
Emotional Intelligence and Clinical Psychological Symptoms among LGB adults in Puerto Rico: A Secondary Data Analysis

Inteligencia emocional y sintomatología clínica psicológica en personas adultas LGB en Puerto Rico: Un análisis secundario

Eddiel Hernández-López & Caleb Esteban

Ponce Health Sciences University

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Abstract

Literature states that lesbian, gay, and bisexual+ (LGB+) persons are more likely to report higher levels of psychological symptoms (PS) [e.g., anxiety, depression, stress. Studies have described emotional intelligence (EI) as a protective factor in heterosexual persons. However, there is a lack of literature on the association of EI as a potential protective factor for PS in LGB people. This study aims to explore the association between EI and SPC and describe the frequency of PS in a sample of LGB+ adults in Puerto Rico. A preliminary secondary data analysis data from quantitative method study from the Queer Biopsychosocial Health Laboratory was performed. The sample consisted of 76 participants (19 = lesbians, 24 = gays, 33 = bisexuals+), in the age range of 21 to 40 years. To examine the variables, four instruments were implemented: 1) Andújar Emotional Intelligence Inventory (Emotional Intelligence), 2) Participant Health Questionnaire-8 (Depression), 3) Generalized Anxiety Disorder-7 (Anxiety), and 4) Perceived Stress Scale-14 (Stress). Statistical analyzes were implemented using Pearson correlation to assess these associations. The results showed a low negative statistically significant correlations between EI and anxiety symptoms [$r(74) = -.20, p = .045$], depressive symptoms, [$r(74) = -.22, p = .028$], and stress symptoms [$r(74) = -.31, p = .004$]. The results suggest that EI could be a protective factor against the development and management of PS, which is consistent with previous studies on heterosexual individuals. Further research should continue to explore the role of emotional intelligence in the LGB+ in clinical settings.

Keywords: anxiety, depression, stress, emotional intelligence, LGB/LGB+, sexual minorities

Resumen

La literatura estipula que las personas lesbianas, gays y bisexuales+ (LGB+) tienen más probabilidades de reportar niveles más altos de síntomas psicológicos (SP) [e.g., ansiedad, depresión, estrés.]. Estudios científicos han descrito la inteligencia emocional (IE) como un factor protector en personas heterosexuales. Sin embargo, existe una falta de literatura sobre la asociación de IE como un factor protector potencial para los SP en personas LGB+. Este estudio tuvo como objetivo explorar la asociación entre IE y SP y describir la frecuencia de SP en una muestra de personas adultas LGB+ en Puerto Rico. Se realizó un análisis preliminar de datos secundarios de un proyecto de método cuantitativo del Queer Biopsychosocial Health Laboratory. Se consideraron 76 participantes (19 = lesbianas, 24 = gays, 33=bisexuales+), en el rango de edad de 21 a 40 años. Para examinar las variables se implementaron cuatro instrumentos: 1) Inventario de Inteligencia Emocional de Andújar (Inteligencia Emocional), 2) Cuestionario de Salud de los Participantes-8 (Depresión), 3) Trastorno de Ansiedad Generalizada-7 (Ansiedad), y 4) Escala de Estrés Percibido (Estrés). Se implementaron análisis descriptivos y de correlación de Pearson para evaluar las asociaciones. Los resultados mostraron correlaciones negativas estadísticamente significativas entre la IE y los síntomas de ansiedad [$r(74) = -.20, p = .045$], síntomas depresivos, [$r(74) = -.22, p = .028$] y síntomas de estrés [$r(74) = -.31, p = .004$]. Los resultados sugieren que la IE pudiera ser un factor protector ante el desarrollo y manejo de SP, lo cual es congruente con la literatura en personas heterosexuales. Estos hallazgos son innovadores y pioneros, ya que poco se ha documentado sobre el tema. Se insta a que se continúe explorando el rol de la inteligencia emocional en la comunidad LGB+ en la academia y en espacios clínicos.

