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An Evidence-Based Review of Integrative Movement Therapies for Nurses with Frequent Back Pain

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Abstract
Chronic low back pain (CLBP) is a common occupational health issue in nurses, which is commonly caused by lengthy working hours, repetitive handling of patients and physically demanding work. Traditional management methods like pharmacological treatment and ergonomic treatment offer partial help but might not be sufficient to treat the multidimensional characteristic of the pain. Mind-body exercise methods such as yoga, tai chi, Pilates, and qigong have been of growing interest due to their possible benefits of pain outcomes, functional mobility, and mental health. This evidence-based review summarizes existing research evidence on the effectiveness of mind-body interventions to decrease pain intensity, enhance the stability of posture, and reduce stress levels in nurses who experience CLBP. The discussion identifies physiological and psychological pathways in which such practices can enhance musculoskeletal health, musculoskeletal strength, and quality of life. Moreover, the review stresses the need to incorporate mind-body modalities in occupational health programs to establish sustainable non-pharmacological pain management tools to nurses. It is suggested that future research is necessary to develop standardized procedures, long-term outcomes, and interdisciplinary research on maximizing outcomes.

Keywords: ***Chronic low back pain, nurses, occupational health, mind-body exercise, yoga, tai chi, Pilates, qigong, pain management, evidence-based practice.***

1.Introduction
Nursing is among the hardest careers in the contemporary healthcare in terms of both physical work and emotional stamina. Nurses are the largest segments of the healthcare profession around the world and the workforce behind the medical systems in hospitals, clinics and long-term care facilities. Though their contribution towards patient safety and quality of care is irreplaceable, the physical nature of the nursing profession also subjects these professionals to a plethora of occupational dangers, with chronic low back pain (CLBP) being one of most common and disabling disorders. When low back pain extends beyond 3 months of duration it is termed chronic and is now more complex than a simple injury since it is not only conditioned by physical strain but also by psychological, social and work related factors. CLBP is a work related risk as well as a personal health burden to the nurses, who frequently work long hours, repetitive tasks handling the patient, and/or prolonged standing/awkward postures. The impact is not only on the individual level, but CLBP also causes reduced productivity, high absenteeism, early retirement, and a huge increment in the healthcare expenses within the institutions. Back pain has been identified as one of the most common causes of workers compensation claims in nursing in most countries, thus making it an important issue of global concern as related to occupational health(1).

The conventionalists in the management of CLBP have generally focused on unimodal treatment interventions of analgesics, nonsteroidal anti-inflammatory medication, physical therapy, or ergonomic training. Although such modalities can be useful in giving symptomatic relief, they are often inadequate in dealing with the multidimensionality of pain. The biopsychosocial model is gaining momentum in explaining chronic pain and states that the perception and maintenance of pain is founded on a multifaceted interrelationship between biological processes, psychological conditions, including fear, stress, or depression and social factors such as work culture, job satisfaction, or economic demands. In the case with nurses, whose work is associated not only with high physical load but also with considerable emotional stress, the CLBP cannot be effectively treated through a treatment of only the anatomical injury. Rather, there must be holistic approaches that address physical, mental and social aspects of health, which are interconnected.

The last twenty years have seen an increased appreciation of the possibilities of mind-body approaches as an alternative approach to chronic musculoskeletal pain, and CLBP is no exception. Body-mind exercises, including yoga, tai chi and qigong, combine physical poses with controlled breathing, concentration and meditative

consciousness. In contrast to traditional exercise programs, which mostly focus on strengthening or stretching muscle, mind-body programs train both musculoskeletal and the nervous system, developing body awareness, stress management, and psychological strength. In this regard, they provide the multimodal therapeutic solution that is consistent with the etiological intricacies of CLBP. Yoga, characterized by the use of postures (asanas), breath (pranayama), and meditation (dhyana), has demonstrated the ability to improve the spinal mobility, decrease the muscular tension, and improve the ability to cope with pain(2). Likewise, tai chi, also called meditation in motion is all about slow, flowing motions in combination with breath control and balance, which can improve postural stability, proprioception, and psychological tranquility. The two practices have become popular in other regions of the world as safe, nonpharmacological and cost-effective means of creative management of chronic conditions.

