ORIGINAL RESEARCH

Antidiscrimination pedagogical approaches to enhance diversity and inclusion in undergraduate nursing education: A critical analysis

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ABSTRACT

Background and objective: Nursing plays a vital role in promoting antidiscrimination pedagogical approaches within education. However, there remains a gap in developing inclusive teaching practices for ensuring culturally responsive nursing education. The objective of this study was to critically examine antidiscrimination pedagogical strategies designed to foster diversity and inclusion among undergraduate nursing students.

Methods: A critical interpretive qualitative study included a convenience sample of ninety-seven participants enrolled in an undergraduate nursing program at a Canadian university. A purposive sampling and an online survey were used for data collection. An antidiscrimination pedagogical strategy was used including pre-simulation, pre-briefing, simulation, debriefing, reflection and self-evaluation.

Results: Three themes emerged that focused on cultural and ethical understanding, active engagement and discussion, and gender and language illustration to understand the goals, strategies and impact of the case scenario.

Conclusions: This study demonstrates that implementing antidiscriminatory pedagogical strategies in nursing education yields benefits for fostering diversity and inclusion. Fostering an inclusive, culturally responsive, and equitable safe learning environment, enhances earning outcomes and promotes professional growth.

Implications: The implementation of anti-discrimination teaching pedagogy depends on nurse educators to integrate simulation-based education. Debriefing and reflection will ensure engaging students in diverse scenarios to apply responsive practices in nursing care.

Key Words: Antidiscrimination, Simulation, Debrief, Pedagogy, Nursing, Teaching, Learning, Inclusive, Diversity, Education

1. INTRODUCTION

Undergraduate nursing education programs are increasingly diverse and are enhancing their curricula to prepare the workforce better while improving student retention and expanding placement sites. The integration of antidiscrimination teaching pedagogy has facilitated experiential learning by providing students with well-structured exposure to practice environments. Simulation is defined as simulating real-life patient scenarios that are more realistic and allow maximum interaction of learners, communication, and problem-solving skills.[1] High Fidelity Simulation (HFS) is defined as an educational technological approach involving life-like manikins in a realistic environment where students enhance their skills and competencies and learn how to provide safe care to

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prepare for clinical practice.[2, 3] Nurse educators strive to promote students' critical thinking skills, learning, confidence, and satisfaction through best practices in teaching-learning.[4] Simulation provides a structured and controlled clinical environment for a safe learning experience, allowing students to explore and experiment with potential problems.[5]

Nurse educators aim to create a safe simulation space for students to learn by focusing on engagement, diversity, belonging, accessibility, justice, inclusion and collaboration. To address discrimination in simulation-based teaching, we need the tools to support nursing students to receive learning resources to help them focus on discrimination and inequity. Literature focusing on antidiscrimination teaching pedagogical approaches based on modality and fidelity simulation-based education is limited. Addressing racism and discrimination[6] has been recognized as an essential field for the education of Canadian nurses. Learning needs, types of fidelity, antidiscrimination teaching experiences, evaluation, and implementation are critical for developing a clinical judgment model for simulation.[7] Simulation can augment students' skills to critically reflect on antidiscrimination scenarios.[8]

Promoting an inclusive, culturally safe, and equitable simulation practice will enhance learning outcomes to support nursing students. Diversity is expressed as an understanding that each individual is unique and recognizing differences such as culture, ethnicity, religion, sex, gender, sexual orientation, age, language, education, ability, family or socioeconomic status.[9] Inclusion is connoted as authentically bringing traditionally excluded individuals to create an environment where people feel welcomed, respected and valued, and fostering a sense of belonging and engagement in processes, activities and decision-making in a way that shares power.[9] Diversity and inclusion are acknowledged as essential to nursing practice[10] across the provinces in Canada, serving as a key factor that fosters innovation in nursing education.[11] Students from diverse backgrounds contribute perspectives and experiences to the teaching-learning process and play a role in critiquing practices that perpetuate othering or seek to impose changes on students.[12] The antidiscrimination teaching pedagogy approach seeks to incorporate equity in content, teaching, and organizing efforts for social changes beyond teaching to the community.[13] Cultural safety pedagogies employ a more critical lens than previous repetitions of culturally based approaches such as cultural competence.[14]