Palabras claves: ansiedad, depresión, estrés, inteligencia emocional, LGB/LGB+, minorías sexuales

All communications related to this article should be directed to the main author at the following email:
edhernandez21@psm.edu

Sexual minorities face unique experiences throughout their lives, which can lead to negative consequences on their wellbeing, quality of life, and physical and mental health. Some of the challenges that lesbian, gay, bisexual, and other sexual orientation minorities (LGB+) persons may face are family rejection, discrimination, violent experiences, harassment, chronic stress, social stigma, friends and acquaintances' rejection, prejudices, victimization, among others (Pastrana, 2015; Rothblum et al., 2019; The Trevor Project, 2022). According to scientific literature, those without social support may experience two times as many stressors (Fankhanel, 2010; Manning, 2014). These experiences may have a significant role on the mental health disparities such as clinical symptomatology regarding anxiety, depression, and stress among sexual minorities (Björkenstam et al., 2017; Harkness et al., 2022; The Trevor Project, 2022).

On the other hand, Puerto Ricans and other Hispanic cultures have a high prevalence of mental health disparities. According to the Department of Health of Puerto Rico 58.3% of their patients have been diagnosed with Generalized Anxiety Disorder. On the other hand, 9.7% of the population in Puerto Rico have been diagnosed with depression (César Merino-Soto et al., 2023). Moreover, Puerto Rican people are at higher risk to experience psychosocial stress associated to stressful life events. For instance, Puerto Rico have undergone for several stressful events such as: sociopolitical controversies, earthquakes, hurricanes, criminality crisis, COVID-19 pandemic, among others (Koerner & Morales-Cruz, 2021). On the other hand, Hispanic LGB+ adults frequently face social stigma and prejudice because of their sexual orientation or gender identity; they may be

rejected by their families, communities, and even face prejudice in the workplace and in the healthcare system. This ongoing exposure to negative social experiences can have a significant negative impact on their mental health and increase their susceptibility to experience symptoms of anxiety, depression, and stress (Borgogna et al., 2019; Harkness et al., 2022; Lu et al., 2022). Previous investigations in Puerto Rico have demonstrated that during the coming out process participants reported anxiety (81%), fear (69%), stress (58%), religious conflicts (33%), guilt (22%), depression (16%), and/or other symptoms (Esteban et al., 2023a; Esteban, et al., 2023b; Esteban & González-Rivera, 2022). Therefore, there is an intersectionality that must be taken into consideration regarding the development of psychological symptoms (PS) such as anxiety, depression, and stress among LGB adults living in Puerto Rico.

Currently, LGB+ science is moving towards an interventional approach since insufficient translational research has been done among this population. For the development and exacerbation of these symptoms protective factors must be studied in order to develop adequate interventions, specific for sexual and gender minorities' unique challenges (Apperson et al., 2015; Bauermeister et al., 2007; Brumbaugh-Johnson & Hull, 2018; Rothblum et al., 2019). Previous literature posits that emotional intelligence has been correlated with the reduction of psychological symptoms (Fteiha & Awwad, 2020; Jing et al., 2022; Lu et al., 2022). However, little is known regarding its role among Hispanic sexual minorities.

In simple terms, emotional intelligence refers to a person's ability to understand and manage their own emotions, as well as those of others, and effectively handle relationships. This means that individuals with high

emotional intelligence are likely to be better equipped to handle stressors in their learning environment and experience less overall stress (Fteiha & Awwad, 2020; Jing et al., 2022; Lu et al., 2022). This study used the Goleman's definition of emotional intelligence, which refers to the ability to recognize, understand, manage, and effectively use one's emotions as relate well to the emotion of other. Goleman's theory highlights five key components of emotional intelligence: self-awareness, self-regulation, motivation, empathy, and social skills (Cherniss & Goleman, 2001). Nevertheless, little research has explored the role of emotional intelligence in the relationship between stressors and psychological symptoms (anxiety, depression, and stress in sexual minorities, particularly in Puerto Rico). Henceforth, through this study, the exploration of the role of emotional intelligence as protective factor regarding the presence and intensity of psychological symptoms in a sample of LGB+ adults living in Puerto Rico will be addressed.

Based on scientific literature of emotional intelligence and mental health, it can be hypothesized that higher levels of emotional intelligence among the Hispanic LGB+ community will be associated with lower levels of anxiety, depression, and stress. This hypothesis suggests that individuals who possess better emotional intelligence skills, such as self-awareness, emotional regulation, empathy, and effective communication, are more likely to have better mental well-being and experience fewer symptoms of anxiety, depression, and stress.

