

# Leadership skills for quality residential aged care: An industry perspective

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# Leadership skills for quality residential aged care: An industry perspective

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# 44 **Leadership skills for quality residential aged care: An** 45 **industry perspective**

## 46 **Abstract**

### 47 **Background**

48 Documented poor quality and standards of care in Australia’s residential aged care (RAC) sector have  
49 highlighted a need to better understand the role of, and skills required by, RAC senior management  
50 personnel to address these concerns. This study examined which senior management leadership skills  
51 are necessary to deliver and strengthen the quality of RAC, with the aim of improving understanding  
52 of the professional development needs of leaders in the sector.

### 53 **Methods**

54 We conducted 12 in-depth interviews with Australian aged care industry experts, including  
55 academics, and representatives from the primary health network, consumer, and provider advocate  
56 groups. Abductive, thematic analysis incorporated coding derived from existing leadership skills  
57 frameworks as well as inductively identified themes.

### 58 **Results**

59 Identified leadership skills were grouped into five domains including: i) workforce development and  
60 retention, ii) governance and business acumen; iii) health systems knowledge; iv) stewardship and v)  
61 responding to regulatory and political contexts. Participants placed a strong emphasis on the skills  
62 required to develop a competent health care workforce and manage relationships. While participants  
63 also mentioned leadership skills required to promote a positive organisational culture and employee  
64 wellbeing, the ability of senior managers to lead a quality service for culturally and linguistically  
65 diverse care recipients, was not defined.

66 **Conclusions**

67 RAC senior managers require a complex mix of business, human resource management, and clinical  
68 skills to deliver quality care in Australia's complex RAC setting. The lack of any professional  
69 development framework to guide acquisition or updating of those skills is a concern.

70 **Keywords**

71 Leadership, management, skills, residential aged care, industry experts

72

73

## 74 Background

75 The global population is rapidly ageing.<sup>1</sup> In 2020, there were approximately 980 million individuals  
76 aged 60 years and over and by 2050 this figure is expected to reach 2.1 billion.<sup>1</sup> Australia is no  
77 exception, with approximately 25% of the population projected to be 65 years and over by 2057.<sup>2</sup> As  
78 population ageing increases in Australia, there has been a concurrent rise in demand for aged care,  
79 including residential aged care (RAC) capable of delivering high quality care to older persons with  
80 complex co-morbidities such as multiple chronic non-communicable diseases and dementia.<sup>2</sup> Yet, the  
81 inadequacies of Australian RAC services made public as part of the *Royal Commission into Aged*  
82 *Care Quality and Safety*, demonstrated numerous incidences of neglect and substandard clinical  
83 services.<sup>3</sup> The same commission identified leadership skills and strategies required by managers to  
84 promote quality of care as lacking, by comparison to international RAC services and other Australian  
85 mainstream health care organisations.<sup>3</sup>

86

87 Leadership can be defined as the behaviour of an individual when directing the activities of a group  
88 toward a shared goal.<sup>4</sup> In the context of health care leadership, a *skills perspective* is often used to  
89 identify and describe the competencies (knowledge and skills) required by managers to influence  
90 quality of care across multiple settings, including aged care.<sup>5</sup> Importantly, the demands of, and thus  
91 skills required by, managers in residential aged care services may differ to other health care  
92 organisations. The continuous nature and complexity of clinical services required by care recipients;<sup>6</sup>  
93 specific regulatory requirements, and facility-level business operations,<sup>7</sup> for example, are indicative of  
94 the need for (combinations of) skills somewhat distinct from mainstream healthcare organisations. In  
95 Australia, moreover, RAC organisations are operating in a context that includes well-documented and  
96 sector-wide underfunding,<sup>8</sup> a slow uptake of contemporary technologies<sup>9</sup> and chronic challenges in  
97 recruiting sufficient and appropriately skilled personnel.<sup>6</sup> With the demand for aged care increasing  
98 and concurrent concerns regarding the quality of that care, there is a clear need to understand which  
99 types and combination of skills are required by managers to provide effective leadership in the  
100 complex landscape of Australian RAC organisations.