Simulated case scenarios with varying presentations, backgrounds and diversity promote the development of patient safety, better outcomes and satisfaction. High-fidelity simulation provides opportunities for nursing students to practice psychomotor skills through real-life situational and simulation experiences.[15] In contrast, other students expressed feeling confident before clinical practice, applying knowledge to clinical activities, and using appropriate communication.[15] Dealing with uncertainty and interpersonal risk are important aspects of psychological safety in HFS and interaction between instructors and students.[16] Repeated HFS exposure improved nursing students' clinical performance, which helped to increase clinical competencies and clinical readiness to practice.[17] Simulation improved flexibility in clinical decision-making and self-confidence in multiple simulations in the nursing context.[18] There is a gap in the literature concerning cultural sensitivity the phenomenon of invisibility in nursing practice and the advancement of antiracist practices within nursing education.[19] Establishing an environment that promotes a sense of belonging is instrumental to enhancing student well-being, engagement and satisfaction with the learning experience.

The theoretical framework is grounded in cultural diversity and inclusive pedagogy in simulation-based education linked to recognition and integration of cultural diversity, implementation of inclusive practices, tailored care to address diverse student needs, effective cross-cultural communication, and responsive teaching strategies for the diverse needs of students. This study draws on the work of Critical Antidiscriminatory Pedagogy (CADP) to enhance the capacity of student nurses to address culturally sensitive attitudes towards a critical cultural perspective.[20] CADP is grounded in a critical intersectional perspective of discrimination; it aims to foster transformative learning.[20] CADP encourages educators to be critically conscious and reflective of the pedagogical methods they employ to limit social inequalities within simulation settings and focus on promoting awareness of the power and knowledge dynamic.[20] Practicing from a critical conscious perspective, instructors should discuss equity and discrimination and how these impact simulation-based teaching and learning outcomes.

The pedagogical principles are rooted in cognitive learning theory and constructivism including the use of learners' prior knowledge, enhancement of knowledge comprehension and retention, cultivation of task familiarity to facilitate engagement and mastery and organization of knowledge within the learning environment. Kolb's Experiential Learning Theory (ELT) encompasses learning-centered concepts in simulation-based teaching.[21] Kolb's ELT[22] reflects a learning process cycle based on the idea that learners create knowledge by interacting with the environment. Concrete experiences allow learners to immerse themselves and engage in a simulation activity. Reflective observation encompasses reflecting, ques-

tioning, and discussing the experience with instructors and peers. Abstract conceptualization incorporates classifying concepts learned to conclude, and active experimentation results in applying their newly acquired knowledge in simulation environments. Hence, each stage closely relates to the ability to engage in a simulation through the role of the instructor, reflect upon the experience and their understanding through debriefing, and analyze learned concepts of discrimination to gather conclusions and apply knowledge learned. Active learning, nursing students' higher clinical judgment, and clinical reasoning elevate learning experiences.[23] Students appreciated HFS's excellent ability to improve critical thinking and clinical judgment.[24]

Educators integrate antidiscrimination teaching pedagogy and debriefing elements to create a safe, controlled learning environment to promote knowledge, satisfaction, and learning needs. The literature review focuses on the contexts of discrimination faced by nurses in leadership and systemic discrimination against nursing students.[25] Lack of awareness, acknowledgment, and a direct action plan to stop discrimination by nursing instructors perpetuating silence and normalization of discrimination in Canadian nursing education.[26] Discrimination in the simulation setting impacts nursing students' confidence and learning outcomes.[27] Nursing students must gain cultural competence, knowledge, and tools to manage discrimination and maintain ethics and professionalism. Nursing students are vulnerable to discrimination that hinders their academic success and learning outcomes. There is an emphasis on educating nursing students on providing culturally competent care for patients to attain equity-oriented care.[28] However, there needs to be more focus on the realities and issues of discrimination against nursing students.[28]

The focus of the study is to explore anti-discrimination teaching pedagogy that can improve the way students learn and perform based on cultural diversity and inclusion. The theoretical framework ensures best teaching practices for increasing diversity and inclusivity. Antidiscrimination teaching pedagogy may help create a safe environment for educators to reflect on how they could increase diversity and inclusiveness in simulation. Therefore, there is a need for antidiscrimination teaching pedagogy and resources to support students in navigating the discrimination experienced in co-creating an inclusive simulation learning environment. This study aimed to critically examine antidiscrimination pedagogical strategies designed to foster diversity and inclusion among undergraduate nursing students at a Canadian university. The findings will bring awareness to educational and inclusive teaching practices for informing the development of culturally responsive educational approaches.

