors faced “stigma, discrimination, insecurity, and fear (I6)” to join the profession. The choice of profession despite adversity indicates the choice is values-driven. The statement “We will do our duty to the best of our abilities (I3)” indicated a sense of commitment to the profession.

### **Education and Training**

The similarity of education often leads to the choice of a particular profession. Participants variously described the role of education; “The foundation knowledge gained from my psychology degree helped me to choose...counseling (I1),” “Counseling was my core subject, so I wanted to explore a career to... utilize my knowledge to serve society” (I2). If a different combination of education can lead to a profession, the strength of PI is adversely impacted. Since HIV/AIDS counselors are from different educational backgrounds, an adverse sense of competition, a sense of isolation or supremacy weakened the “We” feeling of the profession. The statement “Psychology counseling is a one-year special course that is ignored in India whereas three months Master of Social Work course is given better recognition and weight. Psychological counselors...professionally enhance this field (I3)” and “Education differences need comparison (I3)” reflect such a position. Statements underscored the differences in education and region in the acceptability of counselors. Interestingly, the statement “Some are overqualified (I5)” indicated a limitation of type, quality, and level of education. However, the influence of education on PI was indicated as “My education has helped me to establish who I am (I2).”

In order to support the PI, respondents also mentioned “periodic assessment,” “training,” and “rigorous hiring.” The need for continual skilling was indicated in the statement, “Counselors need to update them on

various current trends and issues (I3).” An emerging profession requires cooperation or support from appropriate authorities to improve knowledge and confidence (I2). Standardization in the hiring of people with appropriate work experience and periodic on-the-job tests was also advocated (I2). The master trainer, however, claimed: “Training is not enough (I5).” The unavailability of specific training was also expressed as “counselors are not trained; no specific training is there for them (I3).”

The sensation of group feeling is made worse by a variety of entry-level education, absence, vague instruction, or general training, which results in insufficient PI. The training should be “rigorous” and during “induction” to address the “concern and confusion” expressed such concern (I2). Education and course content are known to influence professional attitudes toward counseling (Coll et al., 2013).

### ***Role of Structure***

The profession needs to work within a wide service delivery framework. PI is negatively impacted by shifting job positions within an organization. One of the participants asked, “Where do they belong? They don't belong in the medical system. Since OSACS is an association, nobody likes to work for an association. It is recommended that the Ministry of Health and Family Welfare oversee this job”(I5). The frustration was explicit “You have to accommodate these people (I5).” A fluid structure influences the perception, coordination, and support necessary for a profession; a participant observed, “There is less government support, and people don't think we are qualified (I3).” Counselors may be more motivated if they have clear appointment criteria and service standards (I6). The structure governed the distribution of resources as well. Altogether, this had a negative impact on the public's opinion of the field. The response “Government and political representatives are also not aware of our work” (I1) exemplified the perception. It was typical of an emerging profession with ambiguity in structure. The overall impression was that the system has compromised the quality and ethics “Low salary to a postgraduate is unethical (I6).” Funding for the program and role was considered a hurdle (I3).

A job position description clarifies service requirements, which are frequently unclear in new fields of work. “Prior to getting designations, we were called odd names like AIDS, Sir,” a participant recalled (I1). A designation also makes one feel proud (I1). A similar view was that “the job role is not structured according to the counselors' work (I6).”

### ***New Profession***

The emergence of the AIDS program in the 1990s and structural reorientation till 2004 indicate the emerging nature of the operation and profession. As stated in phrases like “We understand that it is a nascent program, and the designation is nascent as well (I1)” and “In India, counselors are not well-recognized,” the lack of ongoing and official support exacerbates the sensation of PI. Patients do not seek therapy from them, and they are not given much importance (I3).

### ***Role and Work Experience***

The participants described their roles and responsibilities, abilities, and personal attributes when describing their PIs. They talked about competence in terms of acquiring subject knowledge, their position, knowing one's limitations, efficiency, and professionalism.

