

Attributes of Iranian new nurse preceptors: A phenomenological study

Abstract

Preceptors should possess attributes which help them in successfully performing the demanding and challenging role in the preceptorship. This research utilises a qualitative hermeneutic phenomenological approach to explore the attributes of new nurse preceptors. Six preceptors of a teaching hospital in Northwest of Iran who were selected by means of purposive sampling. Data were collected during eight months from July 2014 to March 2015 through in-depth semi-structured personal interviews. Interviews were recorded and transcribed and then were analyzed with the interpretive approach using the Diekelmann's seven-stage method in the MAXQDA10 software environment. Findings included two main themes “feeling proud and honored” and “professionalism” with subthemes including empathy, being nonjudgmental, patience, and spirit of self-sacrifice. The spirit of self-sacrifice was a unique attribute revealed in this research.

Preceptors possessed several important attributes which are usually stressed in the literature as selection criteria for preceptors. These attributes could be further drawn upon when selecting new preceptors. Preceptors are role models. Existence of the spirit of self-sacrifice among preceptors could contribute to transferring of such spirit to new nurses and future preceptors as well as to preceptors’ patience with challenges of their role. Effective preceptorship needs preceptors who possess specific professional and personal attributes. These attributes could be drawn upon more objectively in the process of selection, preparation and evaluation of preceptors by clinical and educational nursing managers.

Keywords: preceptorship, preceptor, new nurses, attributes, qualitative research,

phenomenology

Highlights

- Empathy of preceptors could be indication of the applicability of Travelbee's human-to-human relationship model to preceptorship.
- Existence of the spirit of self-sacrifice among preceptors could contribute to transferring of such spirit to new nurses and future preceptors as well as to preceptors' patience with challenges of their role.
- To decrease the risk of the 'preceptor burnout' because of their self-sacrifice over a long period of time, Preceptors should be supported during the proctorship program.
- Preceptors demonstrate the spirit of self-sacrifice to compensate for extra workload of Precepting.

Introduction

There is a worldwide nursing shortage. This is a global challenge (Littlejohn et al., 2012) and it exists in all specialized nursing fields (Zilembo and Monterosso, 2008). Findings of a review study show that when facing nursing shortages, new nurse preceptorship programs should be a primary and fundamental step in retention strategies of health care organizations. Researchers have argued that properly resourced and organized preceptorship is a positive and essential experience for new nurses and their employees (Whitehead et al., 2013).

Structured preceptorship programs will facilitate transition of new nurses and bring about mutual outcomes. First, they promote the confidence and competence level of new nurses in providing patients with care (Ke et al., 2017); second, they increase nurse retention (Park and Jones, 2010).

Background

In recent years, the nursing shortage has become a major concern of Iranian managers and a substantial challenge for the health system (Ebadi and Khalili, 2014). At present, in Iran, the higher education baccalaureate program leads to the basic nursing qualification and is the only way to achieve registration as a professional nurse (Khomeiran and Deans, 2007). However, similar to findings from other countries, new graduate nurses in Iran are not usually well-prepared to meet the demands of today's complex care environments and this caused them substantial stress, one of the factors that influencing nursing attrition and shortage (Farahani et

Leili Borimnejad, Sousan Valizadeh, Azad Rahmani, Bill Whitehead, Shahla Shahbazi, Attributes of Iranian new nurse preceptors: A phenomenological study, *Nurse Education in Practice*, Available online 17 October 2017, ISSN 1471-5953, <https://doi.org/10.1016/j.nepr.2017.10.018>

al., 2017; Hezaveh et al., 2014). The nurse preceptorship program is, therefore, intended to help alleviate these stresses and ease the transition process for new nurses, enhance the quality of nursing care and preserve patient safety.

