Professional values, self-esteem, and ethical confidence of baccalaureate nursing students

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Abstract
Professional identity and competent ethical behaviors of nursing students are commonly developed through curricular inclusion of professional nursing values education. Despite the enactment of this approach, nursing students continue to express difficulty in managing ethical conflicts encountered in their practice. This descriptive correlational study explores the relationships between professional nursing values, self-esteem, and ethical decision making among senior baccalaureate nursing students. A convenience sample of 47 senior nursing students from the United States were surveyed for their level of internalized professional nursing values (Revised Professional Nursing Values Scale), level of self-esteem (Rosenberg's Self-Esteem Scale), and perceived level of confidence in ethical decision making. A significant positive relationship ($p < 0.05$) was found between nursing students' professional nursing values and levels of self-esteem. The results of this study can be useful to nursing educators whose efforts are focused on promoting professional identity development and competent ethical behaviors of future nurses.

Introduction

Ethical dilemmas prevailing in today's health-care environments have grown increasingly complex due to rapid changes in technology and rising conflicts between personal, professional, and organizational values.[1,2] A variety of ethical issues have been reported in the nursing literature, with most dilemmas related to insufficient resources, unethical or impaired behavior of physicians or other nurses, violation of patient rights, and national and institutional policies that conflict with quality patient care.[3–8] Nursing students are commonly exposed to such practice dilemmas during their curriculum-guided clinical experiences. As a

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result, nurse educators are faced with the challenge of facilitating professional identity development as well as ensuring the well-being of both student and patient during the process of conflict resolution. The purpose of this descriptive quantitative study was to describe and analyze professional nursing values, self-esteem, and confidence in ethical decision making as important contributors to professional identity development among baccalaureate nursing students.

Literature review

Ethical decision making in nursing

Working through experiences of conflicting values has been described as the enactment of a nurse's moral agency, a socially mediated process of professional identity development.[8] Ethical decision making contributes to the development of professional identity in three ways: (a) reconciling the personal and professional self; (b) realization of the role expectations in certain contexts; and (c) reflecting on one's own ethical preparedness and confidence in resolving dilemmas.[9,10] Both nursing students and practicing nurses have described navigating through various value conflicts as a source of moral and physical distress, transcending nursing practice areas, ethical dilemma types, cultures, and nursing roles.[5–8,11] Individual differences in ethical decision making have been found to exist among students, influencing professional identity development and subjective feelings of competence and confidence as a care provider.[12] Student experiences with ethical dilemmas have been subjectively defined as a "conflict about what to value, who to be, and what to do" (p. 643), indicating that for most situations, student nurses are lacking the ability to balance the values at stake or to understand the role expectations for the situation.[4] Such barriers to role enactment have the potential to negatively influence the well-being of nurses and patients alike.

Call for action

To prepare nurses for ethical dilemmas and improve the retention of nurses in practice, state boards of nursing across the United States have provided guidelines for the inclusion of ethics content in nursing education programs. However, the implementation of these guidelines is subject to faculty interpretation, resulting in ethics education that varies from one institution to the other.[13] National attention has been drawn to this inconsistency by the Preparation for the Professions Program (PPP), sponsored by The Carnegie Foundation for the Advancement of Teaching. As part of the PPP, the National Nursing Education Study highlights the vital need for educators to better prepare nurses for the ethical dilemmas waiting in practice.[13] The call for change is further supported by refinement of the National Council of State Boards of Nursing to include testable content regarding ethical practice, client rights, advocacy, advance directives, informed consent, legal rights and responsibilities, and abuse/neglect.[14] Adequately preparing students for the ethical challenges they will meet requires consideration of the intrapersonal and environmental forces that affect moral agency. Influences that have been identified by others include professional values, perceived well-being, and confidence related to managing ethical dilemmas.

