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COMUNICAÇÃO DE MÁS NOTÍCIAS EM CONTEXTO DE URGÊNCIA E MEDICINA INTENSIVA: DIFICULDADES E ESTRATÉGIAS

COMMUNICATING BAD NEWS IN EMERGENCY AND INTENSIVE CARE MEDICINE: DIFFICULTIES AND STRATEGIES

COMUNICACIÓN DE MALAS NOTICIAS EN EL CONTEXTO DE EMERGENCIA Y MEDICINA INTENSIVA: DIFICULTADES Y ESTRATEGIAS

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RESUMO

Introdução: A comunicação de más notícias é um componente essencial da prática clínica que pode causar um impacto significativo no bem-estar emocional dos doentes e suas famílias, e em ambientes de serviços de urgência e cuidados intensivos, onde as decisões devem ser tomadas rapidamente.
Objetivo: Conhecer a perceção dos enfermeiros e médicos sobre o processo de comunicação de más notícias à pessoa em situação crítica e à sua família, em contexto de Urgência/Medicina Intensiva.
Métodos: Realizou-se um estudo descritivo e transversal de cariz quantitativo, aplicando-se um questionário a médicos e enfermeiros (n=67) que exerciam funções nesses contextos, de uma Unidade Local de Saúde da região Norte de Portugal, recorrendo-se à técnica de amostragem não probabilística por conveniência.
Resultados: No processo de transmissão de más notícias, o lidar com as emoções do doente e ser honesto sem o privar da esperança, foram evidenciados como as duas principais dificuldades enfrentadas. Quanto às principais estratégias facilitadoras a adotar, salientam-se: a procura pela utilização de uma linguagem percebível, evitando-se termos técnicos, de modo que a pessoa compreenda o que está a ser transmitido; respondendo/esclarecendo todas as questões/dúvidas, concedendo-se tempo ao doente/familiar para assimilar tudo o que foi transmitido; procurando criar um ambiente privativo, seguro e confortável aquando dessa comunicação.
Conclusão: As competências da transmissão de más notícias são uma componente fundamental na prestação do cuidado aos doentes em situações críticas.

Palavras-chave: comunicação em saúde; notícias; cuidados críticos; família; doente

ABSTRACT

Introduction: The communication of bad news is an essential component of clinical practice that can have a significant impact on the emotional well-being of patients and their families, and in emergency and intensive care environments, where decisions must be made quickly.
Objective: Knowing nurses' and doctors' perceptions of the process of communicating bad news to critically ill people and their families in an emergency/intensive care setting.
Methods: A descriptive, cross-sectional quantitative study was carried out with a questionnaire to doctors and nurses (n=67) working in these contexts in a Local Health Unit in the north of Portugal, using a non-probabilistic convenience sampling technique.
Results: In the process of conveying bad news, dealing with the patient's emotions and being honest without depriving him from hope were highlighted as the two main difficulties faced. As for the main facilitating strategies to be adopted, the following stand out: trying to use understandable language, avoiding technical terms, so that the person understands what is being conveyed; answering/clearing up all questions/doubts, giving the patient/family time to assimilate everything that has been conveyed; trying to create a private, safe and comfortable environment when talking.
Conclusion: The skills of breaking bad news are a fundamental component in the provision of care to patients in critical situations.

Keywords: health communication; news; critical care; family; patient

RESUMEN

Introducción: La comunicación de malas noticias es un componente esencial de la práctica clínica que puede causar un impacto significativo en el bienestar emocional de los pacientes y sus familias, y en entornos de servicios de emergencia y cuidados intensivos, donde las decisiones deben ser tomadas rápidamente.
Objetivo: Conocer la percepción de los enfermeros y médicos sobre el proceso de comunicación de malas noticias a la persona en situación crítica y su familia, en contexto de Urgencia/Medicina Intensiva.
Métodos: Se realizó un estudio descriptivo y transversal de carácter cuantitativo, aplicando un cuestionario a médicos y enfermeras (n=67) que ejercían funciones en estos contextos, de una Unidad Local de Salud de la región Norte de Portugal, recurriendo a la técnica de muestreo no probabilístico por conveniencia.
Resultados: En el proceso de transmisión de malas noticias, el tratar con las emociones del paciente y ser honesto sin privarlo de la esperanza, se evidenciaron como las dos principales dificultades enfrentadas. En cuanto a las principales estrategias facilitadoras que se deben adoptar, destacan: la búsqueda de un lenguaje perceptible, evitando términos técnicos para que la persona comprenda lo que se transmite; respondiendo/aclarando todas las preguntas/dudas; concediendo tiempo al paciente/familiar para asimilar todo lo que se transmitió; buscando crear un ambiente privado, seguro y cómodo durante esta comunicación.
Conclusión: Las habilidades de transmisión de malas noticias son un componente fundamental en la prestación de cuidados a los pacientes en situaciones críticas.