A relationship between job role, personality, competence, and identity was referred to as “I think that being who I am, and what I do, besides what I am in this field reflects my personality...to help people is the key, providing them hope is essential; therefore, the label, of counselor means a great deal to me (I1).” The statement highlights the role of personality, job role, and competence in PI. The statement “Counseling is where the learning



is in the doing (I4),” indicates the emergent nature, lack of role clarity, or an opportunity for continual learning on the job. Furthermore, “It is the experience that gives me confidence and empowers me (I4),” indicating that PI emerges through confidence and a sense of empowerment.

Career progression and growth opportunities are important components of PI. One experience was described as “Initial 5–6 years was good. Subsequently, enthusiasm was low, and gradually, questions of salary, designation, increment, and growth prospects came up. Then, for about four years, I felt suffocated (I1).” Low salaries and contract labor were mentioned by respondents as discriminatory practices that would have a detrimental impact on PI.

It seems that counseling is an individual-driven profession in which one counselor cannot replace another. The statement “when we are on leave, there is no one who can substitute for us, this is a major problem (I3)” reflects the concern. The role, process, and structure appear to be not well-formed.

### ***License***

A license keeps people out of the industry, ensures a minimum degree of schooling and training, provides government credibility to experts, and allows them to pursue similar occupations. The need for a license was indicated by many participants (I1, I2, I3, I4, and I5). Participants stated that obtaining a license can alter public perception to favor the profession.

### ***Values and Motives***

Participants rationalized their career choices to their values and education. Expressions such as “I like my work, dedication is there to help people and solve their problems (I1),” “Wanted to do something for the society (I3),” “I am passionate about working in a field where I can help others (I4),” “From a personal point...to serve the community/society (I3)” indicated values associated. Counselors considered them as “self-motivated and self-driven (I3).” It is possible that the values guided the decision on education and then the profession, or vice versa. The application of the knowledge of the profession for the benefit of society is indicated in “I wanted...to use my knowledge and skills for benefit society (I4)” and “there is a level of pride in being a counselor and as a part of your identity (I3)” indicated pride in the PI. The values that the people in this field emphasized were pride, helping others, self-motivation, obligation, enthusiasm, and serving society.

### ***PI Overlap***

Doctors or nurses are preferred for health consultation, and they do not advise patients to seek help from counselors (I3). Such preference indicates some professions have higher PI and can deliver better service compared to others. Counselors have lower PI, are avoided, and do not have an “independent identity (I6).” The professional dominance of physicians and nurses damages their feeling of dignity (I3). The perception of PI is made worse by the absence of an organizational structure and the lack of a clear separation of roles and responsibilities. As stated by the participants and shown in the section below, the absence of PI is linked to unfavorable results.

☞ **Respect** : Non-counseling professionals did not show respect. “Even the laboratory/field staff treated us negatively (I1),” “We are not given any responsibility, only orders” (I3) and “there was a kind of reluctance to accept us as trainers, and they usually didn't pay any attention (I1).” “I was looked down upon by other staff members of the hospital, from doctors to sweepers (especially regular staff under government payroll) because I

was a contractual staff (I1).” Discrimination and an unsuitable organizational structure for professionals were the causes of the resentment.

✍ **Allocation of Unrelated Work :** Counselors are assigned paperwork, data collecting, and documentation obligations that denigrate their profession in the lack of professional job separation (I3, I6). This extra accountability exposed a vagueness regarding the services the profession provides. The allocation of responsibility becomes unclear, and a participant indicated, “there was less official referral (I3).” A lower acceptance of counselors was evident.