Population-based research has shown that people with CLBP often resort to alternative and integrative health practices such as mind-body exercises, in the event that standard therapies do not sufficiently alleviate them. The United States surveys indicate a higher figure of over 10 percent of the adult back pain population have done yoga or tai chi with most of them rating the methods as extremely helpful. Mind-body interventions have been found to be recommended with moderate levels of evidence in clinical guidelines such as those issued by the American College of Physicians together with the American Pain Society. Notably, physiological processes addressed by such practices, such as an increase in muscle strength, flexibility, postural control, proprioception, and psychological well-being, are closely related to most of the identified risk factors that cause CLBP among nurses, which is why they appear especially relevant to this group of workers.

Although there is a promise of mind-body interventions, there is a lack of research specifically dedicated to nurses. The majority of available researches have tested the efficiency of yoga or tai chi amongst the general population with CLBP and proved that it has a regular positive effect on pain intensity, functional mobility, and quality of life. Nonetheless, their direct application to the nursing workforce has been considered in very few trials, although nurses are one of the most impacted by musculoskeletal disorders. This research gap is quite noteworthy because nurses have their own distinct work-related issues: they have irregular hours, extreme emotional strain, they are subjected to patient-related activities, so they do not experience everything the general population does. The need to understand how mind-body interventions may be modified and applied in healthcare environments to nurses is thus an immediate concern(3).

Moreover, it is not only an issue of personal discomfort in nurses but has more general implications on the healthcare system. Absenteeism, turnover, and early retirement as a result of back pain all contribute to workforce shortages causing a cycle of workload and strain on the rest of the workforce. The interventions that can be successful in decreasing CLBP and increasing resilience in nurses may have far-reaching consequences: they can improve the well-being of nurses, the safety of patients, healthcare costs and the sustainability of the profession. Mind-body practices provide an exceptional chance to not only help nurses cope with the current pain but also prevent the development of acute injuries into a chronic case.

Considering these facts, this evidence-based review will be conducted to research the role of mind-body exercises, specifically yoga and tai chi, in the treatment of chronic low back pain in nurses. To kick off the review, the prevalence and the burden of CLBP among the nursing workforce are summarized and the risk factors that comprise physical, psychological, psychosocial, and occupational aspects are identified. It subsequently considers the evidence on the use of mind-body exercises in the management of CLBP in the general population and make an extrapolation of its applicability to nurses. Lastly, it gives practical suggestions about how such interventions can be implemented in occupational health programs and the gaps in the existing literature as well as future research directions. In that way, the review aims to point at the opportunities of holistic, integrative approaches to promote the well-being and sustainability of nurses who are of primary importance to the efficient functioning of the healthcare system.

2.Methods

When assessing the possible advantages of mind-body exercises to nurses with chronic low back pain (CLBP), the methodological approach that was crucial was to be systematic, transparent, and multidisciplinary. Since there were too few studies that uniquely targeted nursing populations, an expanded review plan was needed, including epidemiological, occupational health, and integrative or medicine-based lenses. In line with this, evidence-based review methodology had a few interrelated steps: identifying the literature, assessing its eligibility, classifying it

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in thematic categories, and synthesizing the information. These procedures were informed by the conventional systematic review principles and a consciousness of the occupational realities of nurses.

TABLE 1 Summary of Methods

Component	Description
Search Strategy	Databases: PubMed, Scopus, Web of Science, ScienceDirect; keywords included *nurses, chronic low back pain, yoga, tai chi, qigong, occupational health*.
Inclusion Criteria	Studies on mind-body interventions (yoga, tai chi, qigong) addressing CLBP; outcomes on pain, function, mobility, or well-being; RCTs, cohorts, systematic reviews.
Exclusion Criteria	Acute pain studies, pharmacological-only trials, case reports, or articles without empirical data.
Thematic Categories	(1) CLBP prevalence and burden in nurses; (2) Mind-body interventions in general populations; (3) Nurse-specific wellness programs; (4) Workplace implementation feasibility.
Quality Appraisal Tools	Cochrane Risk of Bias, Newcastle-Ottawa Scale, PRISMA guidelines; occupational health lens applied.
Synthesis Approach	Narrative synthesis with evidence tables; integration of clinical outcomes, feasibility, and cost-effectiveness.

