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ORIGINAL RESEARCH

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The impact of rural nursing and midwifery clinical placements from the perspective of health service staff

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Abstract

Objective: To explore the impact of providing nursing and midwifery student placements from the perspective of regional, rural and remote health service staff involved in hosting students.

Setting: Hospital and health services across regional, rural and remote southern Queensland.

Participants: Thirty-six nursing and midwifery staff working in clinical and/or management roles who were direct clinical supervisors of students or in leadership positions with responsibility for overseeing and supporting clinical placements.

Design: Semi-structured interviews exploring the experiences and perspectives of nursing and midwifery health service staff who support student placements. Data were subject to thematic analysis.

Results: Five key themes were identified as follows: (a) bringing new ideas and perspectives, (b) opportunities for development, (c) supporting the future rural workforce (d) impacts on workload and productivity and (e) strategies for balancing supervision.

Conclusion: The results indicate that there are a range of perceived benefits and challenges of providing nursing and midwifery student placements within regional, rural and remote settings. The findings also indicate that there are opportunities to further support rural health services to optimise the positive impacts and mitigate the challenges of providing placements. To do so requires collaboration between health services and education providers to allocate students appropriately to health services and support health service staff.

KEYWORDS
clinical education, clinical placement, health workforce, nursing and midwifery, rural health

1 | INTRODUCTION

Ongoing shortages of nursing and midwifery professionals persist within rural and remote settings despite increases in the nursing workforce nationally in Australia.[1,2] Despite these shortages, nursing and midwifery comprise a significant proportion of the Australian rural health workforce[3] and as such, comprise a large proportion of placements for health professional students.[4]

Rural clinical placement experiences play an important role in influencing nursing and midwifery graduates to work rurally.[5–8] Students who are satisfied with their clinical placement experiences are more likely to indicate intention to practice in a rural setting than those who have had a negative experience.[2,5,9] There is a growing body of literature regarding the factors which contribute to positive rural placement experiences for health students.[2,5,9–11] Factors include adequate preparation for placement; diversity of rural health experiences; immersion in rural life; support from academic and placement provider staff; placement supervision; and interaction with other students. Fatima et al[5] identified that social isolation is often a challenge encountered by students during rural placements, which may be a greater challenge for longer placements. However, the authors also found that shorter placement durations may provide insufficient exposure to a rural setting and compromise the learning opportunities available. This aligns with emerging evidence that duration of rural placement exposure influences rural career intention.[8,12]

Little is known about how staff involved in clinical education within rural health services perceive the impact of supporting nursing and midwifery placements, particularly in the rural Australian context. A scoping review on the experiences of rural nursing and paramedicine supervisors of undergraduate students by Trede et al[13] found only five relevant studies, of which only one study[14] was based in Australia and limited to the supervision of students administering medications. A study by Shannon et al[15] used survey-based research to understand the motivation and experiences of medical, nursing and allied health preceptors, however, did not specifically focus on the perceived impact of supporting students. A more recent study of rural registered nurses' experiences of mentoring undergraduate nursing students during rural clinical placements also did not explore the impact of providing placements.[16] Similarly, a survey of nursing and allied health supervisors in the Northern Territory focussed on the support and resources required to provide quality student placements.[17] No research to date has specifically explored the perspective of rural nursing and midwifery staff involved in clinical education regarding the impacts of student placements on their workload.

The education and experiences provided by placement providers are key factors influencing positive placement experiences for students and therefore rural career intention of graduates.[2,5,9] Health services need to be adequately resourced, and staff involved in clinical education need to be adequately supported in order to educate and support students.[18] The perceived benefits and challenges of providing student placements for rural health services are likely to be distinct from metropolitan placements due to differences in patient case mix and staffing numbers, and dedicated clinical education staff or on-site university clinical facilitators to support students on rural placements.[16,19] Additionally, students are often living away from home and may require additional social supports from health service staff.[19,20] Understanding how health service staff perceive the benefits and challenges of providing rural student placements is important to understand what motivates rural health service staff to provide placements and inform how staff and health services can sustainably support student placements.

As such, the aim of this study was to explore the benefits and challenges of providing nursing and midwifery student placements from the perspective of regional, rural and remote health service staff.