Palabras clave: comunicación en salud; noticias; cuidados críticos; familia; enfermo

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INTRODUCTION

Communicating unpleasant information to a person in critical condition and his family is a complex but crucial task that healthcare professionals have to deal with on a daily basis. They play a very influential role in using strategies to facilitate the communication of bad news. Communicating bad news is seen as an essential care that establishes a methodical assessment of the person/family, moral and ethical sensitivity, and it implements a combination of appropriate communication strategies (Diniz, 2021).

We asked doctors and nurses who work in the Emergency Service (ES) and Intensive Care Unit (ICU) of a local health centre in the north of Portugal, 'What are the difficulties and facilitating strategies in communicating bad news to people in critical condition and their families?'. In order to answer this question, specific objectives were outlined: to characterise the sociodemographic and professional profile of the sample; to explore the sample's perception of the preparation/training received in the process of communicating bad news; to identify the main difficulties pointed out in the sample in relation to the process of communicating bad news to the person in critical condition and his family; and to identify the facilitating strategies in the sample in relation to the process of communicating bad news to the person in critical condition and his family.

1. THEORETICAL FRAMEWORK

Calsavara et al. (2019) state that effective communication reduces conflicts and misunderstandings between healthcare teams, patients, and their families. Thus, the impacts of an inadequate relational environment and poor communication fall on the patient and his family, who end up being poorly served. The quality of communication is something that is developed over time. When a healthcare professional needs to deliver bad news, it is essential that htheyiaresomeone who trusts the patient's abilities and intends to offer the best possible information.

As the transmission of bad news is a complicated task for health professionals, this type of information causes unease and disorder for those who receive it and discomfort for those who transmit it. In the ES, professionals are faced with situations of sudden death or illness, for which family members are not prepared to hear the worst, which makes it difficult to prepare and deliver bad news (Silva & Emídio, 2021).

The transmission of bad news is perceived with a certain complexity by most health professionals, since there is a certain difficulty in the affective aspects of how they are related. As well as having to manage this situation, the health professional faces his own fears of illness and even death, imagining himself in that position (Lopes, 2021).

Patients have the right to know their clinical situation, as this allows them to practise their right to independence. The truth will be a constant during the transmission of bad news, in order to help patients share their fears (Sousa, 2021).

Communication skills are honed with clinical practice and become very personal, reflecting the style of each healthcare professional. However, this does not diminish the importance of techniques and strategies that can help improve and refine the way bad news is delivered. Teams must understand the needs of each patient and their family, thus enabling the establishment of a strong and effective professional relationship based on the experience and growth of all those involved in decision-making (Gibello & Tommaso, 2020).

Conveying bad news is a sensitive, complex, and common activity in doctors' routines. The way professionals communicate this information can have an impact, both on patients and their families, and on the doctor's own perception of the situation and how everyone will deal with the health problem. In this context, protocols and recommendations that address important aspects can serve as a basis for these professionals to prepare and face the challenges associated with conveying bad news. This will enable them to develop skills to carry out this task clearly, while adopting a welcoming, impartial, and sensitive stance, seeking to minimise the difficulties that arise when dealing with information that can drastically alter the lives of those involved (Haas & Brust-Renck, 2022).

In a study by Servotte et al. (2019), on simulations of breaking bad news, the results indicate that a short training programme with these simulations, followed by discussion, can improve personal confidence, communication skills, and the ability to communicate bad news among medical students and new emergency residents. The practice of simulating situations through simulations appears to be effective and feasible for trainees to become competent in communicating bad news and to develop skills centred on patient care.