Preceptorship is a formal one-to-one relationship between an experienced nurse and a novice nurse (preceptee) which is designed to help the novice nurse in adapting to and successfully performing the new role (Kalischuk et al., 2013). In the United Kingdom (UK), preceptorship is defined as the process of supporting newly qualified nurses (NQNs) over the transition period from student to registered nurse (RN) (Whitehead et al., 2016). Within this article, the term preceptorship is being defined as the means of transitioning new nurses including NQNs and experienced nurses who are new into the workplace (Yonge et al., 2007). Also, in this article, 'preceptor' refers to a registered nurse who has been given a formal responsibility to support a new nurse through preceptorship. A preceptor is assigned to facilitate the new nurse's learning goals for a predetermined time, which is often short term. The focus of the relationship is the development of the new nurse's clinical knowledge and skills relevant to the work setting they are entering (Watson et al., 2012; Yonge et al., 2007). Preceptors are either chosen or volunteer to work with new nurses (Goss, 2015). A recent systematic review study has provided valuable information on the need for formal preceptorship programs which underscore preceptor selection criteria (Rebholz and Baumgartner, 2015). Preceptor selection is normally the responsibility of nursing managers. Existing literature has introduced various criteria for choosing the best preceptors. Preceptor selection is usually more than random selection of the most skilled or experienced ward nurse (Hartline, 1993). Preceptorship is a complicated and dynamic phenomenon (Omansky, 2010). Besides experience and competence, the preceptorship role requires significant educational skills. Experience is considered a necessary but not sufficient

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condition for a good preceptor (Hyrkas et al., 2014). One criterion of selecting preceptors is their personal attributes. In fact, preceptors must possess attributes which help them in successfully performing the complicated role of preceptorship. Attributes are qualities inherent to people such as patience or kindness (Rebholz and Baumgartner, 2015). A study by Ferguson (2011) showed that successful preceptors have qualities which result in successful preceptorship. Among these qualities is being a strong positive role model, one who helps the new nurse by showing supportive behaviors to become a team member and who shares his or her experiences and builds trust (Ferguson, 2011).

Although preceptors have a great impact on how new nurses experience the start of their career (Pasila et al., 2017) and their tasks and roles are investigated to some extent in other studies (Yonge et al., 2013), little attention has been given to the attributes of new nurse preceptors (Panzavecchia and Pearce, 2014; Porter- O'Grady, 2009; Rebholz and Baumgartner, 2015). These attributes are so important that most of definitions given for preceptors are based on preceptors' attributes. In fact, since preceptorship success is often determined by measuring the success of new nurses, attributes and behaviors of preceptors have been identified based on the views of new nurses (Shinners and Franqueiro, 2015) or nursing students (Zilembo and Monterosso, 2008) and not on preceptors' own views. Moreover, no research was found in the extensive review of literature that explored attributes of Iranian new nurse preceptors. Overall, there is a lack of understanding surrounding the preceptors' own views about their role attributes in the context of a new nurse's preceptorship programme. Given the importance of preceptors in new nurse retention and the shortage of studies which have explicated attributes of new nurse preceptors focusing on their own voices, the purpose of this study was to explore and explicate

the attributes of new nurse preceptors on the basis of their lived experiences in precepting new nurses.

Methods

Design

This research employed a qualitative method and a hermeneutic phenomenology approach based on Heidegger's philosophy. The goal of Heidegger's phenomenology is to understand common meanings (McConnell-Henry et al., 2011). Phenomenology is the most suitable way for understanding common lived experiences of different people of an important phenomenon in order to develop performances or policies or for deeper understanding of characteristics of a phenomenon (Creswell et al., 2007).

Participants and settings

Participants were six preceptors who were selected by means of purposive sampling from different wards of a large pediatric teaching hospital in Northwest Iran. At the time of this research, the new nurse preceptorship program was a four-year period and to the researchers' best knowledge, this hospital was the only one officially implementing new nurse preceptorship in Iran. Inclusion criteria were: a BSc or MSc degree in nursing and directly working with patients, official notice to work as a preceptor by the hospital nursing office, and intention to participate in the study.

All participants were females with BSc degrees in nursing ranging from 32 to 46 years old with the mean age at 36.83. Their nursing experiences ranged from 8 to 18 years with 12.5 years in average. Each participant had at least 10 new nurses before for preceptorship.

Data collection

A list of preceptors was provided by the educational supervisor of the hospital. Confirmed by the regional committee for ethics in research, for a deep understanding of lived experiences of new nurse preceptors, in-depth semi-structured personal interviews were carried out by one of the researchers (the fourth author) as a nursing PhD student from July 2014 to March 2015. Prior to each interview, a phone call was made to participants and after explaining research goals and methods, they were invited to participate in the study. They were given the specifying the time and place of interviews according to their work schedule. Time and place were determined in follow-up calls. The researcher attended the place of interview half of an hour earlier in order to prepare the setting.