What is already known on this subject:

- Rural clinical placement experiences impact rural career intention. The support and education received from placement providers is a key factor influencing positive placement experiences and rural career intention
- Less is known about the perspectives of staff who support rural nursing and midwifery clinical placements
- There is a lack of literature exploring the impact of providing placements on the workload and productivity of rural health service staff

What this paper adds:

- Rural health service staff perceive that providing nursing and midwifery student placements bring a range of benefits to their health services; however, a number of challenges are encountered
- The perceived impact of nursing and midwifery student placements on staff workload was mixed, but this was perceived to decrease over the placement duration
- Health service staff use several strategies to reduce workload associated with providing placements and to maximise student contribution to health services. Partnerships between health services and education providers are needed to ensure placements are appropriate for the health service context and that staff are trained and supported to educate students

2 | METHOD

A qualitative inductive approach using semi-structured interviews was used to investigate health service staff

experiences of providing rural nursing and midwifery placements. Reporting adhered to COREQ guidelines.[21]

2.1 | Context

In the geographical area in which the study took place, an area of 400 000 km in southern Queensland, nursing and midwifery student placements are commonly undertaken in the two health services in the region. Darling Downs Health operates 28 facilities, including one large regional referral hospital, one extended inpatient mental health service, three medium-sized regional hub hospitals, 12 rural hospitals, three multipurpose health services, one community outpatient clinic, one community care unit and six residential aged care facilities.[22] South West Hospital & Health Service operates four hospitals, seven multipurpose health services, two residential aged care facilities, four community clinics and nine general practices.[23] As of June 2020, Darling Downs Health employed approximately 2200 full-time equivalent nursing and/or midwifery staff and South West Hospital and Health Service employed approximately 370 full-time equivalent nursing and/or midwifery staff. Nursing placements at these health services range from 2 weeks in duration to over 10 weeks and are typically full-time placements. Midwifery placements can be longer, part-time placements and mostly occur in regional hubs. Considerably, more nursing placements occur each year, compared with midwifery placements. In almost all facilities within the health services, students are supervised according to a preceptor model, where students are supervised by a nurse or midwife employed by the facility rather than an external clinical facilitator.[24]

2.2 | Participants

Health service staff employed at Darling Downs Health and South West Hospital and Health Service facilities which had provided placements to nursing and midwifery students in 2020 were considered eligible to participate. Purposive sampling was conducted in conjunction with staff responsible for placement coordination and support at these sites. Placement coordination staff identified a range of potential health facilities where students were placed in 2020 and provided contact details for senior staff within the facility who were considered to have relevant experience to address the study aims. The researchers selected a subset of facilities (and units within the main regional facility) which reflected diversity in facility size and type. The lead researcher contacted potential participants via email which outlined the study topic and participation requirements. Staff were followed up with a phone call if no response was received. Participants were also asked to nominate several other staff responsible for clinical education in their facility who were experienced in providing placements. These staff were similarly contacted by the lead researcher to invite their participation in the study. As student placements can impact health service staff beyond the student's direct clinical supervisor, or 'preceptor',[25] all health service staff who had a role in supporting student placements were eligible to participate. Recruitment occurred from August to September 2020 and interviews were conducted in September 2020.

2.3 | Data collection

Following informed consent, health service staff were scheduled to participate in a semi-structured interview via phone or video conferencing. The interviews were conducted according to a semi-structured interview guide developed by the research team (Table 1). Interviews were performed by the lead researcher who was not known to health service staff and not involved in clinical placements (CW). Interviews were conducted over phone, Zoom or Microsoft Teams and audio-recorded. Interviews were manually transcribed non-verbatim by the lead author, with potential illustrative quotations transcribed verbatim (CW). Interviews were a mean of 27 min (17–49 min).

2.4 | Data analysis

Transcripts from the interviews were analysed independently by two researchers (CW and RF). All data were analysed using a general inductive approach to allow exploration of specific issues.[26] The transcripts were read closely and audio recordings reviewed. Data that were deemed relevant to the research questions were highlighted and were ascribed initial codes in an inductive manner. Similar codes were grouped into subthemes.

TABLE 1 Example interview questions

What do you see are the benefits of nursing/midwifery placements to your ward/facility?
What are the challenges associated with nursing/midwifery placements?
How do you perceive students impact on your/your staff's workload and productivity?
What factors affect the extent to which students impact on your workload and productivity?
What strategies do you use to reduce workload associated with supporting students on placement?