These mental health disparities among LGB+ individuals have been associated with social and cultural stressors such as rejection, social distance, and stigma. Thereby, this study draws upon the Minority Stress

Theory. This model suggests that sexual minorities face unique stressors, such as homophobic victimization, which are directly associated with their sexual minority identity. As a result, these stressors adversely impact their well-being and health (Meyer, 2003). Hence, the purpose of this study consisted of exploring the role of emotional intelligence regarding the development or exacerbation of psychological symptoms (i.e., anxiety, depression, and stress) in Puerto Rican sexual minorities. Therefore, for this study we aimed to 1) describe the frequency of anxiety, depression, and stress among LGB+ Puerto Ricans, and 2) to examine the correlation of emotional intelligence with anxiety, depression, and stress among these sexual minorities in Puerto Rico.

Method

We implemented a preliminary secondary data analysis with a cross-sectional approach and exploratory-descriptive design. Data was extracted from a quantitative study: Multidimensional Intelligence Model as Predictor of chronic Stress, Coming Out Growth and Acceptance among Hispanic LGB Adults (IRB: #2108071547) of the Queer Biopsychosocial Health Lab. Data was retrieved from the database of the primary study. In the parent-study, participants were invited to take part in the study in a confidential way, and their involvement was contingent upon their availability. Data was collected electronically through the utilization of iPads using the SurveyMonkey digital platform. Participants consented to use the data for future research.

The parent-study employed a stratified sample procedure to ensure maximal variation in the sample, increase internal validity, and obtain the greatest comparison across the sexual orientations. A total of 76 participants were considered for this secondary data

analysis (17 lesbian women, 24 gay men, 23 bisexual+ women, and 12 bisexual+ men). The parent-study included the following inclusion criteria: 1) being an adult between 21 to 40 years old, 2) identify as lesbian, gay, or bisexual+, 3) identify as Hispanic-Puerto Rican, 4) live in Puerto Rico, and 5) being out to at least one person. Subsequently, the sample for this secondary-data analysis was selected based on the inclusion criteria. Since most of the people residing in Puerto Rico identify as Hispanic and are American citizens by birth, conducting research on non-migrant Hispanic individuals in Puerto Rico is advantageous. This circumstance enables researchers to minimize additional challenges related to minority stressors that often arise from the combined effects of ethnic/racial stigma and migratory status, which are typically experienced by Hispanics residing in the continental United States (Pastrana, 2015).

Data Analysis Strategies

We retrieved the data from the SurveyMonkey platform from the Multidimensional Intelligence Model as Predictor of Chronic Stress, Coming Out Growth and Acceptance among Hispanic LGB Adults project database, in which participants were de-identified in order to protect their confidentiality. The data was transferred to IBM SPSS Statistics Program (version 28.0). Subsequently, the research team proceeded to sum the scores of each scale, after the inversed items were reversed. Thereafter, statistical analyses were performed implementing descriptive analyses and Pearson correlation analyses to examine the association of emotional intelligence with psychological symptoms (i.e., anxiety, depression, and stress).

Participants

For this secondary data analysis, as shown in Table 1, the sample consisted of 76 individuals, which 36 identified as male and 40 participants identified as females. The average age of the participants in the study was 28.6 years old. In addition, 54.9% of the participants reported not having a partner nor partners and 67.1% of the sample were from the south area of Puerto Rico. Moreover, 14.5% of the participants disclosed having a functional diversity [disabilities], and 75% did not identify with a religion and/or spiritual affiliation. Furthermore, 56.6% reported an approximate income below \$10,000, while another 28.9% reported incomes between \$10,001 and \$30,000. Data regarding individual income could be explained by the average income per capita in Puerto Rico during 2017-2021 of \$14,047 (United States Census Bureau, 2022).