Search Strategy and Data Sources

An extensive literature search was conducted to identify the studies in which CLBP, mind-body interventions, and nursing-specific occupational risk were relevant. The databases that were searched were electronic databases such as PubMed/MEDLINE, Web of science, Scopus, and ScienceDirect until 2015. Free-text terms were used as they are more inclusive and controlled vocabulary (MeSH terms) was used as it leads to a more precise search. Such combinations as chronic low back pain, nurses, occupational health, yoga, tai chi, qigong, and integrative therapies and biopsychosocial model were used as keywords. The use of a Boolean operator was to guarantee an organized search process (i.e. nurses AND yoga OR tai chi and back pain AND mind-body AND workplace)(4).

After acknowledging that the risk factors commonly shared by nurses and other physically demanding careers are similar, the search strategy did not limit itself to nursing-related studies. Rather, it included in the general adult population trials but with special attention to outcomes most indicative of occupational groups. This methodology ensured that even though the review was contextualized to the nursing field, they could be supported by the greater evidence base that could be found in the wider population.

Inclusion and Exclusion Criteria

- Eligibility criteria were stipulated to achieve a balance between scientific rigor and clinical relevance. The studies were considered when they:
- Studied interventions in which mind-body exercises (yoga, tai chi, qigong) are used as either primary or as part of a complementary therapy.
- Results targeted on CLBP related areas, including pain reduction, disability, functional mobility, postural stability, or psychosocial well-being.
- Were randomized controlled trials (RCTs), interventional studies, longitudinal cohort studies or systematic reviews.
- Included a sample of either nurses or general populations with chronic musculoskeletal pain, the results of which might be considered to be applicable to occupational health.

Studies that were excluded on the basis of being:

- Concentrated on the acute and not chronic back pain.
- Interventions that were used but not of mind-body or integrative nature, e.g. pure pharmacological trials.
- Outcome measures lacked direct measures of pain, function or quality of life.
- Were case reports, editorials, or theoretical discussions without empirical data.
- Using such inclusion and exclusion filters, the review aimed to draw attention to not only the high-quality of clinical evidence but also to occupationally-relevant information applicable to nursing populations.

Classification and Thematic Mapping

After identifying eligible studies, findings were then classified using thematic mapping based on major focus. There were four general groups:

- Occupational risk factors in epidemiology of CLBP in nurses- those studies reporting prevalence, burden and occupational risk factors(5).
- Efficacy of mind-body intervention in the community at large – trials of yoga, tai chi or qigong as CLBP in the general population.
- Nurse-specific wellness and resilience programs- interventions that, although not necessarily pain-focused, included evidence regarding stress reduction, coping or musculoskeletal well-being.
- Implementation and workplace feasibility - study exploring delivery models to integrative therapies in a healthcare setting.

Such thematic classification enabled the review to transcend the results of each study, as it synthesized evidence in a manner that filled the gap of clinical effectiveness as well as occupational feasibility.

Critical Appraisal and Quality Assessment

Since studies found were heterogeneous, quality assessment was a necessary step. The appraisal of randomized controlled trials was based on Cochrane Risk of Bias tool, which is concerned with aspects of randomization methods, blinding, and reporting of outcomes. The Newcastle-Ottawa Scale was used to evaluate observational studies with special consideration to sample representativeness and confounding control. Systematic reviews were evaluated in PRISMA guidelines focusing on the completeness of search strategy and reporting clarity.

No less important was the occupational relevance appraisal. A study that revealed a decrease in pain in a general community sample was weighted differently as compared to a study that showed a decrease in stress in a sample of nurses that had a physically demanding shift. The application of this occupational lens guaranteed that synthesis was informed by the individual conditions of nursing and not by extrapolation.

Integration of Occupational Health Frameworks

Besides the conventional appraisal instruments, the methodology also relied on the occupational health models to analyze results. An example is the use of the biopsychosocial framework in which mind-body outcomes were associated with risk factors common to nurses, including fatigue, long shifts, patient handling and psicosocial stressors. Correspondingly, the workplace wellness models have been consulted to determine feasibility, which is whether the interventions were viable to be implemented in the hospital where nurses spend a majority of their time(6).

