The Experience of Covid-19 Survivors in Relieving Symptoms of Anosmia

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Abstract
The high stigma of the community and public compliance in implementing health protocols can hamper the reduction of COVID-19 cases. One of the symptoms of COVID-19 is anosmia. The purpose of this study was to find out the experiences of survivors of Covid-19 to relieve symptoms of anosmia. The data collection method in this case study is through in-depth interviews. Data collection was carried out on January 10 2022-February 10 2022. The research design used a qualitative case study with 9 participants from Sumberjo Village who experienced symptoms of anosmia during COVID-19. Data collection tools use mobile phones and stationery. The sampling technique used is snowball. The results showed that all participants tried to eliminate the symptoms of anosmia. Four themes were found regarding the experiences of Covid-19 survivors in relieving anosmia symptoms, theme 1) efforts made to relieve anosmia symptoms were PHBS, use of pharmacological and nonpharmacological drugs, and olfactory training. Theme 2) the feelings felt when confirmed are still enthusiastic, afraid, anxious, and worried. Theme 3) Environmental responses to confirmed COVID-19 patients, including positive responses, are support systems in the family and environment, and negative responses are social stigma. Theme 4) symptoms of anosmia if confirmed with COVID-19 are respiratory tract disorders, muscle stiffness, thermoregulation, sleep disturbance, and fatigue. To relieve the symptoms of mia in the form of nasal irrigation with 0.9% NaCl solution, it is necessary to carry out tests at a later date, even though there are already researchers in several hospitals.

Keywords:
experience of survivors, anosmia, covid-19

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INTRODUCTION

Society is an association that lives together in which there are open systems and closed systems. During the Covid 19 pandemic, the community did not implement recommendations to reduce activities outside the home to prevent an increase in Covid 19 cases. The community always closed themselves by not wanting to listen to suggestions from the village or input from other individuals. With the emergence of social stigma that says that Covid 19 is just a hoax, and only to scare people to stay at home. Therefore, people who have been exposed to information also do not want to share information with others. This lack of information will also have an impact on the rest of society.

In December 2019, the COVID-19 outbreak originated in Wuhan, China, and quickly spread around the world, causing a global pandemic. In Indonesia, on August 11, 2021, according to news reports, 3,780,071 people were confirmed, 426,170 people were treated, 3,211,078 people recovered, and 112,198 people died. There were 342,852 confirmed cases of Covid-19 in East Java, 41,176 people were treated, 277,995 people recovered, and 23,513 people died. In Blitar Regency, it was recorded on the website of the Blitar Regency Health Office that there were 291 positive cases of COVID-19, 198 people recovered, 78 people were monitored, and 15 people died, bringing the accumulated cases to 8,869 people. In Sumberjo Village, in the last year there was data at the village office of 31 cases, 2 people died.

Common symptoms reported by patients with COVID-19 infection include fever, dry cough, shortness of breath (dyspnea), myalgia, malaise, chills, confusion, headache, sore throat, rhinorrhea, chest pain, diarrhea, nausea/vomiting, conjunctival conjunctivitis, nasal congestion, sputum production, and hemoptysis. Additionally, several studies have reported olfactory dysfunction and hypogeusia as common symptoms of COVID-19. However, some patients with COVID-19 do not show typical respiratory symptoms, such as fever and cough, whereas, at the time of diagnosis, some infected patients only show neurological symptoms as initial symptoms. The problems that exist in society are the lack of knowledge in the family, the lack of technological progress, the social stigma against Covid 19, the community underestimating things that will have a bad impact on their families, and the lack of community compliance in implementing health protocols. Some people have been exposed to symptoms of COVID-19 but have not self-isolated. This behavior will have an impact on the people around them, both those who have implemented health protocols. In a research journal, symptoms of anosmia can be prevented by olfactory training consisting of repeated and intentional inhalation of scents including lemon, rose, clove, and eucalyptus have been shown to improve symptomatic dysfunction. Corticosteroids and intranasal administration have been proposed for the treatment of postinfectious anosmia. In the absence of demonstrable inflammatory disease observed by endoscopy or imaging, treatment with corticosteroids is unlikely to be beneficial. In infected cases, corticosteroid treatment can manage the early stages of the disease and prevent inflammation of the olfactory system. To increase the impact of anosmia symptoms on COVID-19, people use 0.9% NaCl as nasal irrigation to reduce anosmia symptoms. In addition, people use olfactory training by using strong scents such as the aroma of eucalyptus oil, coffee, roses, etc. People also boost their immunity by eating nutritious foods, and some are using corticosteroids under doctors’ advice. This study uses the case study method because researchers want to dig deeper and more in-depth information about the subject under study. Researchers can obtain information that will become data comprehensively so as not to leave any remaining information. From these data will be obtained facts or reality. Case studies are also a more effective way of demonstrating the relationship between researcher and participant. From the explanation above, researchers want to examine the experience of survivors of Covid-19 in eliminating the symptoms of a lack of smell(Kiay et al., 2021).