101 To date, however, no sector-specific skills or competency framework to guide the professional  
102 development of Australian RAC managers has been produced. Limited evidence of the types and  
103 combinations of skills needed in RAC may be, in part, to blame. Few studies have explored the topic  
104 in depth. A recent review of the evidence of the role of leadership in promoting quality of care in  
105 RAC globally, found only 14 studies in total, the majority of which focused on leadership styles, not  
106 skills, and reporting on conditions in the United States of America.<sup>10</sup> None explored the types or  
107 combination of leadership skills required by managers in different settings, with none related to RAC  
108 in Australia.

109

110 Aged care industry experts [representatives] are well- positioned to consider the link between senior  
111 manager leadership skills and quality of care delivered by Australian aged care services.<sup>11</sup> Industry  
112 representatives engage with stakeholders across multiple levels of the Australian aged care system,  
113 and inform sector-wide policy development and national governance arrangements in various ways.<sup>12</sup>  
114 Industry experts include academics, primary health network representatives, consumer, and provider  
115 advocates who each possess knowledge regarding the health service needs of older persons in  
116 Australia.<sup>13</sup> This includes knowledge regarding the types of skills likely needed for the development  
117 of leadership training programs for managers to drive best practice for the quality, efficiency and  
118 equity of services at national and facility levels.<sup>13</sup> Industry developments, the role and responsibilities  
119 of leadership personnel are often considered in the formation of these programs.<sup>14</sup>

120

121 With a view to addressing the gap in current knowledge regarding the combination of skills required  
122 by RAC managers in Australia, this study aimed to qualitatively explore the views of a range of aged  
123 care industry experts regarding the senior management leadership skills required to ensure quality of  
124 care.

125

126 **Methods**

127 **Study design**

128 We conducted an exploratory qualitative study to understand, from the perspective of Australian aged  
129 care industry experts, the leadership skills and strategies required by RAC senior managers to  
130 influence high quality of care. For the purpose of the current study, Australian aged care industry  
131 experts are those in a professional role that is either an aged care researcher, primary health network  
132 representative, consumer or provider advocate.

133

134 Qualitative methods support examination of underlying reasons, opinions, and motivations of  
135 individual participants. We conducted in-depth interviews (IDIs) using probes such as ‘why’, ‘how’  
136 and ‘what’ to gain a deeper understanding of participants’ views and experiences regarding the senior  
137 manager leadership skills that influence quality of care in Australian RAC organizations.

138 **Study Setting**

139 The current study was completed with representatives who contribute to or advise regarding the  
140 delivery of aged care services in Australia. Examples of different ‘levels’ of care include: i) entry-  
141 level community-based care at home; ii) higher levels of care at home (Home Care Packages  
142 Program) and when living at home is not an option; iii) residential aged care.<sup>15</sup> This study focused  
143 specifically on the role of senior managers to providing quality care in the Australian residential aged  
144 care setting (RACFs). Residential aged care provides health care services and accommodation for  
145 older people who are unable to continue living independently in their own homes.<sup>16</sup>

146

147 In Australia, residential aged care providers can span a range of different sectors including religious,  
148 charitable, community, for-profit and government organisations.<sup>17</sup> Typical services may include: i)  
149 accommodation; ii) personal care assistance; iii) clinical care and iv) a range of social care activities  
150 including recreational activities and emotional support. Approximately 250,000 older Australians  
151 received permanent residential aged care at some time during the financial year 2019/2020.<sup>18</sup>

152

153 **Participant recruitment**

154 Using a combination of aged care industry experience and a comprehensive desk search, the first  
155 author developed a list of eligible individuals and organizations using public access contact  
156 information. Participants were then emailed an invitation for involvement. To be included in the  
157 study, participants were required to: i) be aged 18 years and above and ii) be either an aged care  
158 researcher, primary health network representative, consumer or provider advocate.

159

160 Overall, 12 in-depth interviews were conducted by the first author (ND) between December 2020 and  
161 February 2021, via video conferencing (n=11) and telephone (n=1). Interviews were conducted with  
162 provider advocates (n=6), consumer advocates (n=3) researchers (n=2) and primary health network  
163 (PHN) representatives who are involved in commissioning Australian aged care services (n=1) (Table

164 1). Participants also represented national advisory committees including the Aged Care Sector  
165 Committee (n=1) and the Aged Care Advisory group (n=2).

166

167 The interview guide canvassed the role of the industry expert, their perceived link (if any) between  
168 senior managers and RAC quality of care, current and potential challenges associated with delivering  
169 high quality RAC, and the leadership skills required to address these concerns. All participants  
170 provided written informed consent and agreed to the interview being audio recorded and transcribed.  
171 Each participant was provided with a copy of the interview transcription and an opportunity to correct  
172 or remove data prior to the analysis.