2. METHODS

A critical interpretive qualitative study was conducted to critically examine antidiscrimination pedagogical strategies designed to foster diversity and inclusion among undergraduate nursing students at a Canadian university.

2.1 Participants and setting

A purposive sampling method was used to select participants for the study. The inclusion criteria included adults who are 18 years and above, enrolled in a level 3 undergraduate nursing practice course at a public university in British Columbia. Ninety-seven participants were informed, volunteered and consented to the study in the fall of 2021.

2.2 Study procedures

The simulation experience used the framework of antidiscrimination teaching pedagogy to guide educators in fostering diversity and inclusion among undergraduate nursing students. The eight equity precepts in antidiscrimination teaching pedagogy: awaken, welcome, partner, represent, empower, validate, elevate, and demystify were integrated into learning.[29] The simulation content, experience, and debriefing have purpose, clarity, skill development, empowerment, support, and discovery of knowledge and practice.[29] The primary investigator and research assistant designed an antidiscrimination pedagogical strategy with learning activities, assessment tools and focused documentation to ensure cultural and psychological safety and provide contextual evidence-informed practices. A culturally competent care case scenario was designed to foster diversity and inclusion using scripted dialogues, role play and filming videos.

The research team developed culturally responsive approaches using the pre-simulation preparation, learning outcomes self-assessment rubric, simulation, debriefing and reflective questions to increase student engagement and learning experiences (see the Appendix). Pre-simulation preparation focused on cross-cultural considerations. Learning outcomes focused on holistic assessment, addressing needs, therapeutic communication, and interdisciplinary collaboration. The self-assessment rubric included learning outcomes and competency indicators. Course instructors used the PEARLS debriefing tool based on the setting of the scene, reactions, descriptions, analysis and applications. Reflective questions included approaches to cultural sensitivity, cross-cultural communication, emotional responses and collaboration.

The antidiscrimination pedagogical strategy was led by course instructors who created a safe, supportive, inclusive teaching culture where students develop a sense of trust, connectedness, and belonging by examining their culture and language. The content of the culturally responsive approach

included evidence-informed cultural care practices in the situation, background, action and recommendations. Three students formed a core team to foster diversity and inclusion, collaborate, and engage in communication and actions related to culturally competent case scenarios. Pre-briefing included 35 minutes; the running of the simulation was 20 minutes for one student team and 60 minutes of debriefing for each section. Course instructors created an inclusive debriefing culture in which every student was actively engaged to participate in the debriefing. Participants reflected on how the engagement and experience had impacted their learning and actions. Debriefing and reflection created a conscious consideration of the meaning and implication of action, including sharing experiences based on the observer, assessment, and reflection.

2.3 Instrumentation

This study used a structured online survey form comprising demographic and qualitative items developed by the research team. Demographic information captured were age, gender, living and education. The qualitative items had five questions focused on perceived engagement, experiences and impact: What are your positive takeaways from this simulation? Did you experience any challenges in this simulation? How could the simulation have supported your learning differently? What suggestions do you have to help us better prepare you for your entry into this simulation? In what ways has the simulation experience been useful to you? The online survey was validated by the course instructors and was found to be reliable for the study.

2.4 Data collection

The research ethics board certification of approval (REB#102356/2021) was obtained. The research assistant emailed the study information and informed consent forms to the participants. Informed consent was obtained using the web-based Survey Monkey link that was posted on the Moodle Learning Management System. Participants were informed that participation was voluntary and anonymous. After providing consent to participate, the participants created a unique identifier using the first two letters of the month, an alphabet and three-digit numbers such as MA-G-215 and completed the online survey.

2.5 Data analysis

The research assistant entered the data into a password-protected encrypted computerized database. The data was extracted from the survey for analysis after all identifying information was removed. An interpretative thematic analysis was conducted using an iterative process.[30] The data were checked for accuracy against the original transcripts and were coded using keywords. The primary investigator and the research assistant (research team) engaged in reading all the survey results to immerse in the data, allowing for the identification of recurring, converging, and contradictory patterns, as well as key concepts and preliminary themes supported by illustrative examples. The research team independently coded transcripts, subsequently comparing their findings to identify similarities and differences in their coding process. Exemplars from coded categories and themes and compared were retrieved and compared both within and across transcripts to conceptualize the data and generate broader theoretical constructs or propositions.[30]