METHOD

The design of this study was qualitative with nine participants who were taken purposively with the snowball method, namely the technique of taking data sources that were initially small in number and then became larger, this was because small data sources could not provide satisfactory data, while the desired inclusion criteria is 1) subjects selected according to people or residents who have experienced symptoms of anosmia in covid-19 in Sumberjo Village, 2) subjects who can explain their experiences when experiencing symptoms of anosmia in covid-19 in Sumberjo Village, 3) subjects who are willing in this case become a participant or sign an informed consent. The time required during the interview was 20-30 minutes, taking place in Sumberjo Village. The instrument used in this
research was an interview sheet developed by the researcher according to the desired objectives, the media used was a recording device.

The data collection used interviews, which were followed by making field notes to record participants’ responses during the interview. Documentation studies were also conducted to validate the participant's medical history. After the interviews were completed, transcripts were made of the interviewed data, followed by qualitative data analysis through the stages of 1) data collection, 2) data reduction, 3) data presentation, and 4) conclusions or verification.

RESULTS

Results research in the form of interview transcripts that researchers make are then categorized according to the keywords that have been presented in the following tables and schemes:

Table 1: Results of interviews with the experiences of Covid-19 sufferers regarding symptoms of anosmia in Sumberjo Village in 2022

<table>
<thead>
<tr>
<th>Symptoms of Anosmia at The Time Confirmed Covid-19</th>
<th>Disturbance channel Breathing</th>
<th>on breathing System</th>
<th>Cough</th>
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<tr>
<td></td>
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<td>1st nerve</td>
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<td>Olfactory</td>
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<td>bitter in the mouth</td>
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<td>swallowing pain</td>
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<td>Flavor</td>
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<td>Dizzy</td>
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<td>Lower breathing system</td>
<td>weak breath</td>
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<td>Cranial nerves</td>
<td>muscle stiffness</td>
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<td>Thermoregulation</td>
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<td>The feeling when the symptoms appear on covid-19</td>
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<td>positive</td>
<td>Think positively</td>
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<td>Afraid</td>
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<td>Negative thinking</td>
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<td>physical state</td>
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<td>Trigeminal</td>
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<td>Support system</td>
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<td>husband</td>
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<td>Child</td>
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<td>Environmental Response in Patients Confirmed covid-19</td>
<td>Negative feedback</td>
<td>stigma</td>
<td>Closed</td>
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<td>positive response</td>
<td>Family</td>
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<td>Strong</td>
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<td>care and babysitting</td>
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<td>attempts to relieve symptoms anosmia on confirmation COVID-19</td>
<td>curative self self</td>
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<td>olfactory training resources</td>
<td>relatives</td>
<td>nonpharmacological</td>
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<td>how to do this action</td>
<td>Inhalation</td>
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<td>Look after yourself</td>
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Each theme obtained from the research results will be explained as follows:

1. Symptoms of anosmia when confirmed by Covid-19

This specific objective consists of themes, sub-themes, and categories which include:

A. Upper respiratory tract disorders

1) Cough: 5 out of 9 participants stated that the symptoms experienced during Covid-19 were coughing “dry cough”
2) Olfactory nerve anosmia 1: 9 participants stated that the symptoms experienced during Covid-19 were anosmia "can't smell the ax oil just hot"
3) Bitter in the mouth: 2 out of 9 participants stated that the symptoms experienced during Covid-19 were bitter in the mouth “bitter mouth”
4) Swallowing pain: 2 out of 9 participants stated that the symptoms experienced during Covid-19 were swallowing pain "Makes swallowing a bit painful"
5) Gustatory: 1 in 9 participants stated that the symptoms experienced during COVID-19 were gustatory or loss of taste “food has no taste”
6) Flu: 3 out of 9 participants stated that the symptoms experienced during covid-19 were flu "flu for 2 days as well initially”
7) Dizziness: 5 out of 9 participants stated that the symptom experienced during covid-19 was dizziness "Feeling dizzy that time of the week”