173 **Table 1. Description of participants based on professional role and organisation type**

174

#### 175 **Data management and analysis**

176 Abductive, thematic analysis incorporated coding derived from existing leadership skills frameworks  
177 as well as inductively identified themes. To identify major and minor themes, we took the following  
178 steps: i) hand written memos were collated immediately after each interview to ensure that a reflexive  
179 stance was maintained in relation to the research situation, participants and documents under study; ii)  
180 familiarisation through careful and repeat reading of transcripts and research memos, noting emergent  
181 themes; iii) each individual participant was emailed a copy of the transcribed verbatim to ensure that  
182 the investigators records corresponded with those of the participants from whom those data were  
183 derived; iv) open coding in which codes were created based on identified themes, codes were assigned  
184 to specific sections of transcripts; v) data display using matrices including summary tables.

185

186 **Limitations**

187 As with the majority of studies, the design of the current study is subject to limitations. Purposive  
188 sampling was used to recruit interview participants, however not all participants were able to  
189 interview due to scheduling or other issues.

190

191 **Results**

192 **Overview**

193 We present the findings under five skill domains including: i) workforce development and retention,  
194 ii) governance and business acumen; iii) health systems knowledge; iv) stewardship and v) responding  
195 to regulatory and political contexts. In the following sections, these overarching domains and the  
196 more specific leadership skills they encompass are referred to simply as ‘domains’ and ‘skills’  
197 respectively to improve clarity.

198

199 **Workforce development and retention**

200 Skills in this domain included a manager’s ability to develop a workforce with an appropriate balance  
201 of clinical skills across the organisation. To achieve this optimal skill mix, a manager’s ability to  
202 recruit health care personnel across key service areas, with the knowledge to service a range of  
203 complex co-morbidities and psychosocial needs specific to an older demographic, was reported as  
204 critical to quality of care.

205 *The ability of a leader to choose, recruit and retain key people across the core health services areas is*  
206 *so important to delivering quality care* **Consumer advocate – ID4**

207

208 Critical to being able to support recruitment and retention, several participants additionally noted the  
209 importance of human resource management skills; including the ability to negotiate with staff and  
210 being compassionate to an employee’s needs within and outside of the workplace.

211 *Human resource management is so essential to making quality health care occur.* **Provider advocate**  
212 **- ID2**

213 Alongside these more technically oriented skills, participants also highlighted the importance of a  
214 senior manager’s relational skills. Key amongst these were the ability to nurture and build  
215 relationships with staff, communication skills and building peer support networks. The ability of

216 senior managers to develop rapport and trusting relationships with staff, for example, was described  
217 as promoting open channels of communication among inter-professional teams and thus promoting  
218 high quality care.

219 *So, it's being personable and being able to develop that rapport with your staff so that they trust you*  
220 *and they feel like they can come to see you to discuss anything regarding the health care services that*  
221 *they are responsible for providing. **Provider advocate - ID2***

222

223 Another participant emphasised the importance of a manager's ability to employ communication  
224 skills involving empathy and active listening techniques, as essential to creating therapeutic  
225 relationships with residents and their families and to positively influencing care quality.

226 *I think every person who works in aged care, whether they're a leader or not, needs to have good*  
227 *communication skills in order to be able to engage in a therapeutic manner with residents, and so*  
228 *communication skills involve imparting empathy and involve listening. **(Researcher – ID9)***

229

230 External to the organisation, a manager's ability to build and nurture peer support networks with other  
231 RACFs, to share expertise around business models that promote quality of care, improve business  
232 knowledge and receive peer mentorship, was also emphasised as an important leadership skill by  
233 provider advocacy representatives:

234 *People should start to build collaborations across other [aged care] organizations ... so that they can*  
235 *bring in really top-quality people. **Provider advocate – ID5***

236

237 *Make sure that you've got a good peer network around you that you reach out for that support.*  
238 **Provider advocate – ID8**

239

#### 240 **Governance and business acumen**

241 The ability of senior managers to create a governance structure to delineate power and define  
242 management roles in an organisation, was linked to quality of care. Participants viewed this skill as a  
243 strategy for managers to set rules, procedures, and other informational guidelines to quality  
244 improvement. A provider advocate emphasised that senior managers should possess the knowledge to  
245 develop an organizational structure that provides executives and managers the opportunity to make  
246 informed decisions regarding health care delivery.