The location of interviews as agreed by participants, except in one case, was in the hospital. One of the main interviews, requested by one participant, was performed in the interviewer faculty. Most of the interviews were held at a private and quite room for preceptors. This room seemed to be a suitable place for interview because it provided a quiet and comfortable environment for participants. No one interrupted during the interviews. All who were invited accepted to participate and cooperated to the end of the study.

As opening questions in preliminary interviews, participants were asked to talk about their experiences of being a new nurse preceptor. Follow-up questions would be extracted based on the contents of interviews with preliminary questions to direct the next interviews. Based on the Interpretation/analysis methods in hermeneutic interpretive phenomenology (Crist and Tanner, 2003), the analysis of each interview transcript determined whether the subsequent interview was to be carried out with the same participant or a new participant. Complementary interviews with

individual participants were carried out to clarify ambiguities in the first interviews and also to confirm interpretations of interviews' contents. The six main interviews lasted for 22 to 63 minutes and ten follow-up interviews lasted for 8 to 55 minutes. All interviews were carried out in Persian and to be presented in this paper, some of the most significant sentences were then translated into English by an external bilingual translator. Translation was based on achieving conceptual equivalence (Squires, 2009). All interviews were recorded and audio files were transferred by the researcher to a PC and then transcribed after several plays of files. Transcriptions were typed in Word software environment and then imported to the MAXQDA10 software environment for analysis. To protect privacy, information such as the names of participants and places were deleted from transcriptions. Data were collected until data saturation was achieved.

Ethical approval

Ethical approval was achieved from Ethic Committee of Tabriz University of Medical Science (no. 5.4.46.12). Written informed consent was obtained from all participants prior to interviews and after verbal and written information about research goals and methods was given to them, and they were assured that their identity would not be disclosed under any condition. They were free to leave the study at any time and without any explanation.

Data analysis

Transcriptions related to preceptors' lived experiences in terms of their attribute were analyzed by the hermeneutic analysis method developed by Diekelmann, Allen and Tanner (1989) (Diekelmann et al., 1989). This method was chosen for several reasons. First, it has clear stages

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in which subjective data could be analyzed. Second, Heideggerian philosophy underpins this thereby guiding the exploration of lived experiences and the explication of meaning. Also, using a research team for data analysis gives interpretations depth and insight.

MAXQDA10 software (Kuckartz and Kuckartz, 2002) was deployed to facilitate the analysis process and data management. Using the seven stage method (Diekelmann et al., 1989), we could organize the data and achieve reasonable depth and richness.

Findings

Experiences shared by preceptors participating in this study about their attributes were classified into two main themes “feeling proud and honored” and “professionalism” with subthemes including empathy, being nonjudgmental, patience, and spirit of self-sacrifice. Each theme and subtheme will be discussed below in order to explicate attributes of new nurse preceptors.

Feeling proud and honored

The theme “feeling proud and honored” emerged when participants were talking about their positive feelings toward being chosen as preceptor. All participants were chosen to be a preceptor by their head nurse and the notice they had received from nursing services manager. While this had caused them numerous challenges, they nevertheless felt proud and honored for various reasons. Being chosen among many other nurses, being reliable and excelling over others were among these reasons. In addition, since they already had gone through the hard novitiate stage and achieved a level of professional perfection that they could guide others, they were happy, pleased and proud of their position. The following examples from interviews from preceptors illustrate this point:

“I’m honored that authorities trusted me for my knowledge and skills and selected me as a preceptor...” (P1).

“... I have a sweet joyful feeling that I’m a preceptor. That I have passed those preliminary difficult steps and now I’m in a position that others can trust in me. That I can be their mentor. This is a sweet feeling that I have passed those difficult steps and now I’m in a position that others can rely on me. Both for me and for being able to help others...” (P5).

Some participants expressed a dual feeling because they were not consulted and called their selection compulsory:

“... there was some sort of force in choosing us. I didn’t want to be a preceptor. Because I was an experienced ward nurse and the head nurse was satisfied with me, they chose me. But no one asked me if I wanted to be a preceptor...” (P4).