Conveying bad news is a common situation in the daily lives of healthcare professionals, which makes it essential to use an accessible, practical, and didactic technique. This approach gives healthcare professionals the autonomy to adapt it to their personality and to each patient's situation, while respecting the principles of the ethics code. In this context, the SPIKES protocol has proved to be very useful in communicating bad news, as it offers comfort to both those who communicate and receive the information, recognising that these situations are distressing for both sides. The importance of including this protocol in academic curricula and continuing education programmes is obvious. Including this method benefits the patient by improving acceptance and adherence to treatment, and the healthcare professional by protecting their mental health, avoiding unnecessary stress, feelings of failure, and other negative consequences such as Burnout Syndrome (Martins et al. 2023).

Although the doctor generally assumes the responsibility for communicating bad news, as he is the one who formulates the diagnosis and certifies death, it is argued that nurses should accompany this moment, in order to complement the care provided

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to the patient and family. Nurses have a deep understanding of what the clinical diagnosis entails, and they possess knowledge that allows them to keep up with it. In a holistic view, they should be simplifiers in the procedure of transmitting bad news (Malta et al., 2023).

In a study by Francis and Robertson (2023), they report that communicating bad news causes considerable suffering for professionals, especially when they have an empathetic relationship with the patient. This task is perceived as an act of isolation, and the lack of communication about the difficulties faced by the team leads to the idea of invulnerability, in which admitting the presence of distress is not encouraged.

2. METHODS

In order to meet the established objectives, it was decided to carry out a descriptive, cross-sectional study of a quantitative nature. According to Vilelas (2020), descriptive studies make it possible to obtain parameters related to the study of a population, such as proportions and means, and it is not necessary to formulate hypotheses, as these studies only reflect a picture of the situation. As for the technical procedure, this is a cross-sectional study since the data was collected at a single moment.

The study was previously approved by an ethics committee (Opinion no. 49/2023, issued by the Ethics Committee of the Unidade Local de Saúde do Nordeste, E.P.E) and authorised by the board chairman of directors of the hospital involved.

2.1 Sample

The study population comprised 92 nurses and 20 doctors working in an EU and an Intensive Medicine (IM) unit of a Local Health Unit in the northern region of Portugal. To obtain the sample, a non-probabilistic convenience sample was used, whose individuals voluntarily agreed to take part in the study by signing an informed consent form. Inclusion criteria for selecting the sample were: doctors and nurses who were involved in the direct provision of care to critically ill people. Exclusion criteria were: the absence from work due to holidays, authorisations or temporary inability to work. After implementing these criteria, a sample of 67 professionals was obtained.

2.2 Data collection instruments

The Data Collection Instrument (DCI) used was a questionnaire intended to identify the difficulties and strategies of nurses and doctors when communicating difficult news in critical situations, by Seixo (2015), and prior consent for its use was obtained. Two sections make up the questionnaire. The first section deals with the socio-demographic and professional characteristics of the participants, collecting information on age, gender, marital status, academic qualifications, professional category, year of graduation, professional experience, and length of service in the current service. The second section focuses on the difficulties and strategies that may facilitate the communication of bad news, as well as healthcare professionals' perceptions of how patients and their families wish this communication to be carried out. This section consists of 20 closed-ended questions. The aim is to identify the strategies used by healthcare professionals to pass on bad news to critically ill patients/families, and what the common difficulties are. In question no. 8, respondents are asked to rank five statements (Being honest with the patient, without taking away his hope; Dealing with the patient's emoticons; Getting the proper time to inform; Involving patient's friends and family; Involve the patient or a family member in decision-making) in descending order of difficulty to implement, from the most difficult (1) to the least difficult (5). A lower mean score indicates greater difficulty. The importance of communication with the patient/family will also be questioned.

This approach will allow us to contribute to more efficient nursing practices, in order to ensure that the transmission of bad news is carried out in the most assertive way.

In this research, we considered independent variables, which include sociodemographic and professional variables (age, gender, marital status, academic and professional qualifications, professional category, year of graduation, period of professional practice and period of practice in the current service), and dependent variables include the difficulties and facilitating strategies for transmitting bad news.

2.3 Statistical analysis

A descriptive analysis of the variables was carried out, using frequency distribution tables for the nominal variables and examining some measures such as the mean, standard deviation, minimum, and maximum value for the quantitative variables. Bearing in mind that some questions are ordinal in nature (1 - Never to 5 - Always), they are expressed using a *Likert* scale, which favoured their quantitative treatment.

The information obtained was copied into a database, and the Statistical Package for the Social Sciences® (IBM® SPSS) programme, version 28.0 for Windows 11, was used.