247 *The organisational structure must be designed by managers so that they can support themselves ... to*  
248 *free up their time to make the best decisions for their health care services* **Provider advocate – ID10**

249

250 Another participant, who was a consumer advocate, emphasised the importance of senior managers  
251 possessing the skills to successfully lead the operational aspects of an organisation that are linked to  
252 service provision, such as compliance management and management of resources.

253 *Again, leaders need to be committed to older Australians and be able to smoothly run high level*  
254 *operations in order to positively influence the quality of their service* **Consumer advocate – ID4**

255

256 Critical to being able to support the sustainability and quality of RAC health care services, several  
257 participants additionally noted the importance of a manager’s business skills: including financial  
258 management, human resource and people management skills, as a factor contributing to quality of  
259 care, as reported by this peak provider advocate:

260 *So, there's significant financial management, sales significant clinical skills and significant human*  
261 *resources skills, and people management skills that are required* **Provider advocate – ID2**

262

263 The capacity of a senior manager to be strategic in planning operations was also emphasised as an  
264 important leadership skill. As described by this provider advocacy representative, such skills were  
265 linked to effective planning to meet challenges and identify opportunities for handling the  
266 increasingly complex political, regulatory and clinical landscape of RAC in Australia:

267 *I think being strategic as well. So looking at opportunities and, as you were talking about before,*  
268 *innovation, thinking outside the square to get the best possible care for the resident.* **Provider**  
269 **advocate – ID6**

270

#### 271 [Health system knowledge](#)

272 Skills and strategies associated with a manager’s understanding of the health care system and clinical  
273 environment were noted by a number of industry experts. External to the organisation, the ability of  
274 senior managers to recognise the variations between mainstream health care organisations and RAC  
275 service provision was linked to quality performance. One researcher described that the quality of RAC  
276 focused greatly on maintaining an older person’s quality of life, which required a unique set of  
277 leadership skills:

278 *So it is important to recognize the differences between acute care where the focus is on diagnosis and*  
279 *treatment, and aged care, where the focus is more about quality of life. It takes very different*  
280 *managerial skills to effectively manage each context and those who lead these organization's need to*  
281 *recognise this. **Researcher – ID7***

282

283 In addition to managing the clinical aspects of RAC, most participants suggested that senior managers  
284 should themselves possess clinical knowledge and skills to successfully embed quality health care  
285 practices within the organisation. Clinical skills included managers' ability to recognise effective  
286 clinical care models that address the health care needs of an older demographic and the ability to  
287 recognize clinical outcomes to care.

288 *I think a problem where we separate out residents needs into biomedical needs, clinical needs and*  
289 *social needs and accommodation needs .... We need a consistent model of care that focuses solely on*  
290 *caring for the individual **Researcher – ID9***

291 *You must have a keen eye towards resident outcomes, and I would be as broad as to say clinical*  
292 *quality outcomes and customer experience outcomes, all of these clinical attributes are important for*  
293 *a manger to possess and be aware of **Provider advocate – ID 10***

294

295 One researcher suggested that if a senior manager does not possess a sound level of clinical  
296 knowledge, that residents' needs could be missed and/ or neglected.

297 *So, I think the fact that we now have a lot of leaders who don't have any healthcare background has*  
298 *put us in a situation where resident's clinical care needs often missed and neglected. (**Researcher –***  
299 ***ID7**)*

300

### 301 **Stewardship**

302 'Stewardship' encompassed leadership skills to create a positive workplace culture through: creating a  
303 physical environment that encouraged employee wellbeing; promoting team cohesiveness; and  
304 helping team members overcome negative industry perceptions.

305

306 The ability of a senior manager to create a physical environment that encouraged employee wellbeing,  
307 was linked to positive workplace culture and high-quality care. The skills to promote such a physical  
308 environment included the ability to develop a workspace that promotes employee and resident  
309 comfort, with one consumer advocate describing the links to employee job satisfaction and retention  
310 and resident quality of life:

311 *Coming to work at a place that is comfortable each day will only improve employee performance to*  
312 *delivering quality care* **Consumer advocate – ID4**

313

314 Leadership skills to promote team cohesiveness were also linked to increased workplace culture and  
315 organisational quality performance.