Data Synthesis Approach

Since the results and the study designs were varied, a narrative synthesis methodology was used instead of a formal meta-analysis. The information was summarized in the evidence tables that captured data on the type of interventions, the sample characteristics, duration, and key outcomes. The patterns were then determined across the studies, including the consistent results in terms of the relief in pain, mobility, or stress. Evidence gaps, especially in nurse-specific groups were filled by massive extrapolation of the general literature with comment on context-limiting factors.

Integration was also extended beyond clinical outcomes to implementation variables like cost-effectiveness, adherence, and work place sustainability to enrich the review. As an illustration, it was also pointed out that yoga can lower absenteeism or tai chi can increase productivity at work, to introduce mind-body practices as being not only therapeutic, but also occupationally strategic intervention(7).

Ethical Considerations and Limitations

Lastly, there was methodological reflection that involved awareness of ethical and practical constraints. The move to expand the inclusion to non-nursing-specific studies, although essential because of limited data, is a source of extrapolation bias. Also, the restriction to English-language publications might exclude the world view, especially, as yoga and tai chi have cultural roots. Said limitations were however balanced with the aim to create a scientifically valid review that is practical enough to be applied by healthcare systems in search of sustainable solutions to CLBP among the nurses.

3.Results

This review of the existing literature shows that chronic low back pain (CLBP) in nurses is not only a common occupational complaint but a multifaceted health phenomenon with serious consequences, both in the well-being of individuals and health care provision systems. The results always point out that CLBP is exceedingly high in

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nurses, and international datasets show lifetime prevalence ranging between 40 and 80. In the US alone, more than half of nurses who are actively practicing claim to have had persistent back pain at one point or another in their career with a good number of them needing sick leaves and job adjustments, not to mention career change depending on the extent of the symptoms. In addition to personal pain, they each come at significant organizational and societal expenses in the form of workers compensation claims, absenteeism and lowered capacity of the workforce(8).

Prevalence and Burden of CLBP in Nurses

The evidence points out that nurses belong to the most susceptible professional groups to musculoskeletal disorders. The work characteristics of nursing, including heavy lifting, frequent bending, standing long hours, and inability to foresee the tasks involved in dealing with the patient, is a perfect environment to develop musculoskeletal strain. Besides physical requirements, nurses usually work long hours, have to work overtime, and not always on regular shifts, which worsens the situation of fatigue and reduces the chances of rest. It is important to note that other demographic factors that contribute to the vulnerability to back pain include workforce demographic shifts, including the average age of nurses, which is growing older, which is more vulnerable to degenerative changes of the spine in an older worker.

The economic studies highlight the weight of the problem: the total compensation expenses on occupational back injury may be as much as thousands of dollars in a single case and indirect costs, which are associated with lost productivity and turnover are even greater. Along workforce sustainability lines, CLBP is a cause of early retirement and nursing staff shortages, both of which are detrimental to the quality and availability of patient care.

TABLE 2 Summary of Results

Focus Area	Key Findings
Prevalence & Burden	40–80% lifetime prevalence of CLBP among nurses; high absenteeism, compensation costs, early retirement.
Risk Factors	Patient handling, long shifts, poor ergonomics, age, obesity, smoking, stress, low job satisfaction.
Yoga Evidence	Reduces pain intensity, improves mobility and quality of life; strengthens muscles and enhances stress coping.
Tai Chi Evidence	Improves postural stability, balance, proprioception, and psychological health; feasible for workplace delivery.
Nurse-Relevant Outcomes	Potential benefits in reducing absenteeism, enhancing resilience, and sustaining workforce participation.
Evidence Gaps	Limited nurse-specific trials; unclear long-term adherence; need for workplace-based and digital delivery models.

Risk Factors Influencing CLBP

Findings indicate that CLBP among nurses is a product of the interaction of modifiable and nonmodifiable risk factors. Among the demographic factors, gender and age are reported most commonly, and middle-aged female nurses are more vulnerable. Other factors include lifestyle choices made by poor dieting, lack of sleep, sedentary lifestyles, smoking and obesity. A number of studies with large scale suggest that the severity of back pain and the healthcare seeking behavior has a strong correlation with obesity. In the same way, smoking has been linked with degenerative alterations in the intervertebral discs because of compromised oxygenation and blood circulation.