These subthemes were explored and integrated into wider themes based on commonalities and identified interrelationships. The subthemes and themes were revised and refined based on regular discussion between the researchers. An example code, subtheme and theme is outlined in Table 2.

Several processes were implemented to ensure trustworthiness, credibility and transparency of data collection. These included the following: adherence to a standardised data collection protocol and audio recording of interviews; using the same semi-structured interview framework and interviewer for all interviews; avoiding personal questions; conducting a secondary review of all audio-recordings post-transcription. A summary of key themes from the interviews was sent to participants via the Director of Nursing or Unit Manager of each participating health service for validation. No significant changes were made as a result of this process.

3 | RESULTS

Thirty-six health service staff consented to an interview. Participants were from 10 Darling Downs Health and South West Hospital and Health Service facilities. The facilities were located in a combination of regional centres (two facilities), rural towns (four facilities) and remote communities (four facilities). All health service staff participants were female and worked in a range of roles (Table 3) Participants were staff who either acted as direct clinical supervisors of students or were in leadership positions with responsibility for overseeing and supporting placements. In nine of the 10 health services, the preceptor model of supervision was used, whereas in one health service, a clinical education model was used.[24] Participants working in health services where a preceptor model was used reported a mix of supervision allocation models, in that some health services allocated a single preceptor to students for the majority or all of their placement and other health services allocated students a shift pattern and a preceptor was allocated each shift based on the staff available for that shift. It was outside of the scope of the study to compare findings for these supervision models.

Five overarching themes were generated following analysis. Each theme is outlined below with illustrative quotations.

3.1 | Bringing new ideas and perspectives

Health service staff valued the currency of knowledge that students contributed to their health services as a result of their more recent study. Staff also noted that the presence of students and subsequent provision of education prompted them to explain their own practices and processes to students which encouraged them to reflect on their own ways of working while refreshing their knowledge.

> The main benefit is having to stop and think about what we are doing and explain things. It inspires me to refresh on a topic so I can actually teach them properly. I think it takes us back to basics as well. I learn a lot from them as well.... We're learning from each other.
>
> Participant 22, Rural facility

> You have to know what you are doing because they are always asking questions and you cannot just go 'we just do this because'. So I guess that makes your practice a lot sharper... It's good to see new techniques, because we do not have a great turnover of staff at the moment so it's good to see new things that way.
>
> Participant 18, Remote facility

3.2 | Opportunities for development

Supervising students was considered to be a professional development opportunity for staff, which they felt provided an impetus for enhancing their own confidence in their own clinical practice. Several participants reported that they received an intrinsic sense of satisfaction from teaching that influenced their overall workplace satisfaction. Some participants extended this sense of satisfaction

TABLE 2 Example code, subtheme and theme

Code	Illustrative quotation	Subtheme	Theme
Several students are employed at health service after placement	*Some of them want jobs here too. We've actually got quite a few who have come through from student programs as employed staff here. So it's actually really good for us too.*	Identifying suitable students for recruitment after graduation	Importance of educating students to support the future rural workforce

TABLE 3 Summary of participant characteristics

	N (%)
Participant gender	
Female	36 (100)
Male	0 (0)
Other	0 (0)
Facility location	
Regional centre (MM 2)[1]	12 (33)
Rural town (MM 4–5)	12 (33)
Remote community (MM 6–7)	12 (33)
Participant role	
Registered nurse	5 (14)
Clinical nurse	6 (17)
Midwife	2 (6)
Clinical nurse consultant	3 (8)
Clinical facilitator	2 (1)
Nurse/midwifery educator	5 (14)
Nurse/midwifery unit manager	7 (19)
Director of nursing	6 (17)

[1]MM refers to Modified Monash Model geographical classification. For more information, see 1. Australian Government Department of Health. Modified Monash Model - fact sheet 2019 [updated 14 July 2020]. Available from: https://www.health.gov.au/resources/publications/modified-monash-model-fact-sheet.

to the whole workplace where students were seen to 'boost the morale' (Participant 30, Remote Facility).