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3. RESULTS

In order to respond to the specific objectives outlined above, the following characterises the sociodemographic and professional profile of the sample (Table 1), made up of 67 health professionals. The majority of the sample was female (77.6%), with an mean age of 42.28 years (SD=7.74), and the majority (55.2%) were married.

In terms of academic qualifications, the majority of the sample (56.7%) had a master's degree. 71.6% of the sample had training in a speciality, with medical-surgical and rehabilitation nursing being as the most common ones.

With regard to professional characteristics, 7.5% were doctors. The rest of the sample is made up of nurses (61.2%), specialist nurses (28.4%), and nurse managers (3.0%). In terms of length of professional experience, the mean is 18.6 years (SD=8.06) and in terms of time working in the current service, the mean is 8.32 years (SD=6.82).

Table 1 - Sociodemographic and professional characterization of the sample (n=67)

	n	%
Sex		
Male	15	22.4
Female	52	77.6
Marital Status		
Married	37	55.2
Single	13	19.4
Marital Union	11	16.4
Separated	1	1.5
Divorced	3	4.5
Widow	2	3
Academic qualifications		
Degree	29	43.3
Master's	38	56.7
Training within a speciality		
None	19	28.4
Primary Health Care	1	1.5
Cardio-thoracic surgery	1	1.5
Palliative Care	1	1.5
Community Nursing	6	9.0
Rehabilitation Nursing	9	13.4
Children and Paediatric	2	3.0
General and Family Medicine	1	1.5
Intensive Care	3	4.5
Medical-Surgical	21	31.4
Maternal and Obstetric Health	2	3.0
Mental and Psychiatric Health	1	1.5
Professional Category		
Nurse	41	61.2
Specialist Nurse	19	28.4
Managing Nurse	2	3.0
Doctor	5	7.5
Age: M±SD=42.28 ±7.74; Min: 27; Max: 64		
Professional Exercise Time: M±SD=18.06±8.06; Min: 4; Max: 41		
Professional Exercise Time in the current Service: M±SD=8.32±6.82; Min: 0; Max: 25		

Note: n=Absolute frequency; %=Relative frequency; M ± SD=Mean ± Standard deviation; Min = Minimum; Max = Maximum.

Table 2 provides an answer to the second objective, to explore the sample's perception of the preparation/training they have received in the process of communicating bad news. The majority of professionals (62.7%) feel prepared to communicate bad news. However, only 50.7% reported having received specific training during their academic education. Interest in continuing education is low, with only 22.4% reporting participation in further training specifically related to breaking bad news.

There is a consensus among professionals about the need for more investment in continuing training programmes in the transmission of bad news. Approximately 74.6% recognise the usefulness of structured protocols for this communication.

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Table 2 - Distribution of the sample according to preparation/training in communicating bad news

	n	%
As a health care professional, do you feel prepared to communicate bad news?		
Yes	42	62.7
No	25	37.3
Have you had specific training on the process of communicating bad news during your academic education?		
Yes	34	50.7
No	33	49.3
Throughout your career, have you undertaken continuing education in the area of bad news communication?		
Yes	15	22.4
No	52	77.6
As a professional, do you try not to tell the whole truth about the content of the news to be transmitted, under penalty of the physical and emotional state of the patient to worsen?		
Yes	10	14.9
No	57	85.1
In your opinion, which model do you identify yourself with when it comes to the transmission of bad news?		
Paternalistic model	6	9.0
Reporting template	27	40.3
Shared model	34	50.7
As a health professional, has your communication with the patient changed because of a family request? (For example, go from an open and enlightening communication to a communication with omissions of truth?		
Yes	27	40.3
No	40	59.7
In his opinion, there should be more investment in continuing education programs aimed at promoting and improving bad news communication skills?		
Yes	66	98.5
No	1	1.5
In your opinion, is the use of bad news communication protocols		
Very useful	11	16.4
Useful	39	58.2
Not very useful	13	19.4
Not useful at all	4	6.0
How do you quantify your level of comfort facing the patient's expression of emotions after a bad news revelation?		
Very comfortable	2	3.0
Comfortable	16	23.9
Not very comfortable	33	49.3
Uncomfortable	16	23.9
As a professional, who do you first communicate bad news??		
Patient	29	43.3
Family member	30	44.8
Patient and Family member simultaneously	8	11.9

Notes: n=Absolute frequency; %=Relative frequency.