B. Disorders of the lower respiratory tract

1) Shortness of breath: 1 in 9 participants stated that the symptom experienced during COVID-19 was shortness of breath “When the breath, in the chest, is weak”

C. Muscle stiffness: 1 in 9 participants stated that the symptom experienced during COVID-19 was muscle stiffness “When yawning, the chin area feels narrow”

D. Fever varies

1) Constant fever: 6 out of 9 participants stated that their symptoms during COVID-19 were persistent fever "At first my body was hot
2) "It's been 2 days like typhoid fever symptoms outside, but it's cold”

E. Disorders of meeting the need for sleep

1) Can't sleep: 2 out of 9 participants stated that the symptom experienced during COVID-19 was unable to sleep “10sleepless day”

F. Fatigue

1) Weaknesses: 3 out of 9 participants stated that the symptoms experienced during Covid-19 were weaknesses "Body limp, suddenly lay down"

2. Feelings when symptoms appear in covid-19

This specific objective consists of themes, sub-themes, and categories which include:

A. Spirit

1) positive thinking: 3 out of 9 participants stated that the feeling when symptoms appeared on covid-19 was positive thinking "not afraid and have the spirit to get well soon”
2) Take care of yourself: 1 in 9 participants stated that when symptoms appear in COVID-19, they take care of themselves "I always drink from my bottle”

B. Fear

1) negative thoughts: 1 in 9 participants stated that feelings, when symptoms appeared on covid-19, were negative thoughts "I'm afraid ma'am, I'll be told later if I get symptoms, I'm already positive for Covid-19”

C. V of the trigeminal nerve

1) Anxiety: 4 out of 9 participants stated that the feeling when symptoms of COVID-19 appeared was anxiety
“At first I was scared, but because many neighbors are like that, I think positively”

2) Feelings of discomfort: 2 out of 9 participants stated that when COVID-19 symptoms appear, it is a feeling of discomfort
"Make walking around feeling a little nervous"

3) Digestion: 5 out of 9 participants stated that the feelings when symptoms of Covid-19 occurred in the digestive tract
"Appetite decreased, but still forced to eat"

D. Support system
1) Strong: 2 out of 9 participants stated that the feeling when symptoms appeared in COVID-19 was strong
"Enough of me and my husband, feeling no panic"

3. Environmental response to confirmed COVID-19 patients
This specific objective consists of themes, sub-themes, and categories which include:

A. Negative feedback
1) Self-closure: 4 out of 9 participants stated that the environment's response to confirmed COVID-19 patients was self-closing
"do not dare to interact, silent"

2) Lack of information: 1 out of 9 participants stated that the environmental response to confirmed COVID-19 patients was a lack of information
"People don't know I have symptoms"

B. positive response
1) family: 9 participants stated that the environment's response to confirmed COVID-19 patients came from the family
"Stay at home until you get better then come out"
"My own family supports me, try to think positively"

2) strong: 1 in 9 participants stated that the environmental response to confirmed COVID-19 patients was strong
"Comparison of illness and stigma is more severe than society's stigma"

3) caring and nurturing: 2 out of 9 participants stated that the environment's response to confirmed COVID-19 patients was caring and nurturing
"If I buy a side dish, I leave it to my neighbor and I will replace the money"

4. Efforts to eliminate symptoms of anosmia when confirmed by Covid-19

A. curative
1) non-pharmacological drugs: 7 out of 9 participants stated that efforts to relieve symptoms of anosmia when confirmed with Covid-19 were non-pharmacological drugs
"take NSTM herbs from NASA"
"Every day 1 meal of crushed garlic and eaten with bananas"

2) pharmacological drugs: 7 out of 9 participants stated that efforts to relieve anosmia symptoms when confirmed with Covid-19 were pharmacological drugs.

B. PHBS
1) Immunity: 6 out of 9 participants stated that the effort to get rid of anosmia symptoms when confirmed with Covid-19 was immunity
"drink warm water every day” “sunbathe in the back of the house using a pillow”

2) social media trends: 1 out of 9 participants stated that the effort to get rid of anosmia symptoms when confirmed Covid-19 was bear brand milk
"consume bear brand milk"

C. olfactory training
1) training source: 4 out of 9 participants stated that efforts to get rid of anosmia symptoms when confirmed with COVID-19 came from relatives
"My friend said after taking a shower I wash my nose with non-iodized salt which is usually used in cows"
"My sister said with nasal irrigation with Nacl 2 times a day"

2) inhalation: 4 out of 9 participants stated that efforts to relieve anosmia symptoms when confirmed with COVID-19 were inhalation
"Inhaling ax oil even though it has no aroma and only causes a hot effect"