316 *If you have a good leader, you could be working in a positive and cohesive team even though; the*  
317 *situation around you feels quite dire* **Provider advocate – ID1**

318

319 Additionally, and specific to the Australian context, participants reported the importance of  
320 stewardship skills to overcome negative public perceptions regarding RAC (in light of negative  
321 accounts heard during the recent *Royal Commission into Aged Care Quality and Safety*). The  
322 capacity to manage such perceptions were also linked to promoting a positive organisational culture  
323 and staff retention.

324 *I think probably the biggest challenge is the negativity within the media for the bad cases and the lack*  
325 *of media interest in a good case. So, it is more difficult for them to get and retain staff because of that*  
326 **Consumer advocate – ID4**

327

#### 328 **Responding to regulatory and political contexts**

329 ‘Responding to regulatory and political contexts’ included the leadership skills required by senior

330 managers to successfully interpret and respond to Australian aged care regulatory change. Two

331 provider advocates suggested that while the current aged care regulatory environment can be difficult

332 to interpret, that senior managers needed to be proactive to lead RAC regulatory compliance. This

333 process involved senior managers initiating partnerships between regulators and their organisation to

334 ensure a joint approach to regulatory compliance.

335 *Providers do need to actually look at themselves and see how they contribute to improving the overall*  
336 *situation ... which would suggest more of a partnership-based approach between regulator and*  
337 *provider rather than a compliance focused approach of seeking out and punishing wrongdoing*

338 **Provider advocate – ID2**

339

340 In addition to forming external relationships with regulatory authorities, some participants

341 emphasized that senior managers further develop their lateral thinking skills to assist in interpreting

342 and responding to the evolving aged care regulatory and political context. This includes the ability to

343 recognize and interpret regulatory reform and to successfully translate this change to RAC operations  
344 in order to sustain quality health care delivery.

345 *So, I think those external factors really require a leader to be really adaptable, to be mobile, to be a*  
346 *lateral thinker and responsive to the regulatory and political surroundings, in order to be effective for*  
347 *health service delivery* **Consumer advocate – ID12**

348

## 349 Discussion

350 Drawing on interviews with 12 individuals who were Australian aged care industry experts, this study  
351 brings new knowledge regarding RAC senior manager skills linked to quality of care. Industry experts  
352 described quality-related skills in five major domains of i) workforce development and retention, ii)  
353 governance and business acumen; iii) health systems knowledge; iv) stewardship and v) responding to  
354 regulatory and political contexts. Overall, we found participants placed strongest emphasis on the  
355 skills required to recruit and retain a competent health care workforce and manage relationships with  
356 key stakeholders including care recipients and their families; while skills required to promote a  
357 positive organizational culture and employee wellbeing were also identified.

358

359 Findings from the current study demonstrated industry experts' perception of a strong a link between  
360 a manager's relational skills and RAC quality. These abilities included communication techniques that  
361 enabled the formation of partnerships and therapeutic relationships with care recipients, their families  
362 and other immediate care givers. Previous studies have shown the importance of effective  
363 communication with older people as a critical aspect of care quality, with ineffective communication  
364 skills often leading to older care recipients feeling inadequate, disempowered and helpless.<sup>19</sup> In the  
365 context of RAC, Australian aged care industry experts linked the skill of partnering with care  
366 recipients, to influencing improved clinical outcomes and increased levels of health literacy. Specific  
367 to acute health care settings, research has also demonstrated that, from a quality-of-care perspective,  
368 the ability of managers to develop proficient communication skills, including active listening  
369 techniques often increases the accessibility and appropriateness of healthcare for older individuals.<sup>20</sup>

370

371 Participants from the current study reported a manager’s knowledge regarding the design and  
372 implementation of clinical care models and other innovations, as important to achieving quality RAC.  
373 Experts further stressed that effective senior managers required clinical knowledge and skills to  
374 address the unique and diverse health care needs of older persons. Previous studies, although mainly  
375 conducted in mainstream health care organisations, have also described a connection between a  
376 manager’s health systems knowledge, clinical skillset and quality of care. For example, Parand (2014)  
377 & Andreasson et al. (2017) both found that effective managers who positively influence care quality  
378 possess a range of technical skills including knowledge about treatments and technologies, health care  
379 services, and the health care environment in which the service is situated.<sup>21,22</sup> In addition, Australian  
380 health agencies including the Agency for Clinical Innovation, affirm that a health service manager is  
381 central to the design and implementation of innovative clinical care models in promoting quality  
382 performance.<sup>23</sup>