Professionalism

The theme of professionalism emerged when participants talked about behaviors they displayed when performing the preceptorship role. This theme consisted of behaviors such as empathy, being non-judgmental, patience and spirit of self-sacrifice.

Empathy

Empathy is the ability to accurately perceive and understand the emotional state of others, by means of putting yourself in another’s shoes and/or relying on a previous personal experience (Carr et al., 2016). Preceptors showed that they would understand difficulties and problems new nurses face in their workplace. They recalled being novice and how difficult those times were for them, and this made them put themselves in the new nurses’ place and pay more attention to

them. In fact, they treated new nurses as they had expected others to treat them back then. When sharing a patient with new nurses, preceptors put themselves in their place and tried to see through their perspective. On the basis of the empathy attribute, preceptors cared about being available and increased their helping behaviours:

“... I had chosen a couple of my patients for the new nurse to work with. She couldn't work with them either. She was stressed out. I told her not to worry and I'd help you. I'd write your notes. ... anyway, they're my patients. I helped her writing her nursing notes too, so she could feel supported by me. I wrote her notes, I helped with her works. I wanted to support her” (P5).

The same participant added:

“... it was just like the past when I had those feelings that I sometimes thought I had lost it; I couldn't go on. I could see those feelings in her too. That she, like me, seemed to have lost it and could not go on. I say to myself that those feelings of mine ... that I'll never forget; those feelings I had experienced myself; I don't want anybody to go through them. Feelings that I don't have time, I can't, I need someone to help me any time I need not when she can. Whenever I see a novice nurse, those feelings resurface again. I want to help her not get hurt by those feelings...” (P5).

Another preceptor described the NQN's stressed behaviour:

“New nurses will follow you everywhere. They're clearly stressed out. They're afraid of being alone for just a moment. Or if someone ask them a question. You'll see them following you all the time. I tell them wait here and I'll be back soon, but they prefer to run after you” (P2).

The following preceptor clearly empathised:

“I always remember my days when I was so naïve. ... I wanted to know about everything. What you read in academic books is completely different from actual clinical practice” (P3).

Participants felt empathy with both new nurses and patients as well as their families and give empathy a high priority in their trainings:

“Clients are very agitated upon their arrival. They have referred to ER because their child has a problem. They have entered an unfamiliar setting. I myself, try to understand them and tell my colleagues that understanding is our first priority; that we should understand what they feel or what they want; that what a mother feels when we perform needling, intramuscular injection, vein finding, etc. on her child...” (P3)

Being non-judgmental

Being non-judgmental and fair toward new nurses' performance is an indication of preceptors' professionalism. Being non-judgmental toward new nurses was very important in participants' experiences. They thought about experienced nurses who were transferred from adult hospitals and lacked pediatric nursing skills as:

“Fixing an endotracheal tube is different in adults and children. One who has transferred from an adult hospital may want to practice like before. That's why the preceptor says how to fix the tube. Or nasogastric tube is fixed this way. These may seem insignificant but one may get upset with that person for not knowing. Because she is new to this environment, she wants to learn” (P6).

Participants understood the inadequate skills of new nurses and did not reprimand them for that. They acted in a way that new nurses, in a non-threatening setting and without fear of being judged about their professional capabilities, could feel free to express their views and ask their questions. When preceptors had no time for precepting due to an overcrowded ward, they judged the mistakes of new nurses fairly:

“When a nurse graduates and enters the ward, she doesn’t have much practical experience. When we work with her, we try to feedback on her mistakes in a way that it does not insult her character, work, or her academic degree. ... we won’t say something like didn’t you learn this in university?! What?! Don’t you know this?! We’ll take it easy so she can ask whatever is on her mind or she doesn’t know. So she could feel more comfortable...” (P1).

Another preceptor said:

“... I can’t teach much to a new nurse because of crowded ward; I think to myself I couldn’t teach her. Or for example, it’s only a couple of months that a new nurse is working and she knows nothing; she’ll definitely make mistakes. It’s not right to catch her off guard and say why didn’t you do this? Why did you make this mistake? When did I teach her so I could reprimand her? It’s just great that she doesn’t have a stroke in this situation [participant laughs]. That’s just great she can cope with her stress” (P4).