Nursing values as a foundation of professional identity

Professional values can vary among individuals due to differences in educational level, culture, personal values, marital status, learned experiences, and work expertise.[1,15,16] These values act as a framework for decision making and ethical practice and contribute to an individual's professional

commitment.[17–19] The 2008 American Nurses Association (ANA) Code of Ethics for Nurses with Interpretive Statements (Code) is a frequently referenced document among nursing ethics curricula that "reflects our fundamental values and ideals as individual nurses and as a member of a professional group" (p. xi).[20] Nursing students are expected to espouse the professional values found in the ANA Code, especially when managing ethical conflicts. Internalization of professional nursing values among Bachelor of Science in Nursing (BSN) students significantly increases from program entry until junior- and senior-level standings,[21,22] at which point the values remain stable even with the addition of practical experience as a nurse.[19] Demographic variables such as age, sex, ethics education, and previous allied health experience were not found to impact the internalization of professional values of senior BSN students.[17,18] Despite the findings that indicate professional value internalization evolves during the nursing program, students continue to report difficulty in enacting behaviors that support said values due to various professional and organizational factors.[1,23] Future research is necessary to explore intrinsic variables found in nursing students that may transcend the reported external influences on ethically competent behavior.

Contribution of self-esteem to professional identity

Self-esteem is an important factor contributing to one's subjective feelings of value as a professional and may play a central, transformative role in the development of professional values and identity.[24] Self-esteem is viewed as an attitude about the self significantly related to one's social value endorsement, a self-mediated process of accepting or rejecting a value based on perceived level of importance.[25] During situations of value incongruence, perceived role effectiveness and overall self-esteem have been shown to decrease, weakening an individual's sense of group belonging and professional identity.[26] This study contributed to the understanding of self-esteem as an important variable seen to influence professional growth, value interpretation, and general sense of well-being.

Overall, there is a lack of research regarding nursing students' well-being or confidence in their ability to make ethical decisions based on their internalized values. Furthermore, the inconsistent use of instruments and lack of reported instrument validity limit the ability to generalize previous research findings. Most prior research has been conducted outside the United States. This study has limited application to US nursing students due to variation of curriculum design and ethical codes of practice among foreign samples. There is evidence that ethical decision making among nursing students is a process highly integrated with one's personal and professional values and mediated by feelings of perceived confidence and competence in effectively managing the conflict at stake. The current study addressed the need for quantitative research using valid and reliable instruments to explore US nursing students' perception of confidence in ethical decision making as it relates to their well-being and professional identity.

Conceptual framework

The synthesis of the Theory of Self-Esteem and Value Theory served as the integrative theoretical framework for the current study.[27,28] Both theories acknowledge that the self is composed of multiple unique and meaningful standards of identity that guide decision making and behavior. Furthermore, both theories describe the potential for internal conflict when a situation creates incongruence in the identity standard or internalized value structure. The Moral Agency of Nurses Model (Figure 1) was derived from the feedback loop of the identity control system, illustrating ethical decision making as a process of self-verification involving the comparison of one's identity standards with the environmental input received during the experience of an ethical dilemma.[29]
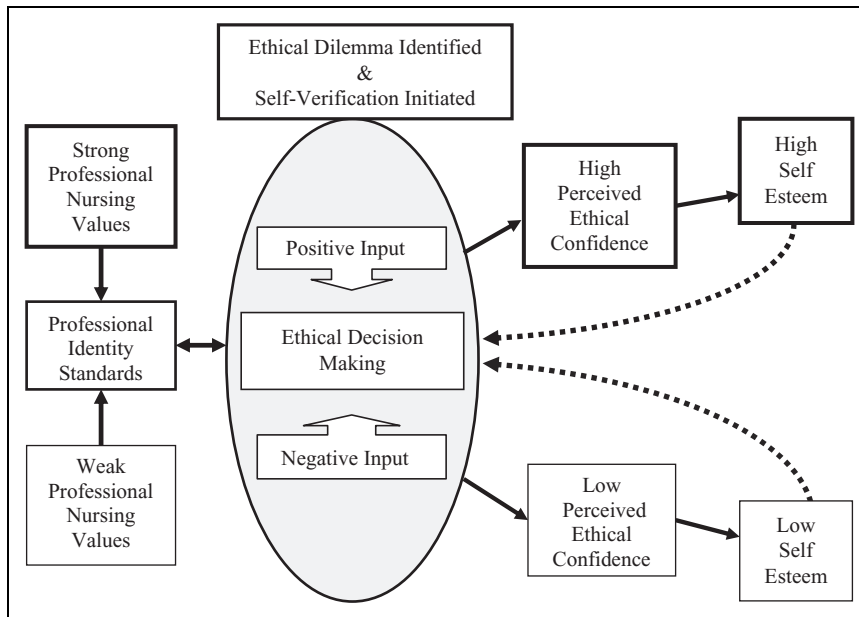
Figure 1. Moral agency of nurses model.