Table 1
Demographic Characteristics of the Sample

Characteristics	<i>n</i>	%
Sex		
Female	40	52.6
Male	36	47.4
Gender Identity		
Feminine	39	51.3
Masculine	36	47.4
Non-binary	1	1.3
Sexual Orientation		
Bisexual+	35	46.1
Lesbian	17	22.4
Gay	24	31.6
Age		
21-25	39	51.3
26-30	29	38.2
31-35	4	5.3
36-40	4	5.3
Partner/s		
Yes	35	46.1
No	41	54.9
Geographical Location		

Characteristics	<i>n</i>	%
Metropolitan Area	7	9.2
North	3	3.9
South	51	67.1
East	4	5.3
West	10	13.2
Central	1	1.3
Functional Diversity [Disabilities]		
Yes	11	14.5
No	65	85.5
Individual Annual Income		
Less than 10,000	43	56.6
10,001 – 30,000	22	28.9
30,001 – 50,000	8	10.5
50,001 – 70,000	3	3.9
More than 70,001	0	0
Religious Affiliation		
Yes	19	25.0
No	57	75.0

Instruments

Demographic Data Questionnaire

This questionnaire consisted of 12 inquiries covering various aspects such as age, sex (including options like male, female, intersex, or other), gender identity, sexual orientation, relationship status, place of residence, income, functional diversity, religious and/or spiritual affiliation, experiences of violence, and symptoms related to coming out.

Emotional Intelligence Scale (Andújar Emotional Intelligence Inventory)

This measurement tool comprises a total of 20 items (Andújar-Rojas et al., 2016). It demonstrates a high level of internal consistency with a Cronbach's alpha coefficient of .84. Participants were provided with a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree) to respond. The scale encompasses four distinct subscales: Personal Recognition

Competence, Personal Regulation or Management Competence, Social Recognition Competence, and Social Regulation or Management Competence. Higher scores indicate higher levels of emotional intelligence (Andújar-Rojas et al., 2009).

Generalized Anxiety Disorder Scale (GAD-7)

The GAD-7 is a tool consisting of seven items utilized for evaluating the intensity of generalized anxiety disorder (GAD). Each item inquires about the person's assessment of the severity of their symptoms within the previous two-week period. Participants rate each item on a 4-point Likert scale, ranging from 0 (not at all) to 3 (nearly every day). Total scores range from 0 to 21, with higher scores indicating greater anxiety severity. Scores ranging from 0 to 4 is an indicator of minimal anxiety, 5 to 9 represents mild anxiety, 10 to 14 represents moderate anxiety, and 15 to 21 represents severe anxiety (Pagán-Torres et al., 2020b).

Patient Health Questionnaire (PHQ-8)

The PHQ-8 (Patient Health Questionnaire-8) is a measurement tool consisting of 8 items designed to assess depressive symptoms, commonly utilized in medical settings. It involves recalling experiences over a period of two weeks. Each item is assigned a score ranging from 0 to 3, corresponding to response options such as "not at all" (score 0), "several days" (score 1), "more than half the days" (score 2), and "nearly every day" (score 3). Higher scores indicate a higher severity of depressive symptoms (González-Rivera, 2019; Pagán-Torres et al., 2020a).

Perceived Stress Scale (PSS-14)

The Perceived Stress Scale (PSS) is a self-report questionnaire comprising 14 items created to evaluate the level to which individuals perceive situations in their lives as stressful. It aims to measure the extent to which one views their life as "unpredictable, uncontrollable, and overwhelming. Fifty percent of the inquiries are expressed in a positive manner but are inversely scored. Scores from 0 to 18 indicates, low levels of stress, scores from 19 to 37 indicates moderate levels of stress, and scores from 38 to 56 indicates high levels of stress. Each statement is evaluated using a 5-point rating system. Higher scores indicate higher severity of stress symptoms (Katsarou et al., 2012).

Procedure and Recruitment

The parent-study employed a strategy of community engagement to gather participants from various parts of Puerto Rico, ensuring a wide range of potential participants. Additionally, Facebook-Instagram ads were employed in the primary study to spread the word about the study through a flyer. Participants were required to participate in-person, provide their consent before proceeding to answer questions related to their sociodemographic information and other survey instruments, and donating saliva, urine, and blood samples for the primary study. Once they finished the survey and the sample donation participants were given a \$50 gift card. Each participant that completed the process received a gift card.

Results

The data were analyzed using IBM SPSS Statistics Program (version 28.0). First, we calculated the frequency of psychological

symptoms (anxiety, depression, and stress). The scores reported were classified according to the cutoff points provided by the instruments' standardized guidelines (GAD-7, PHQ-8, PSS-14). The results revealed that 75% of the participants reported clinically significant scores of anxiety (mild or above), 71% of the participants reported clinically significant scores of depression (mild or above), and 50% of the participants reported high levels of perceived stress (See Table 2, 3 and 4).