The analysis of the difficulties faced by healthcare professionals in the process of delivering bad news (Table 3) shows that dealing with the patient's emotions (M = 1.75; SD = 1.01) is the greatest challenge, followed by being honest with the patient, without taking away his hope (M = 2.85; SD = 1.62). These results reinforce that the emotional dimension of communication remains the most demanding aspect when conveying adverse information in clinical settings.
Conversely, the action perceived as the least difficult by respondents was involving patient's friends and family (M = 3.64; SD = 0.98), indicating that, although important, it tends to be regarded as less complex compared with the remaining actions assessed.

Table 3 - Distribution of the sample regarding difficulties in delivering bad news, ranked in decreasing order of difficulty

	M	SD
1 - Dealing with the patient's emotions	1.75	1.01
2 - Being honest with the patient, without taking away his hope	2.85	1.62
3 - Involve the patient or a family member in decision-making	3.13	1.17
4 - Getting the proper time to inform	3.58	1.32
5 - Involving patient's friends and family	3.64	0.98

Notes: * Actions ordered according to the degree of difficulty: 1 (most difficult) and 5 (least difficult); M=Mean; SD=Standard deviation.

Communicating bad news in a healthcare context is a delicate task, and according to the data presented, it reveals some behavioural tendencies of healthcare professionals and the preferences of patients in this process. Based on the fourth objective outlined, which sought to identify the facilitating strategies in the sample in relation to the process of communicating bad news to the person in critical condition and his family, the main strategies that stand out from the analysis in Table 4 are: 62.7% of the

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sample say that when they have to communicate bad news, they try to use understandable language, avoiding technical terms so that the person understands what is being conveyed and 56.7% say that after communicating the news, they try to answer all questions and clarify all doubts, giving the patient/family member time to assimilate everything that has been conveyed.

Table 4 - Frequency of behaviours (strategies) in the transmission of bad news

	Never		Rarely		Sometimes		Most of the times		Always		Mean	Standard Deviation
	n	%	n	%	n	%	n	%	n	%		
Do you think that case discussions between team members are useful when they have to convey bad news?	0	0.0	0	0.0	24	35.8	33	49.3	10	14.9	3.21	0.69
When you have to convey bad news, do you prepare a strategy in advance?	4	6.0	4	6.0	19	28.4	30	44.8	10	14.9	2.57	1.02
In the exercise of your profession, do you try to create a private, safe, and comfortable environment for the patient when you have to communicate bad news?	0	0.0	0	0.0	4	6.0	27	40.3	36	53.7	3.48	0.61
As a professional, do you try to avoid conveying bad news?	6	9.0	13	19.4	22	32.8	25	37.3	1	1.5	2.03	1.00
As a professional, do you consider that patients wish to be informed about the content of bad news?	0	0.0	3	4.5	21	31.3	33	49.3	10	14.9	2.75	0.77
When you have to communicate bad news, do you try to use a comprehensible language, avoiding technical terms so that the person understands what is being transmitted?	0	0.0	0	0.0	2	3.0	23	34.3	42	62.7	3.60	0.55
After communicating some news, do you try to answer all questions and clarify all doubts, giving time to the patient/ family to assimilate everything that was transmitted?	0	0.0	0	0.0	5	7.5	24	35.8	38	56.7	3.52	0.61
As a health professional, do you try to maintain a close relationship with the patient, despite. The fact that you may thus be more exposed to the pain of loss when it occurs?	1	1.5	2	3.0	11	16.4	37	55.2	16	23.9	2.97	0.82

Note: Scale from 1 – Never to 5 – Always

4. DISCUSSION

The sample's sociodemographic and professional data show that the majority of respondents are female, in line with the study by Seixo (2015), as well as in accordance with statistical data from the Order of Nurses, in which active members are mostly female (Ordem dos Enfermeiros, 2023).

The mean age is 42, and the majority are married. In terms of academic qualifications, the majority of the sample holds a master's degree. 71.6% had a speciality, the most frequent being Medical-Surgical Nursing and Rehabilitation Nursing.