Theoretical assumptions

The research study and conceptual model were guided by the following theoretical assumptions:

1. Professional nursing values are based on the 2008 ANA Code and are learned and internalized to vary-ing strengths through environmental and social exposures.[15–20]
2. Professional identity standards are based on three main premises of professional nursing value internaliza-tion, namely, value knowledge is individual (cognitive), value importance is subjective and relative to other held values (affective), and values can be preserved when perceived to be in jeopardy (behavioral).[28]
3. Identification of an ethical dilemma initiates the self-verification process, requiring value identifica-tion, realization of the role expectations, and reflection of skills and resources available to resolve the conflict.[9,10]
4. Confidence in ethical decision making is a subjective appraisal of one's ability to identify the conflict-ing values at stake, recognize the role expectations, reflect on skill and knowledge preparedness, and evaluate their ability to "do the right thing" in the situation.[4,9–12,30–34]
5. Perceived confidence in ethical decision making plays a role in an individual's level of self-esteem.[24]
6. Self-esteem is an outcome of converging personal and professional values, a motivator to maintain com-mitment to identity standards, and a buffer of moral distress when value incongruence is experienced.[27]

Research problem

Previous research suggests that self-esteem, ethical decision making, and professional value internalization are linked to the development of an individual's professional identity.[4,9–11,17–19,24,30–38] Despite this important finding, it is still unclear if a relationship exists between them. Furthermore, there has been little research uti-lizing valid and reliable measurement tools in the studies of nursing students in the United States.

The purpose of this study was to answer the following questions:

1. What is the level of self-esteem, perceived confidence in ethical decision making, and strength of professional nursing values among nursing students?
2. What is the relationship between nursing students' self-esteem, professional nursing values, and their perceived confidence in ethical decision making?

Methods

This was a descriptive, correlational research study conducted at a university BSN program in a large Midwestern city. A survey questionnaire was administered to participants during the Fall Semester of 2011. Permission to conduct this research was granted through the participating university's institutional review board. Permission to use study instruments was granted by the authors.

Sample

A non probability convenience sampling method was used to survey nursing students who met the following inclusion criteria: (a) being an adult of 18 years or older, (b) enrolled as a senior-level BSN student, and (c) registered for either an ethics course (Group A, n = 25) or a public health nursing course (Group B, n = 22). As a senior-level student, both "ethics" and "public health nursing" courses are BSN program requirements at the senior level; however, they do not need to be completed sequentially. One hundred percent of the eligible participants (n = 47) agreed to participate. Participation was voluntary, was not a requirement of the course, and did not impact the course grade.

Data collection

The first 20 min of class time, on the first class day, were used to explain the research study and consent information to all students. The course faculty was not present during any part of the recruitment or data collection process. Anonymity of the data was maintained by requesting all participants refrain from writing any personal information on the survey packets. The researcher remained in the classroom and collected participants' completed survey questionnaires in exchange for a raffle entry to win one US$50 gift card.

Instruments

Three instruments and a demographic survey bundled together comprised the 47-item survey questionnaire provided to participants.

Strength of professional nursing values among nursing students

This variable was assessed using the Nurses Professional Values Scale–Revised (NPVS-R), a 26-item scale that asks participants to respond to a short phrase that reflects the provisions found in the 2001 ANA Code.[16] The original NPVS instrument, based on the 1985 ANA Code of Ethics with Interpretive Statements, was later revised in 2009 to reflect the revisions made to the 2001 ANA Code of Ethics for Nurses, while continuing to measure its articulated professional nursing values.[16] NPVS-R items are scored using a 5-point Likert-type scale ranging from 1 (not important) to 5 (most important), with composite scores ranging from 26 to 130, with higher scores indicating higher level of internalized professional nursing values. Content validity of the revised scale was established by a panel of experts in nursing education and advanced practice. Internal consistency was reported as Cronbach's alpha coefficient of 0.92, based in a sample of 782 participants (404 baccalaureate nursing students, 80 graduate nursing students, and 298 practicing nurses).[16] In the current study, the NPVS-R also had a strong Cronbach's alpha coefficient of 0.93.