383

384 Karan et al. (2021) describe human resources for health as a core building block for the quality of  
385 services across multiple settings.<sup>24</sup> Previous research has also found that investment in more diverse  
386 staff and skill-mix can result in improved quality of care, quality of life, and employee job  
387 satisfaction.<sup>25</sup> Although much of this empirical work is specific to mainstream health care  
388 organisations, participants from the current study also linked a manager’s ability to recruit and retain a  
389 workforce with a diverse skill-set, to increased RAC quality. In addition, many participants reported  
390 the skills required to enhance workforce capacity and development, including the ability of managers  
391 to promote an organisational culture and physical environment that supports employee wellbeing and  
392 promotes job satisfaction. A balanced practitioner skill-mix and healthier organisational culture was  
393 found by Braithwaite, Herkes, Ludlow, Testa & Lampree (2017)<sup>26</sup> to positively influence health care  
394 outcomes, such as reduced mortality rates and increased quality of life.

395 Although findings from the current study provide an important first step in addressing the evidence  
396 gap relating to leadership skills required by senior management personnel in Australia’s RACFs, we  
397 recognise that they are not comprehensive. Recently, for example, The Royal Commission into Aged  
398 Care (2021)<sup>3</sup> found that Australian aged care services were not meeting the needs of culturally and

399 linguistically diverse residents, stating that the existing system did not adequately provide care that is  
400 ‘*non-discriminatory and appropriate for people’s identity and experience.*’<sup>3</sup> Leadership skills required  
401 to lead culturally sensitive and diverse services were not reported as part of the current study, yet  
402 empirical evidence suggests that the ability of a health service to be responsive to the attitudes, and  
403 circumstances of care recipient that share a common and distinctive racial, national, religious,  
404 linguistic, or cultural heritage; as influencing quality of care and other health related outcomes.<sup>27</sup>  
405 While findings from the current study draw on expert knowledge of the industry and provide highly-  
406 contextualised evidence of the types and combinations of skills required, therefore, we recognise  
407 further work will be important to further develop understanding of the field.

## 408 **Conclusion**

409 With the demand for aged care increasing and concurrent concerns regarding the quality of that care, a  
410 better understanding regarding the leadership skills required to optimise quality performance is  
411 urgently required. The lack of any professional development framework to guide acquisition or  
412 updating of those skills is a concern; and overall, there remains a poorly defined link between quality  
413 of care and leadership in the context of Australian RAC. This study aimed to reduce this evidence gap  
414 and examine which senior management leadership skills are necessary to deliver and strengthen the  
415 quality of RAC. Findings demonstrated that Aged care industry experts view the skills required to  
416 develop a competent health care workforce and manage relationships with key stakeholders as critical  
417 to ensuring service quality; however, the ability of senior managers to lead a quality service for  
418 culturally and linguistically diverse care recipients, was not strongly defined. With ongoing concerns  
419 and challenges to RAC quality of care, more work is needed to prepare senior management personnel  
420 with the appropriate skills to positively lead quality care within Australia’s complex RAC setting.

## 421 **Declarations**

### 422 ***Ethics approval***

423 Ethical clearance was obtained from the James Cook University Human Research Ethics Committee (H6652) in  
424 August 2019. All participants provided written informed consent and agreed to the interview being audio  
425 recorded and transcribed. Each participant was provided with a copy of the interview transcription and an  
426 opportunity to correct or remove data prior to the analysis. All methods were carried out in accordance with  
427 relevant guidelines and regulations.

428

### 429 ***Consent for publication.***

430 All participants provided verbal and/ or written consent for data to be published.

431 *Availability of data and materials*  
432 The datasets used and analysed during the current study are available from the corresponding author on  
433 reasonable request.

434 *Competing Interests Statement*  
435 No potential conflict of interest was reported by the authors

436 *Authors' contributions*  
437 ND was responsible for collecting and interpreting the participant data. ND and ST were both responsible for  
438 data analysis. ND conducted the primary manuscript draft. ND and ST both completed subsequent manuscript  
439 revisions. Both authors read and approved the final manuscript.

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