Patience

Teaching new nurses is time consuming but the preceptors, despite crowded wards and excessive workload, understood the status of new nurses and were interested in teaching them with all necessary details. In working with new nurses, they endured their lagging work, did not make

them hurry and were tolerant of their learning process. Participants used words such as patience, perseverance and tolerance in their definition of the preceptor:

“... when I’m with her, I have to explain everything and it takes a lot of time. ... there were times that I wanted to leave at 1:30 but left at 3-3:30. Or on the evening shift, I left at 9-9:30 instead of 7:45. It’s very late in winter. I left at those times because I was with a new nurse. I tolerated anyway. The new nurse had to learn” (P2).

Spirit of self-sacrifice

Despite excessive workload, preceptors made sacrifices and gave the needs of new nurses as well as patients and their families precedence over their needs. They would give up all of their time and energy for meeting the needs of new nurses and patients:

“... on night shifts with the new nurse, I gave her a break and did the backlog of her patients. I noticed that she couldn’t adjust patient’s IV correctly for infusion or the patient’s vein was infiltrated. I told her you go now, you should rest. And she did. I stayed and did her works. Works which was not finished. So that patient wouldn’t have a problem. That went for a while until they mastered these skills” (P2).

The following statement clearly indicates her understanding of herself as a role model:

“Since the new nurse learns my behaviors, even if I’m sick myself, when an accompanier comes to talk to me and asks a question over and over about her patient, test results, radiography results, her child or tells me to come, I won’t hesitate at all. Because she’s a mother. She wants me immediately by her child’s bedside and the new nurse will learn these” (P1).

Discussion

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Interpretive analysis of data led to two main themes: “feeling proud and honored” and “professionalism”. Participants felt proud and honored of being chosen as a preceptor. This feeling is an experience which indicates participants’ commitment to preceptorship and commitment to one’s own continual growth (Chang et al., 2013; Watson et al., 2012). Moreover, they thought of their selection as endorsement of their skills and this had reinforced their self-confidence. This finding is supported by previous studies (Rebholz and Baumgartner, 2015; Watson et al., 2012). Nursing managers could use nurses’ interest in preceptorship to create job motivation. Preceptorship could provide an opportunity for both preceptors and new nurses to expand their nursing views.

One of the participants considered involvement in her selection important and since she had not been consulted, she believed her selection to be compulsory. Researchers recommend that preceptors should be selected based on their desires (Batiha, 2015; Jeffries et al., 2013). Findings of the present study indicated that being chosen by the nursing service manager as recommended by the head nurse had brought about positive outcomes in most of the participants. It might be better, therefore, that the manager selects preceptors based on their own desires.

This paper showed that empathy was one of the most significant attributes of the preceptors. They were highly capable of understanding stressed out nurses and acted accordingly to reduce their stress. This is also supported by findings in the literature (Ockerby et al., 2009; Rebholz and Baumgartner, 2015). According to Joyce Travelbee’s human-to-human relationship model (Alligood, 2014), mutual understanding or empathy is determined by the ability to share experiences. Travelbee believes that there are two qualities reinforcing the understanding process including similar experience and intention to understand the other person (Alligood, 2014).

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Findings of the present paper showed that preceptors participate in new nurses' experiences by remembering their own early days.

Being non-judgmental was a unique attribute that emerged in experiences of the participants. This less pointed out attribute is in line with findings of (Rebholz and Baumgartner, 2015). Research shows that new nurses working in pediatric hospitals have stress and lack of confidence in their competencies for over three months (Sekol and Kim, 2014); preceptors in the present study did understand the situation of new nurses and deliberately avoided judging their poor performance. Providing a safe learning environment for the preceptee is underscored by researchers (Hilli et al., 2014). Being non-judgmental toward the performance of new nurses provides them with a safe environment to feel comfortable, ask question and learn (Edward et al., 2017; Rebholz and Baumgartner, 2015).

Patience was another attribute found in this paper. Despite the excessive workload in a crowded ward, preceptors endured new nurses' lagging work and time consuming teaching; this is supported by several studies (Rebholz and Baumgartner, 2015). Although preceptors in the present study were selected by head nurses of their wards based on specific criteria and approved by the nursing manager, patience had not been among the criteria to be considered objectively in the selection process. Being a new nurse preceptor is definitely hard. Therefore, preceptorship requires patience (Çoruh et al., 2015).