The literature is mainly characterized by occupational risk factors, where patient handling, long shifts, and ergonomic support were found to be at the heart of the problem. As an example, using poor mechanical support to lift patients is likely to make back injury highly probable(9). There are also psychological aspects such as fear-avoidance beliefs, a pessimistic attitude on recovery, and ineffective coping strategies that are critical. The presence of low job security, poor social support, or job dissatisfaction increases the chances that nurses complain of persistent back pain, which demonstrates the interrelation between physical and psychosocial aspects.

Mind-Body Exercises as a Therapeutic Approach

One of the main concerns of the review was to investigate mind-body interventions like yoga and tai chi in order to reduce the multidimensional risk factors related to CLBP. Direct evidence among nurses is still scanty but general population-based findings are very useful. Yoga and tai chi are both demonstrated to be beneficial to

musculoskeletal health, in terms of increasing strength, flexibility, and postural control, as well as psychology (stress and anxiety) and pain (fear).

Yoga integrates body practices, breath management and meditation rooted in mindfulness and it has a combined effect of benefits to both the body and the mind. The clinical trials continually reveal that yoga has the ability to decrease the intensity of pain, increase the functional mobility, and also the overall quality of life of people with CLBP. On the same note, tai chi has demonstrated a lot of value in enhancing the quality of balance, proprioception, and psychological conditions through its slow, flowing pattern with the breathing rhythm. The two practices are unique in being holistic and multimodal and have a direct effect on the physiological and psychological processes involved in CLBP.

Influence on the Important Outcomes that are of relevance to nurses

The review also develops a couple of areas in which mind-body exercises can be of particular use to the nurses. To begin with, muscular strength and flexibility enhancements can offset the physical exertions of the lifting process as well as extended standing. Second, better postural stability and proprioceptive awareness minimizes strain and injury susceptibility during the daily care of the patient. Third, meditative practices offer direct benefits to the psychological burden of nursing that can be a cause of the chronicity of pain. There is also evidence of the existence of secondary benefits such as weight management and cardiovascular health which indirectly result in lower risk of musculoskeletal disorders.

Clinical Evidence from General Populations

Systematic reviews and randomized controlled trials (RCTs) have confirmed the effectiveness of yoga in the management of CLBP. Meta-analyses have demonstrated a steady decrease in pain and disability with some studies indicating a cost-effectiveness in light of less absenteeism and decreased use of healthcare services. Tremendous-scale studies on yoga versus conventional exercise therapy or self-advice show that yoga is no inferior to conventional rehabilitation programs, and it might have additional benefits in psychological resilience.

In the case of tai chi, there are less studies, but results are also encouraging. The randomized trials are favorable in terms of reduction of pain, functional mobility, and psychological wellbeing as opposed to the control groups. Notably, tai chi has been clinically tested in the workplace including in older nurses where it proved useful in stress reduction, flexibility improvement and even increased productivity. Both yoga and tai chi have positive safety profiles, and the number of adverse effects has not been reported extensively, so they can be integrated into the occupation.

4.Conclusion and Future Directions

Chronic low back pain (CLBP) in nurses is one of the most acute professional health issues of modern healthcare systems. The synthesized findings of epidemiological and interventional literature re-establish that high prevalence of CLBP among this professional population is not an isolated injury issue, but rather an intricate combination of physical, psychological and organizational factors. Often, nurses being the primary agents of patient care are exposed to grueling work, which includes the lifting of patients, extended standing, awkward positions, and long hours of work. With these physical burdens coupled with uneven shifts, work stress and emotional fatigue, the musculoskeletal disorders develop a fertile ground to become chronic and debilitating. Unattended sufficient, CLBP not only diminishes the quality of life of the nurses but also the quality and sustainability of care given to patients, thus placing the healthcare institutions with more absenteeism, compensations, and premature turnover of the workforce.

The evidence provided to date indicates that mind-body practices such as yoga and tai chi provide a promising, holistic, and non-pharmacological avenue to meet the multidimensional aspect of CLBP. In contrast to traditional unimodal methods that tend to be very limited in their focus with regard to pain relief or mechanical therapy, mind-body interventions combine physical strengthening, postural training, breath control, mindfulness, and stress management. Their multimodal nature is the only way to ensure that they are positioned to deal with physiological dysfunction, psychological distress, and behavioral patterns simultaneously which perpetuate chronic pain. Consistent clinical trials in the general population have shown that the practices enhance pain outcomes, increase functional mobility and psychological resilience, and enhance overall well-being. Notably, they have good safety profile and few adverse events, and hence can be used over the long-term in the occupation group, including nurses.