Level of self-esteem among nursing students

This variable was evaluated by the use of the Rosenberg Self-Esteem Scale (RSES), a 10-item scale that captures participants' general feelings toward themselves. Items are scored using a 4-point Likert-type scale ranging from 1 (strongly agree) to 4 (strongly disagree), with composite scores ranging from 10 to 40, and higher scores indicating a higher level of self-esteem. Content validity of the scale has been established through numerous research studies measuring the global self-esteem of various populations.[25] Cronbach's alpha coefficients ranging from 0.83 to 0.89 have been reported.[39–41] In the current study, the RSES had a Cronbach's alpha coefficient of 0.85.

Perceived confidence in ethical decision making among nursing students

This was measured by the Perceived Ethical Confidence Scale (PECS), a 4-item survey designed by the researcher to reflect the most frequently reported descriptors of ethical confidence among qualitative research that investigated the ethical decision making of nursing students.[4,9–12,30–34] Scoring of the PECS is based on a 4-point Likert-type scale ranging from 1 (never) to 4 (all of the time), with composite scores ranging from 4 to 16, and higher scores indicating a greater level of perceived confidence in their ethical decision making. Content validity of this scale was established by a panel of experts in ethics and nursing education. Participants were asked to respond "yes" or "no" to having experienced an ethical dilemma in their student nurse clinical practice, defined as "a situation that creates a conflict between two or more set values, in a course related clinical experience in which the student interacts with an individual, family, group, or community in any environmental setting." Only students who responded "yes" were instructed to complete the PECS portion of the questionnaire (n = 25). The PECS in this study demonstrated a moderate Cronbach's alpha coefficient of 0.74.

Data analysis

The data were analyzed using Statistical Package of the Social Sciences (SPSS) version 20. Descriptive statistics were used to analyze the sample's demographic characteristics and the scores obtained from the survey questionnaire. The relationships among variables were examined using Pearson's r. Independent samples t test was used to compare means between the two participant groups in the sample. All tests were two tailed with the significance defined by a p value of 0.05.

Results

Demographic characteristics of Groups A and B were examined by measures of central tendency and dispersion, as seen in Table 1. Independent samples t test revealed no significant differences in mean scores reported on the demographic survey or on the composite score calculated for each survey instrument (NPVS-R, RSES, and PECS). As a result, the sample description and subsequent statistical analysis for the remaining research questions will be presented with groups combined.

The sample included 47 senior baccalaureate nursing students with a mean age of 21.31 years (standard deviation (SD) = 0.86 years). As seen in Table 1, the majority of respondents were White (80.9%, n = 38), females (85.1%, n = 40), and not employed in a direct patient care area (53.2%, n = 25). Slightly more than half (53.2%, n = 25) of the sample reported having encountered an ethical dilemma in their student nurse clinical practice. A comparison was made between participants who reported experiencing an ethical dilemma (n = 25) and those who did not (n = 22). There were no differences in the demographic variables between groups. Nearly half of those participants (48%, n = 12) who reported experiencing an ethical dilemma described it as involving unethical or impaired behavior of physicians or other nurses. This was

Table 1. Demographic characteristics (n = 47).