> Nurses who may not otherwise sort of step up into a mentoring kind of role - you can actually see them improving their confidence and their capabilities by discussing what they are doing and the reason why they are doing things with students. There are a couple of nurses... who I think sometimes doubt their own ability. And then when they have got a student and they are explaining the reasons why or they are going through things with them, actually find 'I actually know this stuff. I know what I'm doing'.
>
> Participant 10, Rural facility

> I love teaching. I get a lot more job satisfaction when I have a shift with a student.
>
> Participant 26, Remote facility

> For this hospital, having fresh minds, fresh ideas and young people coming in. Students are going to ask you questions, students are going to challenge you and we need that.
>
> Participant 30, Remote facility

3.3 | Supporting the future rural workforce

Participants expressed that, as rural nurses and midwives, they had an inherent duty to support the future nursing and midwifery workforce, and to 'grow their own' rural workforce. This duty appeared to reflect their commitment to their profession, and to the rural communities in which they practiced.

> My perspective is that I want to train the people who want to look after me and I want them trained properly! It's about making them feel comfortable and not scaring the bejesus out of them. You want them to continue on with what they are doing.
>
> Participant 27, Regional facility

> So we have had quite a few students who have come out from Brisbane [capital city] and even Toowoomba [regional city]...they actually see what happens in a smaller sort of hospital. And that may help with their consideration for going to a smaller regional area in the future when they graduate or a couple years down the track. I'm opening their eyes to other opportunities outside of metropolitan facilities.
>
> Participant 10, Rural facility

Staff recognised the challenges associated with recruiting staff to rural areas and as such noted that student placements allowed them to identify suitable students for recruitment after graduation. Rural placements allowed staff to assess student suitability for future recruitment and for students to gain a greater understanding of what a role may entail.

> Some of them want jobs here too. We've actually got quite a few who have come through from student programs as employed staff here. So it's actually really good for us too.
>
> Participant 1, Regional facility

3.4 | Impacts on workload and productivity

There were mixed perspectives on the impact of students on staff workload and productivity. Some participants believed that supervising students increased staff productivity and reduced workload while others believed supervising students decreased productivity and increased staff workload.

Participants reported that the impact of students on productivity and workload varied depending on the patient case load at the time, the level of student experience and initiative, as well as placement duration. They highlighted the importance of the right 'fit' between the level of student experience, the patient case load and complexity and the placement duration. Some staff noted that supervising more junior students required extra time each shift to manage the same case load while supervising more senior students could reduce time required to manage case load in a shift.

> You have to spend more time showing them stuff, but the payoff then is then they do stuff for you. It's a two way – it's not bad having students. For the effort you put in, you get help out of it... On balance I think they help.
>
> Participant 19, Remote facility

> They're always helpful and it does make your day easier and flow better but you are always keeping an eye out for them and making sure they are not floundering. You've got to always double check their work, so in that respect it does take a bit more time.
>
> Participant 18, Remote facility

> Students assist with showers and activities of daily living so it does really help the Registered Nurses... It really helps when we have a lot of outpatients, the third year student can do the hourly rounds with the patients, do the vital signs, check in with the RNs to say 'we need to do medications now' and it's so beneficial.... Sometimes they do [slow staff down]. It depends on what's happening on the ward and the RN.
>
> Participant 14, Remote facility

> I do prefer to only take second year students as we do them a little bit of a disservice taking them in their third year as we are not big and busy enough.
>
> Participant 13, Remote facility

Participants observed that student skill level, as well as attitude and level of initiative could influence the workload associated with supervision.

> I think it depends on the student because sometimes we have some exceptional ones where people are like 'yep they've got it all under control' and sometimes the nurses spent the whole day giving direction, talking, guiding, teaching.
>
> Participant 4, Regional facility

Staff in management roles were not immune to witnessing the impacts on workloads. They observed that the impact of supervising a student often varied depending on the staff member's level of clinical and supervision experience.

> I think it depends on the RN itself. The more junior RNs who aren't so confident in themselves may get slowed down a bit. But generally, I do not think it affects them too much, I think it comes down to the RN themselves.
>
> Participant 34, Remote facility

There was general agreement from participants that workload tended to decrease and student contribution to care increased over the placement duration. By the end of longer placements, students were considered to be more embedded within the health facility and thus able to make valuable contributions to care. As such, longer placements were considered to involve less workload for staff and result in greater student contribution to service delivery compared with several shorter placements.