Spirit of self-sacrifice was a new concept that was found in the present study. Nursing is the practice of philanthropic services (McEwen and Wills, 2011) and self-sacrifice where patients have precedence over care providers (Brown et al., 2015). The preceptors displayed this spirit as a role model when working with new nurses. They gave precedence to the needs of new nurses

over their own needs. This could be a cultural phenomenon that needs further studies to illuminate. Having religious beliefs is one of the things that makes nurses motivated to do their work (Alavi et al., 2017). Empathy for new nurses; being a role model; the demand for high quality care on the one hand and lack of resources such as staff shortages and demanding workloads on the other hand have led to growing pressure on preceptors. In Wilson's study (2014), preceptors worked faster and continuously to compensate for extra workload of precepting (Wilson, 2014). Preceptors are considered role models (Houghton, 2014). Existence of the spirit of self-sacrifice among preceptors could contribute to transferring of such spirit to new nurses and future preceptors as well as to preceptors' patience with challenges of their role. Indeed, while self-sacrifice need not be routine, both preceptors and preceptees feel that occasional self-sacrifice is appropriate and acceptable for a nurse. In the other side, in regards to preceptors, it was felt that there is a risk of 'preceptor burnout' and the concern that continues self-sacrifice could hamper continuity of quality care and supportive activities. To decrease the risk of the 'preceptor burnout' and enhance the program outcomes, it is recognized that preceptors should be supported during the proctorship program and a manageable workload is expected (Odelius et al., 2017; Valizadeh et al., 2016).

Methodological considerations

Despite the small number of participants in this research, interviews were rich and led to a large amount of information that explicated the attributes of preceptors regarding their experiences. Since rigor is more a function of rich data than sample size in a qualitative study (Cleary et al., 2014; Sandelowski, 1995), six subjects could be considered an adequate sample. Sandelowski (1995) states that sample size is not too big or too small in a qualitative studies and it is

determined according to the purpose of the research. Participants are informationally rich and they are the ones who provide a deep insight into the subject of study and not the mere number of participants-(Sandelowski, 1995). Background knowledge of the authors of this paper guided them in conducting in-depth interviews. To increase rigor, the context and data collection and analysis procedures as well as findings were clearly described as much as possible. To reinforce validity of the themes, various quotations were cited from preliminary data so that readers could assess the transferability of findings.

Conclusion

Preceptor selection is usually the task of nursing managers, especially for new nurse preceptorship where the role of nursing managers is more significant and they are responsible for finding qualified preceptors (Ulrich Susan, 2009). Findings showed that preceptors possess some important attributes which are considered as selection criteria in many studies. Empathy of preceptors could be indication of the applicability of Travelbee's human-to-human relationship model (Alligood, 2014) to preceptorship. Moreover, self-sacrifice was a new attribute that emerged in this study. Therefore, these findings could contribute to the body of nursing knowledge in the field of preceptorship.

Relevance to clinical practice

Health systems are rapidly transforming across the world. Reduced length of stay and increased patient turnover as well as nursing shortage as a serious challenge to the nursing profession escalate the increasing need for preceptors' services. Attributes that were explicated in this study could be taken into account more transparently/objectively in the selection of new preceptors,

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preceptor preparation programs, and preceptor evaluation. Effective support from the organisation must be considered when preceptors perform preceptorship responsibilities.

Contribution and sacrifice of preceptors should be acknowledged.

Limitations of the study

Since selected subjects were limited to one pediatric healthcare center, the findings may not be transferrable to adult healthcare centers. All of the decision making stages, however, were documented in all steps of the research so that readers could transfer findings to their healthcare centers. The preceptors participated in this study were all women. Therefore, findings could not necessarily be generalized to attributes of male preceptors. More research is needed to explore the attributes of new nurse preceptors in different contexts. In addition, future research could focus on interrelations of preceptors' attributes and preceptorship outcomes. The use of a translator may have affected the results of this hermeneutic phenomenological study. However, as we have both native Persian and English speakers involved in the research study this possibility is reduced as the research team has been able to check the meaning in both languages.

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