3) topical: 2 out of 9 participants stated that efforts to relieve symptoms of anosmia when confirmed covid-19 were topical
"Drop it directly in the nose, back and forth"

4) Oral: 5 out of 9 participants stated that efforts to relieve symptoms of anosmia when it was confirmed that Covid-19 was oral
"If the water is warm I always drink it every day"

5) take care of yourself: 3 out of 9 participants stated that the effort to get rid of anosmia symptoms when confirmed with covid-19 was by taking care of yourself
"The sleeping position is different from the face, ma'am, I told you not to get close"

DISCUSSION

Results of the research above show that efforts to relieve anosmia symptoms when confirmed with COVID-19 are curative with pharmacological and non-pharmacological drugs, PHBS with immunity, social media trends, and olfactory, inhalation, topical, oral, and self-defense training. This came under our recent posthoc analysis of secondary data from the Edinburgh and Lothians Viral Intervention Study (ELVIS) trial showing that hypertonic saline irrigation and gargling (HSNIG) reduced the duration of coronavirus upper respiratory tract infection (HSNIG). URTI) on average two and a half days. As such, it may offer a potentially safe, effective, and scalable intervention for those with COVID-19 disease after severe acute respiratory syndrome betacoronavirus infection with COVID-19. (Sheik et al., 2020).

The efforts of the participants are strengthened by the journal(Whitcroft et al., 2016) which recommends smell training with rose, and eucalyptus for 20 seconds each, twice daily for at least 3 months as a treatment for persistent anosmia associated with COVID-19.

Jamu NSTM is the most complete mineral supplement containing natural, pure, balanced, and ionic mineral elements (macro and micro) so that they are easily absorbed by the body and play a very important role in nerve function (Bio-Electric). Nasa's main trace mineral content has succeeded in curing various degenerative diseases suffered by millions of people around the world, including allergies, insomnia, heart disease, cancer, cataracts, etc. However, this NSTM herbal medicine is not included in eliminating anosmia.

Maintaining personal health can be interpreted as routine activities that are always carried out by everyone, such as bathing, brushing teeth, dressing, and cleaning hair(Fitri & Qismullah, 2021). Taking supplements that can strengthen the immune system, such as vitamin C (sodium ascorbate), vitamin B3 (nicotinamide), vitamin B5 (dexpantenol), vitamin B6 (pyridoxine hcl), vitamin E (alpha-tocopheryl), zinc picolinate, and sodium selenite, can boost immunity, improve the performance of the immune system and fight infections caused by viruses and bacteria, including coronavirus infections.

Matter this will increase the production of vitamin D and the immune system(Ismaini et al., 2022). With the level of exposure to the coronavirus, the people of Sumberjo Village are very aware of the need to maintain a clean and healthy lifestyle (PHBS) and comply with health protocols such as using hand sanitizers, washing hands properly and properly, and using masks. when leaving the house and actively participating in vaccinations. given by the local government to prevent and reduce the number of sufferers of COVID-19.

ExpertUGM Nutrition, Rahadyana Muslichah, S.Gz., M.Sc. emphasized that bear milk cannot treat Covid-19. The reason is, until now there has been no research that proves that milk can treat this new coronavirus. Drinking milk is one option that can be consumed for additional intake. Mainly from holistic foods, namely carbohydrates, protein, vegetables, and fruit, if milk alone does not have complete nutritional content. This was reinforced by the participants consuming bear milk because social media said bear milk could prevent Covid-19.

Jamu or traditional medicine is a substance derived from nutritious plants(Aditya & Indriani, 2021). People usually use herbal medicine to prevent, cure, and treat diseases. The shift in society to traditional or herbal medicine is due to lower prices, ingredients that are easier to obtain if grown by themselves, and generally one plant has more than one pharmacological effect making it useful for the treatment of degenerative and metabolic diseases.(Ningsih DA et al, 2021).

Results of the research above show the feeling when the symptoms of covid-19 appear. Be enthusiastic with positive thoughts and take care of yourself. Fear of negative thoughts. 5th Trigeminal Nerve with anxiety, discomfort, and digestion. And the support system from husband and children. This is by the journal theory(Aditya, 2020)that Anosmia can affect the patient's sense of depression, due to the loss of the ability to smell his favorite scent. So that it will also have an impact on less or even loss of appetite which can later lead to malnutrition if
prolonged. People with symptoms of COVID-19 are required to maintain the level of immunity in their bodies to remain in stable condition and also consume nutritious food.