> The longer we have a student for, the better. The longer third year placements we have, the students really start to embed themselves. They know everyone by name. They know all the medical staff and they are very versatile by the time they leave.
>
> Participant 20, Rural facility

Participants observed that, regardless of students' impact on the productivity of their health service, they were still able to actively contribute to the quality of care provided.

> I find [students] pick up on smaller things. They might be sitting with one of the patients, building rapport, and them might say 'what's this' or they might be inquisitive and that might prompt one of the nurses to go 'what's happening there?'
>
> Participant 22, Rural facility

Participants noted that, while they believed that students should be involved in patient care, the primary role of students is to learn rather than act as an additional staff member.

> They're not there to help us, we are there to help them. It's about their learning and what they get out of it. They're not an extra staff member. They can be helpful. You know, if there's an emergency, they can get things if they know where they are or answer buzzers if there's something going on. But really it's not up to them to be a workforce increase.
>
> Participant 4, Regional facility

Participants also noted that, regardless of the objective workload impact, supervising students could be a source of workplace fatigue, particularly when supervision was over an extended period.

> It's quite fatiguing because you are talking all day and you have got to plan out loud more than you might normally.
>
> Participant 4, Regional facility

3.5 | Strategies for balancing supervision

Some, but not all, participants identified and utilised a range of formal and informal strategies which allowed themselves and other staff to manage the workload associated with supervising students. In some cases, these strategies were beneficial not only for managing workloads, but also acted to increase the student's overall contribution to service delivery.

Common elements of strategies described included: strategic delegation of workload to students; good communication with students; and multi-tasking to deliver care and education at the same time. These strategies were often viewed as compensating for additional time spent on other tasks, for example supervising students to conduct medication rounds.

> I always look at students as an opportunity and utilise the skills they have. If I know they are a first year, they can do the showers and the beds. I supervise them and make sure they are competent and then say, 'You can do ABCD and I'll do the rest of it and we'll meet back together and if you have any problems, let me know'.
>
> Participant 14, Remote facility

> I think it's communication that's needed. As a nurse, we are meant to have teaching as part of our portfolio anyway. You can actually still work with that student. You can delegate to that student if you get busy.
>
> Participant 30, Remote facility

> Most of the things we still say need to be done under supervision... So you can have your student and [Registered Nurse] in a four-bed bay all doing patients. The nurse is doing obs on one patient and the student is doing obs on another – that's helpful.
>
> Participant 10, Rural facility

4 | DISCUSSION

This study has explored the impact of providing nursing and midwifery student placements from the perspective of regional, rural and remote health service staff, including the perceived impact of providing student placements on staff workload. A strength of this study is the inclusion of staff involved in clinical education across multiple regional, rural and remote health services including both clinical education staff and those in leadership roles.

The results indicate that rural health service staff perceive that providing nursing and midwifery student placements offer a range of benefits to their health services. Staff perceived that students provide new knowledge and fresh perspectives to themselves and their health services, and promote self-reflection practices. Staff gained professional development and job satisfaction from supporting student placements and perceived that value extended to the wider profession of nursing and midwifery by strengthening the future workforce. These findings align with previous research on the experiences of rural preceptors and health service staff more generally, which also found that teaching roles were rewarding for staff involved in clinical education[15,17,27–32] and also provide important opportunities for professional development.[33] Similarly, previous research supports that health service staff enjoy learning from students[16,29,30] in particular, the contemporary knowledge and skills that students provide.[15,27] Shannon et al[34] also found that staff believed that it was important to expose students to rural careers as consistent with the findings of the current study.

Although staff identified a range of positive impacts associated with student placements, they also identified a range of challenges, including fatigue associated with supporting students and managing their workload while also delivering education. These challenges align with

previous studies of health service staff, which found that staff perceived time constraints to be a key challenge associated with supervising students[15,16,19,24,27,30,35] and that supervising students could be a significant source of fatigue for staff.[29]

The current study has indicated mixed perspectives on the impact of student placements on staff workload, and even contradictory perspectives within the same health facility. While some staff found that students increased their productivity, others found that supervising students slowed them down. This paradox is a key finding of the study and implies that the impact of student supervision on staff workload is complex and dependent on a range of factors identified by participants. Staff often reported that the impact of supporting students was variable and identified a range of factors, including the patient case load at the time, the level of student experience and initiative, the placement duration and the experience of the supervising staff member. Workload associated with supporting students was perceived, overall, to decrease over the placement duration. Although the impact of providing placements for nursing and midwifery students in rural settings has not been previously explored, there is evidence from the literature on allied health and medical placements which indicates that workload associated with supporting placements decreases and students' contribution to care increases over the placement duration.[32,36,37] There is benefit in further research further exploring the interrelation and relative importance of the range of factors identified which can influence staff workload associated with supervision of students.