Table 2
Frequency of Depression Symptoms

Depression Levels	Score Range	Frequency	%
Minimal	0-4	22	28.95
Mild	5-9	22	28.95
Moderate	10-14	18	23.68
Moderately Severe	15-19	10	13.16
Severe	20-24	4	5.26

Table 3
Frequency of Anxiety Symptoms

Anxiety Levels	Score Range	Frequency	%
Minimal	0-4	24	31.58
Mild	5-9	28	36.84
Moderate	10-14	7	9.21
Severe	15-21	17	22.37

Table 4
Frequency Stress Symptoms

Stress Levels	Score Range	Frequency	%
Low	0-13	7	9.21
Moderate	14-26	31	40.79
High	27-40	38	50

In addition, we calculated the internal consistency indexes (Cronbach's Alpha and McDonald's Omega) and determined the means and standard deviations of the

measurements. Pearson's Product-Moment Coefficient (r) was utilized to conduct correlation analyses regarding emotional intelligence and anxiety, emotional intelligence and depression and emotional intelligence and stress. A criterion of .70 was set as the threshold for internal consistency. The correlations were interpreted based on Taylor's classification: correlations ranging from .01 to .35 were considered low, .36 to .67 as moderate, .68 to .89 as high, and correlations above .90 were categorized as very high (Bosco et al., 2015; Taylor, 1990). All results were considered significant for p values $<.05$.

As shown in Table 5, results revealed that all the scales showed adequate internal consistency with acceptable scores of Cronbach's Alpha and McDonald's Omega. Analysis revealed that all the scales (anxiety, depression, and stress) were correlated with the Emotional Intelligence Scale. It must be emphasized that all these correlations were negative. Moreover, according to Taylor's classification system these correlations were considered low (Bosco et al., 2015; Taylor, 1990). Nonetheless, it is noteworthy that these were statistically significant.

Table 5
Cronbach's Alpha, McDonald's Omega, Mean, Standard Deviations and Correlations Between Emotional Intelligence and Psychological Symptoms

Instruments	α	Ω	M	DE	1
Emotional Intelligence ¹	.88	.88	68.16	7.24	-
Anxiety Symptoms ²	.91	.91	8.30	6.01	-.20*
Perceived Stress ³	.84	.97	26.70	8.77	-.31**
Depression Symptoms ⁴	.87	.87	8.78	5.80	-.22*

Note. ** = $p < .01$; * = $p < .05$; α = Cronbach's Alpha. ($n = 76$); Ω = McDonald's Omega ($n = 76$).

The results showed a low negative statistically significant correlation between emotional intelligence and anxiety symptoms [$r(74) = -.20, p = .045$], low negative statistically significant correlation between emotional intelligence and depressive symptoms, [$r(74) = -.22, p = .028$], and a low negative statistically significant correlation between emotional intelligence and stress symptoms. [$r(74) = -.31, p = .004$].

Discussion

Findings of this preliminary secondary data analysis suggest that Puerto Rican sexual minorities presented a high frequency of experiencing anxiety, depression, and stress. These findings are aligned with the research team's previous studies (Esteban et al., 2023; Esteban et al., 2023; Esteban & Alvarado, 2022; Esteban & González-Rivera, 2022). In addition, these symptoms present high comorbidity since they may stem from similar biopsychosocial factors (Björkenstam et al., 2017; Borrero Bracero, 2008; Corona et al., 2016; Harkness et al., 2022). For instance, research has associated the development and exacerbation of psychological symptoms with minority chronic stress, discrimination, stigma, and lack of social support. Furthermore, considering the Puerto Rican sociocultural context, some factors that can lead to the development and exacerbation of psychological symptoms are: familism, *machismo*, *marianismo*, religiosity and public politics (Bauermeister et al., 2007; Borgogna et al., 2019; Corona et al., 2016; Pastrana, 2015). Although factors such as: familism and religiosity can function as a pivotal form of support, this cultural norm has the potential to pose challenges, thereby, possibly amplifying psychological distress among individuals in Hispanic communities. Additionally, familism has been described among the Hispanic culture as a heteronormative concept, which resonates in potential