2.6 Qualitative rigour

Reflexivity was incorporated into the research design by encouraging research assistants to engage in the reflexive processes.[30] The relevance of findings as a criterion for rigour was assessed based on their significance to participants. To enhance credibility and trustworthiness, the researcher used a 'participant check' by engaging in discussions with the research assistant to refine the analysis.[30] The research team independently reviewed the transcripts and survey results to develop themes from the data. The research team compared the accuracy of findings and interpretation of the data, answered questions, explored, and resolved any inconsistencies through consensus. The interpretation of the data was grounded in participants' experiences rather than influenced by the research team's biases and perspectives. The research team reached a consensus on the findings.[30]

3. RESULTS

3.1 Demographic characteristics

A total of ninety-seven (N = 97) participants completed the online survey. Table 1 shows that 44.33% (N = 43) of the participants were between 19-24 years and 60.82% (N = 59) of the participants lived in a rural setting. The survey revealed that 71.13% (N = 69) of the participants had completed a secondary school diploma and 17.53% (N = 17) of the participants completed a practice nurse diploma (see Table 1).

3.2 Qualitative findings

Thematic analysis revealed three themes that emerged such as cultural and ethical understanding, active engagement and discussion, and gender and language illustration to understand the impact of the case scenario.

Table 1. Demographic characteristics of participants (N = 97)

Categories	Variables	Frequency (N)	Percentage (%)
Age	19-24 years	43	44.33
	25-29 years	33	34.02
	30-39 years	21	21.65
Gender	Female	77	79.38
	Male	11	11.34
	Not informed	9	9.28
Living	Rural setting	59	60.82
	Urban setting	38	39.18
Education	Secondary school diploma	69	71.13
	Practice nurse diploma	17	17.53
	Health care assistant	11	11.34

3.2.1 *Theme 1: Cultural and ethical understanding*

The participant quotes reveal an opportunity to observe, participate, and reflect on diverse patient scenarios, which helps them develop cultural competence and decision-making skills. The use of simulation and case scenarios allows students to practice managing high-pressure situations in a low-stakes environment, fostering confidence in focusing on diverse patient needs. One student said, "I learn best from observing, so being a helper in the scenario was better for me than being a primary nurse. The ability to practice things we never see in the clinical in a safe environment and time to go over it. Every time we review case scenarios, it makes it better to identify my thoughts until debriefing. It allows me to connect with the patient. I understand where the patient is coming from and how that affects their communication rather than assuming I know it." A new student mentioned, "Being able to work through a high-pressure situation in a low-pressure environment gave me the confidence to contribute my thoughts and ideas. I understood my actions better with cues and directions. The debriefing and instructor interjection during the simulation was crucial to help us figure out what to do next. Prioritizing difficult skills first, then move to easiest. I do speak with the patient. I also listened to my peers with different perspectives and backgrounds." One more student expressed, "Learning as a team. Thinking on the spot about the options and debriefing helped me learn. Participating in the scenario and being an observer was good learning; I liked the pre-brief and post-brief portions; they helped me learn more about the situation I had missed and gave me a different view to see. I also liked the small groups and little audiences." One student stated, "I loved the simulation and the critical decision-making conversations we have had. The process of acute care and the coding process was challenging. The simulation case scenarios were well thought out and organized. I feel confident to voice diverse patient needs that feel inclusive, while also making my peers feel heard." Thus, collaborative learning and exposure to different perspectives from peers contribute to a more inclusive learning experience, encouraging students to consider various cultural viewpoints.

3.2.2 *Theme 2: Active engagement and discussion*

Lab instructors play a role in guiding students through various scenarios, facilitating critical thinking, and encouraging participation, which helps students feel more engaged and included in the learning process. The use of multiple case scenarios and high-stakes simulations allows students to practice controlling their responses, processing feelings, and making decisions in diverse patient situations, enhancing their ability to adapt to various cultural contexts.