✍ **Acceptability of Advice :** Professionals in low PI situations are not provided with the information or reports they need, and their advice is not sought after or considered seriously when it is supplied (I1). Inadequate information may cause inaccurate assessment and diagnosis, creating a vicious cycle. Only when there is a chance to exhibit competence and professional knowledge can such a scenario be resolved. A respondent recollected, “Participants in training sessions did not pay attention or share reports until after a few sessions. Subsequently, they shared reports and test status, and mutual trust was established (I1).” Counselors’ “dignity” was affected, and they felt “people don’t think we are qualified (I3).” Some remarked, “Doctors and nurses’ job roles are clinical and technical in nature (I4).” A sense of resignation was reflected in the statement, “We have to work out of the boundaries (I3).”

## **Outcome**

Participants did not touch upon how PI influences outcomes. However, the statement “Social security might not enhance the service quality but at least will reduce the unethical treatment toward professionals (I6)” indicates unethical practice toward a profession hinders PI. It also suggests that PI acts as a moderator in the enhancement of service quality.

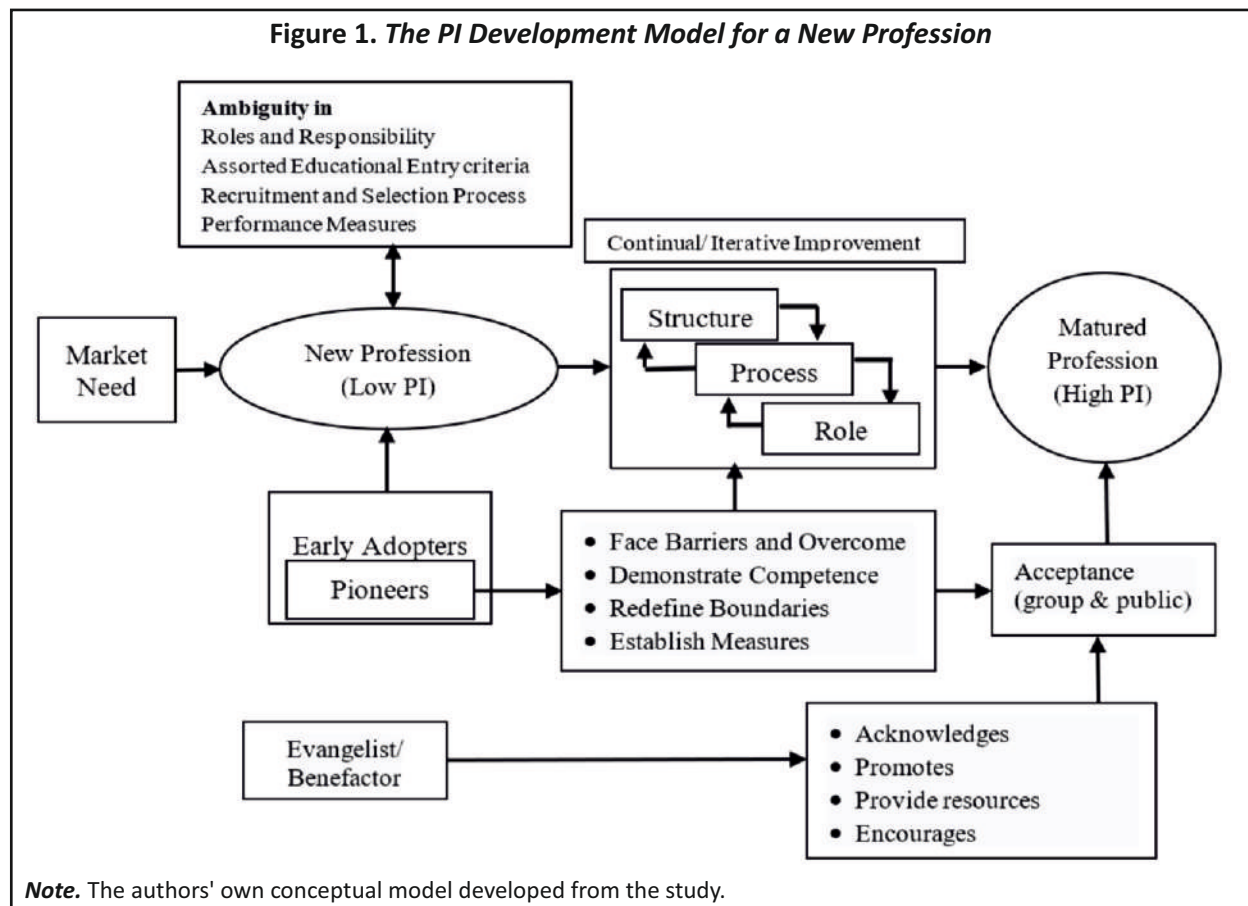
## **Individual Recognition**

At the moment, counselors’ PI is developing at the individual and intragroup levels. The master trainer for counselors (I5) emphasized, “Some don’t understand the counseling process.” The PI recognition is described in “Then a good doctor came, he recognized us. Gave us a room and treated us nicely. Under his impression, other staff members started treating us nicely. Those four years of life were a golden period (I1).” The statement indicated the role of a patron to recognize and allocate resources. Such recognition spreads locally and consolidates the PI of professionals. To obtain PI, professionals must continuously demonstrate their quality and talents (described earlier in the acceptability section).

## **Discussion**

Mental health counselors do not have a strong PI as the respect among the public is low, but they report professional satisfaction (Gazzola et al., 2010). The developmental, prevention, wellness orientation, and helping attitude are found as the components of the PI of counselors (Mellin et al., 2011), as corroborated in this study. Therapy increases efficacy and significantly lowers dangerous behavior (Krist et al., 2020).