Results of the research above show that the environment’s response to confirmed COVID-19 patients is a negative stigma by self-closure, and lack of information. Positive impact with caring and nurturing and support systems. This corresponds to the journal (Ilpaj & Nurwati, 2020) namely the lack of public awareness, the public still does not know what should and should not be done to prevent this Coronavirus. The solution or way to deal with poor health is to build good relationships (support systems) with family and friends, with busy work from home going on at home, and take time to communicate with family, friends, and co-workers via telephone or video call. Gail W. Stuart (Annisia, 2016) classifies anxiety in behavioral, cognitive, and affective responses, among others, agitated behavior, physical tension, tremors, startled reactions, fast speech, lack of coordination, injury-prone, withdrawal from interpersonal relationships, inhibition, escape from problems, avoidance, hyperventilation, and extreme alertness.

The results of the research above show that the symptoms of anosmia are confirmed when COVID-19 is confirmed. Upper respiratory tract disorders include cough, anosmia, bitter taste in the mouth, painful swallowing, gustatory, flu, and dizziness. The lower respiratory tract is weak breath. The 5th trigeminal cranial nerve includes muscle rigidity. Thermoregulation with constant fever. Sleep disturbance and fatigue. This was reinforced by participants who experienced symptoms of neuralgia, muscle stiffness in the maxilla and mandible areas. A study in Wuhan also showed that among patients with peripheral nervous system symptoms, the most common complaints were hypogeusia and hyposmia. Other peripheral nervous system symptoms include visual function deficits and neuralgia. Some patients exhibit fatigue, muscle aches, and elevated levels of muscle enzymes, (Liu et al., 2020).

Matter this is by the theory from the journal that the symptoms of Covid-19 include acute respiratory disorders such as fever, dry cough, and shortness of breath. The average Covid-19 case has an incubation period of 5-6 days and the longest incubation period is up to 14 days. Other symptoms that are present but are less common and may be experienced by some patients include aches and pains, loss of taste and smell (anosmia), nasal congestion, headache, conjunctivitis, sore throat, and diarrhea. Similar to other upper respiratory viral infections, such as the common cold, loss of smell is a common symptom in COVID-19 patients. However, sudden, severe, and isolated loss of smell and/or taste can occur in asymptomatic COVID-19 patients. These symptoms are mild and appear gradually. (Kiay et al., 2021). In addition to the signs and symptoms above, some respondents experienced symptoms of fatigue (Gori et al., 2020). For the elderly (elderly) with a history of previous illnesses such as high blood pressure, heart and lung problems, diabetes, and cancer, the risk is greater (Samuel & Riyanto Wreksoatmodjo, 2021).

CONCLUSION
Efforts to eliminate symptoms of anosmia when COVID-19 is confirmed are by using preventive medicine, family medicine, Phbs, olfactory training, herbs, over-the-counter drugs, prescription drugs, medicinal preparations, herbs, lifestyle, social media trends, and taking care of yourself. The feeling when you have symptoms of COVID-19 is to always think positively with the belief that you can return to health. And always take care of yourself so that other family members are not infected. The community’s response to confirmed COVID-19 patients is an environment that is less supportive in comparison to the stigma and symptoms they feel. Self-isolation is the best option. In addition, there was concern for participants who had confirmed COVID-19. Symptoms of anosmia, when confirmed by Covid-19 in nine participants, were coughing, anosmia, bitter taste in the mouth, painful swallowing, tastelessness, flu, dizziness, shortness of breath, stiff muscles, and continuous fever.

SUGGESTION
For the people of Sumberjo Village, rules are enforced which oblige the community to prepare a place to wash their hands, provide masks, and always keep their distance. What must be reduced in the environment is the strong stigma in society. And more to increase concern for fellow citizens who are around us, both those who are experiencing difficulties and when they are happy. The public must also sort out social media and news that will provide efforts to reduce the symptoms of COVID-19 or other health problems. Things that are good for the environment, for example, planting medicinal herbs and spices to keep them alive.
For researchers who wish to continue research, it is better to develop interview and observation guidelines from this study, so that the participants' answers can lead to detailed objectives and obtain factual information in the community.

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CONFLICT OF INTEREST

The authors declare no conflict of interest in this study.

AUTHOR CONTRIBUTIONS

The main author was responsible for designing and compiling the theoretical framework, data collection, and analysis, and the co-authors were responsible for writing the manuscript, helping with data analysis, and publishing.

REFERENCE