One student mentioned, "I appreciated how the instructor walked us through what we should be looking for and what we need to do. I think it was a great experience which facilitates my thoughts and would not want to change anything. The instructor knows how to engage me in different learning scenarios." One more student expressed, "Learning what to do in high stakes by controlling the way I respond, process and control my feelings, then acting on what the findings are was a learning experience itself. Having multiple case scenarios for each group was useful. I am engaged because I feel included in the discussions." One student revealed, "Having the peer groups follow through to the end of simulation was better learning than switching groups. A better understanding of the context before the simulation was important. I like the diverse patient representation in the simulation. It helped me understand compassion in diverse patient situations." A new student stated, "I felt it was like a real situation, the mannequin talked like a real situation, and the nurse talked about what critical thinking and decision-making cues she followed and what suggestions for nursing interventions are

included. Deciding what strategies were important in escalation situations was good learning to address my feelings and seeing in simulation. I feel comfortable interacting with my peers in the simulation. I modify and change to adapt to diverse patient needs." Consequently, continuity in peer groups throughout simulations and a better understanding of context before the scenarios contribute to immersed learning experiences and an improved understanding of diverse patient needs.

3.2.3 *Theme 3: Gender and language illustration*

Participant excerpts demonstrate an understanding of the complexities involved in caring for diverse patient populations, including those with language barriers, low-income backgrounds, and varying gender identities. The emphasis on decision-making and effective communication across language and cultural barriers indicates a growing recognition of the need for culturally competent care. Students appreciate the guidance provided by instructors in navigating situations, specifically when dealing with marginalized patients. A student said, "What to look for and what to assess when the male patient has low-income assistance, language barrier, lack of communication and how to deal with the situation, importance of time but effective decisions were vital. That assessing each part and making a good clinical judgment for decisions based on accumulating an overall picture of the patient condition and changes in the status. The instructor is willing to go the extra mile to make the learning successful." A new student mentioned, "Making clinical judgment and decision-making based on patients changing status and looking at different possibilities of responses. I have sometimes worked with marginalized patients. I appreciate the advice of the instructor who guided us and helped us through the feelings of incompetence and turning it into a positive learning experience. Having a bi-lingual peer is a good learning experience to exchange ideas and learn from each other." One student expressed, "What to expect with a declining patient, and what to do, how do I feel, and what actions to take was a priority, what to do when the dysrhythmias started going down. This helps me experience and remember what went well and how to approach it differently. I feel part of the group discussions and conflict resolutions."

A diverse student revealed, "Assessing and making clinical judgments before calling doctor. Prioritizing came quickly as making decisions. That every action is based on assessments and critical thinking. Decision-making drives our actions, thinking about the situation; going through the whole experience, I appreciate going through everything and learning from others, inviting peers' views in case scenario discussions, and learning to address bias. It made me more conscious of the use of languages." A different student said,

"This scenario was close to home, to recall my feelings, to acknowledge and validate my fear, anxiety, and worry of past stressful experiences. The teacher reached out to me, debriefed me, and connected me with videos and learning resources. Before the simulation, learning activities helped me understand the learning goals and find ways to support my learning beyond the simulation. Debriefing was a good way to identify my feelings and discuss my experiences to help me understand how I feel and respond. How I interpret the scenario, and language affects how I perceive the patient situation." Therefore, an acknowledgment of personal biases, the value of diverse perspectives in group discussions, and the conscious use of language show an increased sensitivity to gender and cultural diversity.

These teaching approaches lead to increased cultural sensitivity, improved communication skills, and an understanding of how cultural factors influence patient care, preparing nursing students to provide more inclusive and culturally competent care in their nursing practice.

4. DISCUSSION

This antidiscrimination pedagogical strategy addresses how educators foster diversity and inclusion through cross-cultural communication and culturally competent care. The themes of cultural and ethical understanding, active engagement and discussion, and gender and language illustration emerged when participants became aware of cultural backgrounds and experienced comfort in discussing diversity and inclusion in simulation. Debriefing was used at the end of each simulation to accentuate the experiences of knowledge and skills gained in a safe learning environment.[18,31] Initiating clinical reasoning and forming a clinical judgment through teamwork and leadership encouraged students to connect between recognizing cues, prioritizing interventions, taking actions, and evaluating outcomes.[32] This simulation design strongly encourages the educator to equip students with appropriate competencies for readiness to practice.[32]

Critical analysis indicated a positive experience of student engagement in exchanging knowledge in diverse scenarios, anticipating changes in patient condition, readiness to intervene appropriately, and interpreting the case scenario. Higher levels of fidelity can enhance both engagement and acceptability of the student experience,[33] thereby influencing the attainment of desired learning objectives and the subsequent transfer of knowledge to clinical practice. Increasing diversity among nursing instructors was identified as a facilitator to implementing simulation teaching that focuses on issues related to cultural diversity.[34] Sequencing simulation experiences and students working together are essential to enhance specific competencies for nursing students.