Demographic characteristics	Total sample (N = 47)	Group A (n = 25)	Group B (n = 22)	t(df)	Significance
Age (mean ± SD)	21.31 ± 0.86	21.40 ± 1.04	21.22 ± 0.61	−0.007(45)	0.994
Gender (F/%)				−1.415(45)	0.164
Male	7 (14.9)	2 (8.0)	5 (22.7)		
Female	40 (85.1)	23 (92.0)	17 (77.3)		
Ethnicity (F/%)				0.068(45)	0.946
African American	4 (8.5)	2 (8.0)	2 (9.1)		
Asian/Pacific Islander	4 (8.5)	2 (8.0)	2 (9.1)		
White	38 (80.9)	21 (84.0)	17 (77.3)		
Hispanic	1 (2.1)		1 (4.5)		
Current employment (F/%)				1.718(45)	0.093
Inpatient care setting	20 (42.6)	13 (52.0)	7 (31.8)		
Outpatient care setting	2 (4.3)	2 (8.0)			
Job not direct patient care	25 (53.2)	10 (40.0)	15 (68.2)		
Had ethical dilemma (F/%)				0.403(45)	0.689
Yes[a]	5 (53.2)	14 (56.0)	11 (50.0)		
No	22 (46.8)	11 (44.0)	11 (50.0)		
Resource type (F/%)				−1.232(23)	0.231
Nursing instructor	14 (29.8)	6 (24.0)	8 (36.4)		
Friend	1 (2.1)	1 (4.0)			
Family	1 (2.1)	1 (4.0)			
Religion	1 (2.1)		1 (4.5)		
Policy/procedure manual	1 (2.1)	2 (8.0)			
Health-care agency staff	4 (8.5)	2 (8.0)	2 (9.1)		
No resources	2 (4.3)	2 (8.0)			
Ethical dilemma type[a] (F/%)				0.54(23)	0.589
Insufficient resources	6 (12.8)	4 (16.0)	1 (9.1)		
Physicians or nurse behavior	12 (25.5)	6 (24.0)	6 (27.3)		
Violation of patient rights	6 (12.8)		2 (9.1)		
National/institutional policies	1 (2.1)	4 (16.0)	1 (4.5)		
Composite score (mean ± SD)					
RSES	33.04 (4.27)	31.86 ± 4.02	34.08 ± 4.28	1.982(45)	0.054
NPVS-R	101.43 (12.78)	98.64 ± 11.90	104.59 ± 13.26	1.621(45)	0.112
PECS[a]	12.04 (2.0)	11.85 ± 2.03	12.27 ± 2.05	0.505(23)	0.618

RSES: Rosenberg Self-Esteem Scale; NPVS-R: Nurses Professional Values Scale–Revised; PECS: Perceived Ethical Confidence Scale.
[a]Only participants who answered "yes" to having an ethical dilemma were instructed to complete the resource, type, and PECS questions.

defined in the survey item as reports of abuse, lying, lack of collegiality among health-care members, and situations of patient under treatment, prolonged treatment, or nontreatment. Most students (56%, n = 14) found their nursing instructor provided the greatest assistance with the ethical decision-making process. A few participants reported the use of friends, family, religion, and/or the policy/procedure manual as useful resources (16%, n = 4).

To answer the first research question, the level of participant self-esteem, professional nursing values, and perceived confidence in ethical decision making were calculated by the mean composite scores obtained from the RSES, NPVS-R, and PECS, respectively (Table 2). Participants in this study manifested positive feelings about themselves as determined by a mean composite score of 33.04 (SD = 4.27), indicating high levels of self-esteem. The analysis of individual items indicated that 95.8% strongly agreed

Table 2. Levels of reported self-esteem, professional nursing values, and perceived confidence in ethical decision making.

Variable	Mean	SD	n (%)	Range	Possible scores
Self-esteem	33.04	4.27	47 (100)	25–40	4–40
Professional nursing values	101.42	12.78	47 (100)	79–127	26–130
Perceived confidence in ethical decision making	12.04	2.0	25 (53.2)	9–15	4–16

SD: standard deviation.

or agreed they were satisfied with themselves overall and 100% strongly agreed or agreed they felt able to do things as well as other people.

The strength of professional nursing values among the participants also was high, based on the mean composite score of 101.43 (SD = 12.78). The majority of students (87%, n = 41) placed high value on the protection of moral and legal rights (M = 4.40, SD = 0.71), acting as a patient advocate (M = 4.68, SD = 0.55), and confronting other health-care providers who had questionable or inappropriate practice (M = 3.93, SD = 0.79). The principles of fidelity and respect (M = 4.04, SD = 0.80), privacy (M = 4.27, SD = 0.77), and confidentiality (M = 4.29, SD = 0.78) were also highly valued among participants. Most students (70.2%, n = 33) placed low value on refusal of care when presented with an ethical dilemma (M = 2.85, SD = 1.25), suggesting they would continue to provide care despite encountering a value conflict. Students placed high value on equal access to nursing and health care (M = 3.95, SD = 0.81) and providing unbiased patient care (M = 4.46, SD = 0.69), in contrast to the slightly lower value placed on participation in decisions that impact resource allocation (M = 3.27, SD = 0.80).