Participants in this study indicate that PI functions at four levels: individual, intragroup, intergroup, and public. The PI for each individual and the intragroup may vary due to individual skill disparities. The organizational structure makes a significant contribution to the inter-group PI. Interactions between individuals, intragroups, and intergroups produce information that is made available to the public.



The model (Figure 1) describes the process of creating a PI for a new profession. The profession is created as a result of commercial necessity. The work is initially not appropriately structured in terms of the role, technique, and structure and is modified iteratively. One similarity between professionals and students is that professionals do better on PI measures (Woo et al., 2017). Professionals select their vocations based on their education and values, on discrepancies in their previous roles, or because they perceive a fresh opportunity in a certain field. Early professionals face many challenges, validate their skills, reshape the industry, and set performance standards. In addition to gradually and consistently increasing the level of acceptance, they help to improve the profession's structure, practice, and role. Alternatively, some benefactors or evangelists recognize the contribution of a profession and acknowledge, promote, provide resources, and encourage the profession to improve PI. The PI, which is to feel, think, and act like a particular professional, depends majorly on the job role and associated characteristics.

The field of counseling has developed into one that is unstable and influences beliefs about multitasking and organizational commitment (Khatri & Raina, 2017). The ambiguity in the organization structure adds to the protean behavior. A long-term association with an emotionally demanding situation is likely to cause burnout with mental, physical, and emotional exhaustion (Sinha, 2010), in which counselors operate. Compassion fatigue is also a possible outcome for professionals in situations of inadequate PI (Mishra & Kar, 2023). Conflict is also a likely outcome of improper organizational structure (Kar & Tripathy, 2021). It is established that there are relationships between job qualities, work engagement, job performance, and job crafting that go beyond the stability of the organizational structure (Kumar & Valarmathi, 2022). Job satisfaction is also influenced by the working relationship with the supervisor, pay, benefits and development, work environment, leadership and



support, security and clarity of communication (Eapen & Annamalai, 2014), competitive salary, possibility of growth, and administrative regulations (Ahluwalia & Preet, 2014). Task performance is also correlated with job embeddedness (Vashisht et al., 2022). These counseling-related factors are probably going to impede their formation of a professional identity and the results that follow.