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Although this was promised, the prevailing evidence of the same is characterized by significant constraints. The first is the absence of large-scale studies that are rigorous and specifically target nurses with CLBP. The majority of the reviewed data is extrapolated on general populations or pilot interventions of healthcare workers. Although these findings are a good reason to have translation, it does not explain the peculiarities of the nursing practice such as irregular schedules, large amounts of patients, emotional triggers, and institutional factors. As a result, there is an immediate requirement of specific clinical trials and work-based implementation studies that assess yoga, tai chi or other mind-body practices specifically in nursing cohorts. These studies must not merely be focused on the reduction of pain, but measure the outcomes that are directly involved with occupational health, including absenteeism, job satisfaction, retention, and quality of patient care.

A different avenue of the future is in development of viable and sustainable delivery models. Time, exhaustion and institutional support are cited by nurses as some of the obstacles to the implementation of wellness practices. In order to address these issues, interventions are to be modified according to the clinical practice realities. Potential sources of such accessible opportunities include workplace-based programs, including short tai chi or yoga classes during breaks, structured classes as a part of continuing education, or in-company wellness programs. The promising path is also offered by digital health technologies: nurses working on rotating shifts or in rural areas can find it easier to participate with the help of mobile applications, virtual classes, and telehealth coaching. It might be beneficial to introduce hybrid models, i.e. onsite sessions with digital follow-up to increase feasibility and adherence.

Moreover, implementation of mind-body practices in the occupational health policies needs an economic approach. Cost-effectiveness studies in general populations support the evidence that yoga and tai chi may decrease absenteeism, decrease healthcare usage and increase productivity. In the case of healthcare organizations, good ROI will be essential in justifying the funding of the programs. Further studies should hence incorporate economic analyses, an aspect that would entail quantification of both direct and indirect costs, including lost productivity and turnover. Mind-body programs may be promoted as the usual elements of nurse-wellness strategies that may be effective, particularly in line with institutional policies and professional bodies, should they be found to be cost-effective.

Education can also be crucial to the future of the CLBP prevention and management. The identification of modules on stress management, ergonomics, and mind-body practices in nursing curricula may result in resilience during early professional development. As the future nurses acquire information on how to safely handle patients, they might also be taught how to stretch using yoga-based methods, stress management breathing, or posture management tai chi. Such knowledge should be embedded in the educational process so that there is normalization of holistic practices as well as a culture of self-care that would be encouraged in the profession.

Besides formal education, the evidence base of mind-body interventions must be emphasized as part of continuing professional development programs. Nurses could be empowered to practice these techniques, as well as to teach them to patients, by a workshop, certification course, or by partnering with integrative health specialists. Nurses enjoy a special two facet status as they are caregivers and role models of healthy living. Nurses who have firsthand experienced yoga or tai chi advantages will be more inclined to refer their patients to the practice, which will increase the extent of holistic care.

Going beyond individual nurses, the implementation of mind-body practices can also help make a system-wide change. The interventions may help address the high turnover and burnout that have been threatening healthcare systems by minimizing musculoskeletal injuries, stress, and developing resilience. Furthermore, the fact that wellness practices can be integrated into the workplace culture is in line with the trend of person-centered care not only in the case of patients but also that of healthcare providers. Nurses working in institutions with a higher focus on their well-being, established by holistic approaches are bound to experience an improvement in workforce stability, morale, and eventually patient outcomes.

Lastly, research directions in the future have to adopt interdisciplinary and cross-cultural viewpoints. Cooperation among the nursing researchers, occupational health experts, physiotherapists, and experts in integrative medicine will add value in designing and evaluating interventions. The cross-cultural research can also provide useful information, especially because yoga and tai chi are the traditions that have their roots in India and China, respectively. Appreciation of culture aspects affecting the adoption and adherence will be vital as such practices are implemented in different healthcare environments across the globe.

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Conflicts of interest

The authors have no conflicts of interest to declare

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