Participants who experienced an ethical dilemma (n = 25) were found to have a moderate amount of perceived confidence in their ethical decision making, based on the mean composite score of 12.04 (SD = 2.0). Students reported that they were at least sometimes able to identify the conflicting values at stake (M = 2.92, SD = 0.49) and almost always knew what the role expectations were in the situation (M = 3.00, SD = 0.65). Students felt prepared to resolve ethical conflict only some of the time (M = 2.88, SD = 0.83); however, while reflecting back on the experience they almost always felt they had been able to "do the right thing" (M = 3.24, SD = 0.66).

Pearson's correlation coefficient r was used to explore the relationship among study variables and revealed a moderate positive relationship between participants' professional nursing values and self-esteem (r(45) = 0.378, p = 0.009). A weak non significant correlation was found between participants' level of perceived confidence in ethical decision making and self-esteem (r(23) = 0.101, p > 0.05), indicating that participants' level of self-esteem was not related to their confidence in making ethical decisions. Finally, participant perception of confidence in making ethical decisions was not significantly related to the strength of internalized professional nursing values (r(23) = 0.083, p > 0.05) (Figure 2).

Discussion

The majority of nursing students in this sample were White females, mirroring that found in previous Canadian and US research.[21,42–44] The mean participant age of 21 years is slightly lower than other reports using nursing student samples.[4,10,31,42] It should be noted that many of the prior research reports lacked significant detail in regard to sample description, limiting the ability to compare current sample demographics.

The levels of self-esteem and professional values were explored in this study for their contributions to the development of professional identity. Senior nursing students in this study reported both high levels of self-esteem and professional nursing value internalization. These findings are consistent with other student
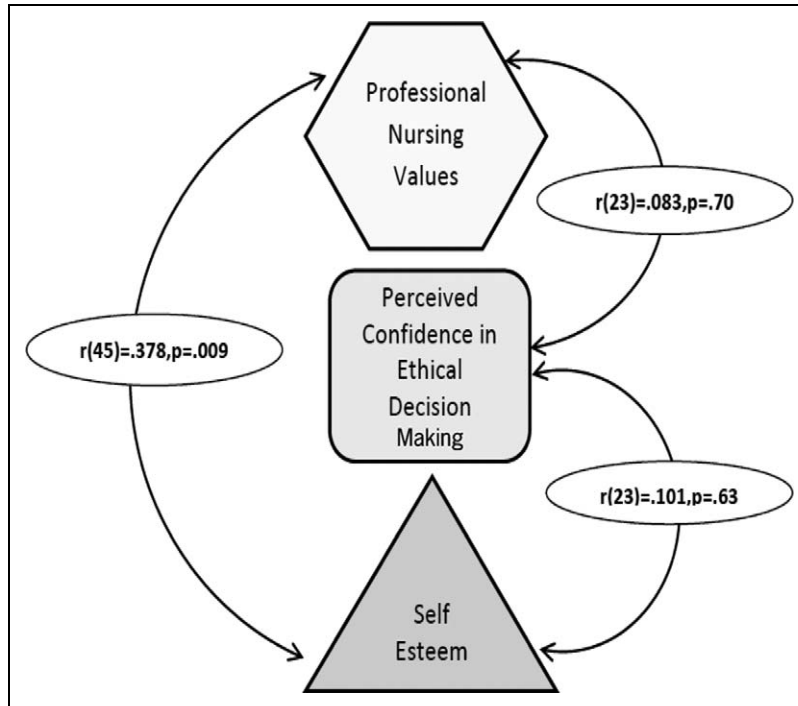
Figure 2. Relationship between professional nursing values, perceived confidence in ethical decision making, and self-esteem.

nurse samples.[2,19,22] The correlation between self-esteem and professional nursing values ($r(45) = 0.378$, $p = 0.009$) is congruent with the study's theoretical framework and supports earlier findings that report self-esteem is an important factor in contributing to one's subjective feelings of value as a professional and is viewed as an outcome of converging personal and professional values.[24,45] Similar results were found using a combined sample of 1720 adult college students where value congruence of personal and subculture values positively predicted global self-esteem, as measured by the RSES.[46] This is further reflected in this sample's satisfaction with both their overall sense of self and comparative ability to do things well.