challenges for LGB individuals' well-being. Specifically, when addressing the coming out process in Hispanic LGB+ individuals, they often experience rejection from their families, a phenomenon that is even more pronounced in families with strongly ingrained religious values (Gattamorta & Quidley-Rodríguez, 2018). Similarly, religiosity has been associated with homonegativism, binegativism, and rejection towards the LGB+ community in some cases (Janssen & Scheepers, 2018). Henceforth, there is a need to address these mental health disparities among this population. Further research is needed to understand the unique factors impacting anxiety depression, and stress among Puerto Rican LGB+ persons. To enhance mental health outcomes for this population, targeted interventions and policies can be developed using the knowledge gained from longitudinal studies that examine the effects of intersectional identities, social support networks, and cultural dynamics. By treating these mental health issues, we may endeavor to create a more inclusive and supportive sociocultural environment in Puerto Rico for LGB+ people.

Because of the nature of the study (secondary data analysis), findings must be interpreted cautiously. Nonetheless, these preliminary findings suggest early evidence regarding the role of the emotional intelligence as a potential protective factor of the development and exacerbation of psychological symptoms in Puerto Rican LGB+ adults. Emotional intelligence enables individuals to recognize and address their psychological symptoms such as anxiety, depression, and stress. It enhances their capacity to effectively manage and regulate their emotions, which may result from the coming out process, family rejection, discrimination, and other adverse experiences. This, in turn, empowers

individuals to better navigate their thoughts and behaviors, promoting a sense of self-control and well-being (Alkan & Bingölbali, 2022; Fteiha & Awwad, 2020; Jing et al., 2022; Lu et al., 2022).

Although the correlations between emotional intelligence and anxiety, depression, and stress were statistically significant; according to Taylor's classification system these are considered low. These findings are not aligned with previous research and must be explored more in-depth in further studies since the strength of this correlation ranges from moderate to high in previous studies (Alkan & Bingölbali, 2022; Esteban & Alvarado, 2022; Fteiha & Awwad, 2020; Jing et al., 2022; Lu et al., 2022). However, research suggests the reduction and the prevention of the development and exacerbation of psychological symptoms is not exclusively associated to emotional intelligence, it is a combination of multiple intelligences along with an inclusive and supportive environment for LGB+ people (Bauermeister et al., 2007; Esteban, et al., 2023a; Esteban & González-Rivera, 2022; Meyer, 2003).

Strengths and limitations were identified in this study. Some of the strengths of the study are: 1) diverse representation of sex and sexual orientation among the sample, 2) significant participation of bisexual individuals compared to previous studies in Puerto Rico, 3) sociodemographic diversity was identified among the sample, and 3) internal consistency of the instruments were adequate. Nonetheless, some limitations were present: 1) this study is relied on secondary data analysis, which means that participants were not specifically recruited nor completed the instruments for the purpose of this particular study, 2) a larger sample is needed to have a larger effect size and statistical power, and 3) the data retrieved from the

instruments was self-reported, which might be influenced by social desirability.

In future research, it is important to acknowledge and overcome the limitations identified in this study. This can be achieved by implementing research designs that actively recruit participants and by increasing the sample size to improve the statistical power of the findings. Furthermore, it is recommended to explore alternative methods of data collection (e.g., mixed methods) that go beyond relying solely on self-report measures by doing so, potential biases associated with social desirability can be minimized, leading to more reliable and accurate research outcomes. The association of emotional intelligence with the reduction of psychological symptoms, represents a steppingstone to the development prevention and intervention programs to reduce health disparities among the LGB+ Hispanic community. Future research directions can include the exploration of intermediate factors that impact these correlations.

Ethics approval and consent to participate

Funding

The project was not funded.

Competing interests

The authors declare that they have no competing interests.

Approval of the Institutional Board for the Protection of Human Subjects in Research

This study consisted of a secondary data analysis. The parent study was approved by the Institutional Review Board (IRB) of the Ponce Health Sciences University (#2108071547). For this study, the methods were carried out in accordance with the

corresponding guidelines and regulations. Informed consent was obtained from all the participants.

Consent and Assent

Consent nor assent were required for this project.

Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Authors' contributions

EHL: conceptualization, research design, collection of the data, preparation of the data, drafting manuscript, editing manuscript; statistical analyses CE: drafting manuscript, editing manuscript, data collection, research design, statistical analyses. All authors read and approved the final manuscript.

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