Almost all respondents consider it important to increase investment in continuing education programs that improve communication skills in delivering bad news; however, only 22.4% said they had attended continuing education in this area. We consider possible reasons for this discrepancy, including the limited availability of specific training in this area and the potential reluctance of professionals to participate, whether due to time constraints, excessive workload, or lack of incentives. The role of nurses in communicating bad news to patients/families is crucial. The importance of investing in continuing education to address more complex situations has been highlighted in studies conducted in emergency department settings, such as the one carried out by Fernandes and Magalhães (2024). The way nurses behave and communicate has a direct impact on how this news is received. Underestimating the importance of the nurse's role in this process can affect patients´ confidence and perceptions of the quality of care provided. It is therefore essential that nurses are trained to communicate bad news and offer support to patients and their families during difficult times (Khaki et al., 2024).

The team was unanimous in feeling prepared for breaking bad news, and 50.7% said they had had specific training on the procedure for breaking bad news during their academic career.

Urgent/emergency services are contexts that generate multiple demands and pressures (Sauane & Magalhães, 2023). Professional training plays a crucial role in preparing workers to face the challenges of the health sector, especially in a context that is constantly changing and evolving. By promoting technical competencies and interpersonal skills, training contributes significantly to excellence in the practice of the profession (Ordem dos Enfermeiros, 2021).

In a study by Agnese et al. (2022), it was found that nurses play a key role in communicating bad news, but there are many gaps in their education and training, which hinder their ability to perform this task. Therefore, it is essential to strengthen efforts to develop communication skills in educational institutions and working environments. In addition, knowledge production in this area is limited, and it is recommended that new studies be carried out to expand the discussion on the communication of bad news by nurses. This, in turn, will help to improve the quality of care provided to patients and their families. Regarding the difficulties reported by nurses in communicating bad news, dealing with the patient's emotions, and being honest with them without removing their hope are the aspects considered most difficult by the healthcare professionals surveyed in the process of breaking bad news. What is considered less difficult is ensuring the involvement of the patient's friends and family.

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In another study by Lopes (2021), breaking bad news requires advance preparation and must be done in a climate of conviction, giving the patient/family the chance to deal with their emotions, and the health professional must provide essential encouragement so that they can express those same emotions and, at the same time, give them all the help they need.
Regarding strategies for breaking bad news, there is an emphasis on using understandable language and avoiding technical terms so that the patient understands the bad news. In addition, there is a willingness to answer all questions and clarify uncertainties, allowing the patient or family member time to process all the information transmitted.
It is important to emphasise that 90% of healthcare professionals create a private, stable, and comfortable environment when communicating bad news to patients, most of the time. Case discussions between team members are also relatively frequent, helping them when bad news has to be conveyed.
Lopes (2021) states in his study that the strategies used by nurses and doctors when conveying bad news are different: being authentic, being available, offering help, being explicit, offering well-being, empathising, using pleasant verbal expression, understanding the relatives and the patient's history, asking the family to come along, and promoting a calm environment with privacy.

CONCLUSION

This research aimed to cooperate in improving the practice of transmitting bad news in emergency and intensive situations, through the knowledge of practice and complications in this procedure, of nursing and medical professionals.
The responses analysed show the presence of gaps in the communication of health professionals when it is necessary to convey bad news. It is essential that doctors and nurses strengthen their way of communicating and their relational skills between people, in order to simplify the procedure for transmitting bad news, instead of using strategies to defend and distance themselves, as this constitutes an obstacle to efficient communication. The skills of delivering bad news are a fundamental component in providing care to patients in critical situations.
It is important to identify some limitations that were part of this study, such as the sample size, mainly due to the small number of doctors who participated in this study. Regarding response bias, respondents may have given answers that they consider socially desirable rather than being completely honest about their experiences.
The lack of uniformity of experience in communicating bad news between nurses and doctors may affect the results. According to the conclusions presented, it is pertinent to present some work suggestions to be developed in the future, such as implementing regular training programs for health professionals, focusing on communication skills and empathy when transmitting bad news, encouraging the continuity of interdisciplinary studies involving nurses, doctors and psychologists to approach communication holistically and establishing mechanisms to collect feedback from patients on how bad news was communicated, helping professionals improve their approaches.

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AUTHORS´ CONTRIBUTION

Conceptualization, P.D.; data curation, P.D. and C.M.; formal analysis, P.D.; funding acquisition, P.D.; investigation, P.D.; methodology, P.D. and C.M.; project administration, P.D.; resources, P.D.; software, P.D.; supervision, C.M.; validation, C.M.; visualization, P.D.; writing-original draft, P.D.; writing-review & editing, P.D. and C.M.

CONFLICT OF INTERESTS

The authors declare that there is no conflict of interests.

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