The inclusion of a structured debriefing enhanced student learning and impacted the effectiveness of the simulation activity. Increasing adequate knowledge, training, and a feeling of credibility in the antidiscrimination pedagogy improves learning outcomes. Students may expect to focus on learning strategies for recognizing and managing antidiscrimination and being explicit about learning goals and how these apply to learning activities such as simulation assignments.[35] Experiential learning in simulated case scenarios facilitated by interdisciplinary teaching occurs when learners actively engage in knowledge processing and apply critical thinking skills.[36] Utilizing antidiscrimination pedagogy is important for increasing cultural competency in addressing discrimination concepts[37–39] and critical reflection. This antidiscrimination pedagogical strategy positively fostered diversity and inclusion and informed the development of culturally responsive approaches for increasing engagement and impactful experiences.

The study provided insights into how antidiscrimination teaching pedagogy can influence diversity and inclusion in undergraduate nursing education. The limitations of the study include sampling bias, response bias, lack of racially and ethnically diverse students and lack of interventions to assess the extent of the impact of diversity and inclusion on student learning.

5. CONCLUSION

This study critically analyzed the integration and implications of anti-discrimination teaching pedagogical approaches in undergraduate nursing education. The findings revealed gaps in the literature regarding effective assessment and measurement of the impact of simulation teaching outcomes. Integrating antidiscrimination teaching strategies with student interactions and high-fidelity simulation is significant to fostering a psychologically safe learning environment. The study emphasized the need for a paradigm shift in nursing education, moving beyond threshold concepts and cultural competence to address diversity and inclusion and to promote equity. Among nursing students, there is an increasing advocacy for simulation-based antidiscrimination teaching pedagogy aimed at creating transformative diverse and inclusive experiences. Such transformative learning, facilitated through the simulation, fosters a sense of belonging and solidarity that enhances the alignment between the outcomes and the expectations.

Nurse educators influence their pedagogical goals in sound and meaningful ways to create inclusive teaching approaches in alignment with their teaching philosophies, and values and cultivate adaptations for diverse student needs. Nurse educators create an inclusive learning environment for stu-

dents to engage in discussions and learning considerations in diverse patient care. Nurse educators can promote cross-cultural communication with intended culturally competent care experiences through meaningful, engaging, pedagogically sound, and practical strategies that enhance engagement and learning experiences. Educators must identify specific questions for and integrate antidiscrimination teaching pedagogical experiences that reflect the distinctions of patient interactions and inclusion in nursing practice. Thus, nurse educators may need to ensure anti-discrimination pedagogical strategies designed to foster diversity and inclusion and the development of culturally responsive education.

5.1 Implications

The implementation of anti-discrimination teaching pedagogy depends on nurse educators to integrate simulation-based education. Antidiscrimination pedagogical approaches informing the development of cultural responses can be explored through an equity-oriented simulation debriefing framework. Individual debriefing sessions contribute to fostering a diverse, culturally responsive and psychologically safe simulation-based learning environment. Debriefing and reflection will ensure engaging students in diverse patient scenarios will help students to apply responsive practices in nursing care. The implementation of certified simulation instructors with simulation experience and specialized training is recommended for creating inclusive teaching pedagogies for conducting debriefings, as these qualifications are crucial for facilitating discussions on sensitive topics. The integration of certified simulation educators' expertise is crucial to support instruction in simulations for managing emotional processing and enhancing emotional intelligence. Ongoing research is significant to examine the role of emotional intelligence in facilitating psychologically safe debriefings and its impact on learning outcomes. Further research should focus on developing evaluation methods to assess the impact of pedagogical interventions on student performance and cultural sensitivity. Hence, the implementation of antidiscrimination pedagogical strategies based on diverse culturally responsive approaches fosters inclusive and equitable learning environments.

AUTHORS CONTRIBUTIONS

Melba Sheila D'Souza (MSD) was responsible for study design and revising. MSD was responsible for data collection, drafted the manuscript and revised it. MSD read and

approved the final manuscript.

CONFLICTS OF INTEREST DISCLOSURE

The author declares that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

INFORMED CONSENT

Obtained.

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The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

DATA SHARING STATEMENT

No additional data are available.

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