Nursing students in this sample highly valued nursing practice and patient advocacy that is guided by principles of fidelity, privacy, confidentiality, and respect. Participants were also found to have moderately high levels of perceived confidence in their ethical decision making and felt it very important to confront health-care providers who have questionable or inappropriate practice. These findings support earlier research that indicates that self-esteem motivates nurses to behave as patient advocates when encountering value conflict and assists them by balancing personal and organizational values within the context of professional identity.[47]

Although participants had high professional value internalization and high levels of self-esteem, there was no significant relationship found with their perception of confidence in ethical decision making. Despite this, students almost always felt they were able to identify the conflicting values at stake (76%, $n = 19$), knew what their role was in the situation (60%, $n = 15$), and felt that they were able to "do the right thing" (88%, $n = 22$). These findings support the conceptual view of self-esteem as a buffer working during the process of ethical decision making to facilitate student recognition of the values in conflict and the action(s) necessary to support resolution. Although 40% ($n = 10$) of students reported only

"sometimes" feeling prepared to make decisions that would result in conflict resolution, previous research found that nursing students may lack the critical reflection and moral awareness necessary to anticipate their involvement in a value conflict.[10,33,48] The use of the clinical nursing instructor as a source of conflict resolution expertise may also provide a plausible explanation for why students felt less often prepared to make ethical decisions necessary to resolve value conflicts.

Almost all students (92%, n = 23) who experienced an ethical dilemma reported the use of a resource to assist them in resolution of ethical conflict. This finding suggests that having congruent professional identity standards is not an isolated variable influencing the degree to which ethical decision making among nursing students is performed independently. Although the exact nature of support provided by the type of resource is not defined, the selection of the nursing instructor as a highly useful resource is consistent with prior research.[33]

Implications for research, practice, and education

Given their direct involvement in students' ethical decision-making process, clinical faculty should be included consistently in the program development of ethics-based curricula. This will provide an opportunity to integrate their valuable insight regarding the perceived deficit in knowledge, skills, or attitudes that students demonstrate during conflict resolution. Nurse educators in both clinical and classroom settings should have opportunities to learn current strategies in resolving value conflicts that will support their ability to model professional ethical behaviors when direct student guidance is requested. Research is needed to explore nursing students' perception of what knowledge and skill(s) are required to achieve a sense of preparedness for ethical decision making in their role. Exploration of nursing students' self-efficacy may provide insight into intrinsic variables, aside from self-esteem, that may contribute to the feelings of preparedness and proactive coping behaviors when facing an ethical dilemma.

Limitations

Power analysis (G*Power 3.1) based on a two-tailed test with a sample of 47, significance of 0.05, and an effect size of 0.3 for independent samples t test procedures revealed a power of 0.55 was achieved for Pearson's product–moment correlation coefficient and a low power of 0.17 for independent samples t test procedures. Given the study design, lack of reported effect size among previous research, and restrictive sample size, this low power level is noted as a limitation of the study. In addition, the use of a convenience sample and the large number of mostly White female students limits the generalizability of this study. Another limitation is the threat of internal validity associated with the use of an untested instrument, the PECS, as a measure of perceived ethical confidence. Furthermore, psychometric testing of the PECS with diverse nursing samples is necessary to explore internal consistency of survey items.

Conclusion

As a profession respected in society for its innate role in the protection of human values, nurse educators have the challenge of preparing nursing students who can function as patient advocates amidst controversial ethical issues. This study highlights self-esteem as a variable related to the development of professional identity among senior nursing students. Future longitudinal research should focus on the student's development of self-esteem from prenursing program acceptance to program completion. This exploration may assist nurse educators in better understanding the development of self-esteem and its relationship with professional value internalization. There is an additional need to identify the factors that influence the feelings of preparedness to make ethical decisions. An improved understanding of how nurse educators are

supporting ethical decision making can shed light on the gaps in knowledge, skills, and/or attitudes that nursing students currently demonstrate. The importance of additional research stems from the need to better prepare nurses who can effectively manage ethical decisions without experiencing physical and emotional distress.

Conflict of interest

The authors declare that there is no conflict of interest.

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