Regardless of the objective impact of student placements on rural health service staff workload, staff are balancing service delivery and education and therefore need to be supported.[29] Health service staff should be adequately trained and prepared to supervise students.[17,19,24,27,29] Given the finding that staff workload could be influenced by the staff members' level of clinical and supervision experience, rural health service staff may need to be supported to attend supervision training, and there is an opportunity for health services and education providers to work together to ensure staff have access to adequate training. This study found that staff were able to minimise workload associated with providing placements for students and maximise students' contribution to service delivery through effective task management, communication and delegation strategies. There is benefit in health services and education providers collaborating to share and promote these successful strategies so these can be adopted more broadly.[38] As such, learnings from more experienced supervisors could be incorporated into supervisor training.[30]

The results suggest that there are peak resource intensive periods for health service staff supporting students, such as early in the placement. Adequate preparation of students for rural placements and comprehensive orientation processes can assist in reducing some of the early workload for health service staff.[27,35] The results also suggest that there are certain placements that are more resource intensive for health service staff. As such, there is benefit in health services and education providers collaborating to ensure that the placement allocation process matches student learning needs with the facility size and case load,[16] and that the placement duration is appropriate for the student and health service. Given the increasing acknowledgement of the importance of placement duration on influencing student rural career intention,[8,12] it is promising that supervisors also identified that longer placements could result in reduced supervisor workload. While matching students appropriately to placements may reduce health service staff workload, some placements will be more challenging and require more support. Additional support should be made available for health service staff supporting a challenging placement, both from the health service and education providers. Sanderson and Lea[35] investigated the effectiveness of a rural clinical facilitator model where clinical facilitators were employed by a university to support nurse clinicians in their teaching and support students in their clinical learning. The study found that rural clinical facilitators supported student education through additional structured educational experiences as well as debriefing and reflection activities, and strengthening the relationship between education providers and health service staff. This model, although challenging in geographically remote locations, may be particularly useful for challenging placements where students and health service staff would benefit from additional support.

4.1 | Limitations

There were a several limitations that must be considered. First, the recruitment strategy relied on health service staff responsible for placement coordination to identify suitable participants for the study. This allowed targeted recruitment of staff involved in clinical education across the health service, however, may have led to a biased sample in that participants selected may have been more likely to hold positive views relating to student placements. Second, the study relied on the recall of staff in relation to the benefits and challenges of student placements which may have led to recall bias, particularly in relation to the perceived impact of placements on staff workload. The study design did not allow objective measurement or verification of this

perceived workload, although the design did include the perspectives of clinical and management staff from the same health facilities to aid triangulation of the results. To objectively understand the quantitative impact of student placements on rural health services, it is recommended that further research is conducted where nursing and midwifery staff involved in clinical education capture data on their clinical and non-clinical activities before, during and after student placements and students capture similar data during placements, as has been conducted in other health professions.[39]

5 | CONCLUSION

Health service staff percieve a range of benefits and challenges of providing nursing and midwifery student placements within regional, rural and remote settings. Further research is required to understand the objective impact of nursing and midwifery student placements on the workload of rural health service staff involved in clinical education. Regardless of the objective impact, there are opportunities to further support rural health services to optimise the positive impacts and mitigate the challenges of providing placements for students. This requires health services and education providers to work together to allocate placements appropriate to the health service context and ensuring that health service staff are trained and supported to educate students.

AUTHOR CONTRIBUTIONS

Clara Walker was involved in study conceptualisation and methodology; project administration; investigation; formal analysis; writing—original draft preparation. Roma Forbes was involved in study conceptualisation and methodology; formal analysis; writing—original draft preparation.

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CONFLICT OF INTEREST

Southern Queensland Rural Health is funded by the Australian Government Department of Health Rural Health Multidisciplinary Training Program. There are no conflicts of interest for this publication.

ETHICAL APPROVAL

The study was approved by the Darling Downs Health Human Research Ethics Committee (approval number: HREA/2020/QTDD/64042).

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