## **Implications**

### ***Policy and Managerial Implications***

In view of the necessity of professional counseling for HIV/AIDS and the value of professional identity for better outcomes, policymakers should provide clarity in the structure, technique, and role of a particular profession. The absence of clarity will prompt individuals choosing this profession to think of it as a protean career. Positive outcomes can be ensured by regulating the training of such professionals, forecasting their needs, and creating a sufficient number of competent specialists.

Early adopters and innovators strongly influence the formation of a professional identity in a certain field. Since they are the industry leaders, their expertise and experience influence the industry's limits. They are accountable for educating and guiding the next generation of experts in their area. The early adopters and pioneers of the profession are proud of having led it in the correct direction.

### ***Theoretical Implications***

The process of a new profession's professional identity building is highlighted in this study. The framework for HIV/AIDS counseling is neither established nor solid. In this case, the process of developing PIs is led by pioneering specialists and early adopters. Proponents or sponsors of this field recognize, endorse, furnish, and stimulate the advancement of the field. Consequently, this fosters acceptance within allied fields and among the general population. The structure, technique, and professional status undergo multiple adjustments in order for the PI to continuously evolve. This information broadens our understanding of professional identities and counseling.

## **Conclusion**

The purpose of this study is to examine PI or the professional traits of HIV/AIDS counselors. The funding pattern, social concern, environment, and organization of this therapy are all particular, and they are regularly rearranged. A lack of commitment from the government to improve structure, process, and role put the acceptance of the profession at risk. It is a challenge to the existing professionals to display values, commitment, and excellence in their service delivery in the absence of a strong PI. After more than 30 years of the program's existence, professional accomplishments and individual careers all support the debate on the PI of HIV/AIDS counselors. The role of individual champions is to demonstrate distinctive sustained excellence and recognition by others of the specialized work performed, institutional promoters who appreciate and provide an appropriate structure and resource for the growth of the profession. A short-term approach imputes counseling to be a skill required to be filled in by individuals with assorted academic backgrounds, thus weakening the profession. The temporary nature of the job, low salary, and diversity in educational requirements result in a low PI, low morale, and outcome. Past research reports working conditions, resources, training, supervision, processes, and provisions as challenges (Stockton et al., 2015).

This research indicates the job roles and professions to be distinct. The HIV/AIDS counselors need parity or fairness in salary, designation, social security, career growth, absence of discrimination, professional license, and

appropriate infrastructure to have a stronger PI. The job role influences the sense of PI. It is confirmed by previous research that professional engagement predicts PI (Healey & Hays, 2012).

Participants mentioned, “We are fighting our battle” (I3), signifying “us versus them.” In the absence of supporting structure, processes, or support, professionals derive their identity from higher-order values to join and continue in the profession. This study adds to the body of literature by qualitatively assessing a newly developing profession and its PI.

## **Limitations of the Study and Scope for Future Research**

Since a representative sample is necessary for qualitative research designs, this study's consideration of counselors with more than 10 years of experience precluded it from capturing the unique viewpoint of more junior staff members. Second, patients, the general public, counselors who resigned, and other related HIV/AIDS health professionals were not included in the design. It just offers the viewpoint of counselors who are currently in practice. A more comprehensive, inclusive study design may pick up on more subtleties of the PI of HIV/AIDS counselors.

Several research problems from the model can be investigated in various sociocultural and economic contexts using quantitative study techniques. The demographics, morals, enthusiasm, and drive of counselors to benefit society are probably going to be positively correlated with PI. Such relationships are likely to be moderated by job roles or conditions. The degree of general or specific self-efficacy possessed by the HIV/AIDS counselors may also affect their PI. Most importantly, the proposed model may be used to examine other emerging professions, and the generalizability of the model can be assessed.

## **Authors' Contribution**

Madhu Chhanda Panda conceptualized the study, conducted interviews, prepared transcripts, and prepared the initial draft. Brajaballav Kar analyzed transcripts, developed the model, and reviewed and edited the article.

## **Conflict of Interest**

The authors certify that they have no affiliations with or involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this manuscript.

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