



PROBLEM-FOCUSED COPING TO IMPROVE NURSING STUDENTS PROFESSIONAL QUALITY OF LIFE

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ABSTRACT

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Clinical stressors can influence student's professional quality of life. Problem-focused coping strategy is one type of coping strategy that can affect the quality of professional life. The research analyzes the relationship between problem-focused coping strategies and nursing students' professional quality of life. This study used a correlational analytic design with a cross-sectional approach. 132 professional nursing students were recruited using the technique of proportionate stratified random sampling. Data were collected using the Professional Quality of Life Scale 5th version and Questionnaire Problem-Focused Coping and analyzed by Spearman Correlation Test with a significance level of 0.05. The research results showed that the respondents exhibit low problem-focused coping strategies (50.8%) and a high professional quality of life (50.8%). Both variables show a weak positive unidirectional correlation ($p\text{-value}=0.001$; $r = 0.281$). The better the use of problem-focused coping, the better the quality of professional life. Problem-focused coping strategies positively correlate with improved compassion satisfaction as a positive aspect of professional quality of life. The weak relationship between both variables is assumed because of the complex clinical environment, and problem-focused coping can be only a moderating factor. Educators and nurses need to optimize clinical learning conditions and monitor burnout and stress in clinical practice. Thus, training and intensifying the problem-focused coping strategy is recommended to improve students' professional lives.

Keywords:

Nurse professional student, Problem-focused coping strategy, Professional quality of life

BACKGROUND

Professional quality of life (ProQoL) is distinguished into positive aspects-compassion satisfaction (CS) and negative aspects-compassion fatigue, burnout, and secondary traumatic stress (Handini et al., 2019). Nursing students who are processed to become professional nurses can experience ProQoL. Students can deal with positive and negative experiences divided into physical, psychological, environmental and social aspects (Afandi and Ardiana, 2021; Kereh and Rochmawati, 2022). The experiences such as rude behavior, enthusiasm and anxiety, the gap between theory and practice, lack of equipment, high study load, and competency adaptation occur in hard skills and soft skills (Aufar et al., 2021; Kereh and Rochmawati, 2022; Kurniawan, 2020; Purwandari et al., 2022).

This experience is a source of stress for clinical students. Long-term stressors trigger physical and emotional exhaustion and burnout (Haryono and Kurniasari, 2018). Burnout impact on attitudes, motivation, productivity, and work safety. Exposure to long-term and uncontrolled stress harms health and the development of professional identity (Ariviana et al., 2021; Putri et al., 2020). Stress management skills are needed to manage students' job demands and increase individual work effectiveness, significantly reducing burnout and improving satisfaction and quality of nursing services. If students are skilled at handling stress, they can perform best. The ability to provide optimal service is related to improving ProQoL (Sacco and Copel, 2017).

Research on nursing students in Tangerang shows compassion satisfaction (66,67%), burnout (60%), and secondary traumatic stress (66.67%) at moderate levels (Eka and Tahulending, 2018). Mansour (2016) showed moderate level student ProQoL (48.4%) with compassion satisfaction, good potential (35%), high-risk burnout (44%), and very high-risk compassion fatigue (92%). Handini (2019) mentions that coping strategies are one of the factors that influence ProQoL. Coping strategies are broadly categorized into problem-focused and emotion-focused (Folkman, 1984). Students more often used the emotion type than the problem-focused type. Problem-focused coping (PFC) strategy directly addresses the causes of distress. PFC is the right coping strategy to deal with long-term stressors.

Using appropriate coping strategies enables students to manage problem-solving behavior and be free from stress (Wijianti and Purwaningtyas, 2021). Effective coping reduces stress and awakens stu-

dents' abilities to function as before. Meanwhile, ineffective coping makes individuals hold back negative emotions, so the problem drags on and results in burnout (Hendriani, 2019). When students are adaptive, their physical and mental health and quality of care improve (Rafati et al., 2017). This condition triggers an increase in service delivery satisfaction associated with an increase in ProQoL. This also impacts the achievement of graduate profiles where knowledge, attitudes, and skills are the benchmarks for graduation (AIPNI, 2021). This study aims to analyze the relationship between the use of the problem-focused coping strategy and the professional quality of life in nursing students at the University of Jember.

METHODS

The study was conducted at the Faculty of Nursing, the University of Jember, with a sample of 132 nursing professional students in batches 29 and 30 from 169 students. The research sample was calculated using the Slovin formula (Nursalam, 2020) and dropout formula (Sugiyono, 2021). The Slovin formula is used to determine the ideal and representative population proportion. In contrast, the dropout formula is used to anticipate that there would be respondents who dropped out as a sample. The two formulas used are as follows (Figur 1).

The sampling technique was probability sampling from proportionate stratified random sampling. Data collection used a questionnaire from March 6th to 26th, 2023. Quantitative data was obtained through the Problem-Focused Coping Questionnaire and the Professional Quality of Life Scale 5th (ProQoL-5), which has been tested for validity and reliability by previous studies. Khanastren (2018) conducted a Problem-Focused Coping Questionnaire test on 50 respondents, with a Cronbach Alpha reliability result of 0,85 and a correlation coefficient ranging from 0,260 to 0,654. ProQoL-5, which had previously been translated into Indonesian, was tested by Matindas (2016) through a Pilot Study on 49 respondents with a Cronbach alpha value of 0,738 (alfa > r table = 0,361). The convergent validity test has a loading factor value of > 0,5. The research design uses a correlational quantitative analysis method with a cross-sectional approach. The data normality test uses the Kolmogorov-Smirnov test. Research data analysis used IBM SPSS version 25 for univariate and bivariate analysis through the Spearman Correlation Test with a significance value of 0.05. The collected data is ordinal and is categorized into high and low based

<p>Slovin Formula</p> $n = \frac{N}{1 + Nd^2}$ $n = \frac{169}{1 + 169(0,05)^2}$ $= \frac{169}{1 + 0,4225}$	$= \frac{169}{1,4225}$ $= 118,804 \sim 119$	<p>Description:</p> <p>n = minimum sample size</p> <p>N = number of population members</p> <p>d = degree of error used (0,05)</p>
<p>Drop Out Formula</p> $n' = \frac{n}{1 - f}$ $n' = \frac{119}{1 - 10\%}$	$n' = \frac{119}{0,9}$ $n' = 132$	<p>Description:</p> <p>n' = sample size after correction</p> <p>n = number of samples based on previous estimates</p> <p>f = dropout prediction (10%)</p>

Figure 1. The two formulas

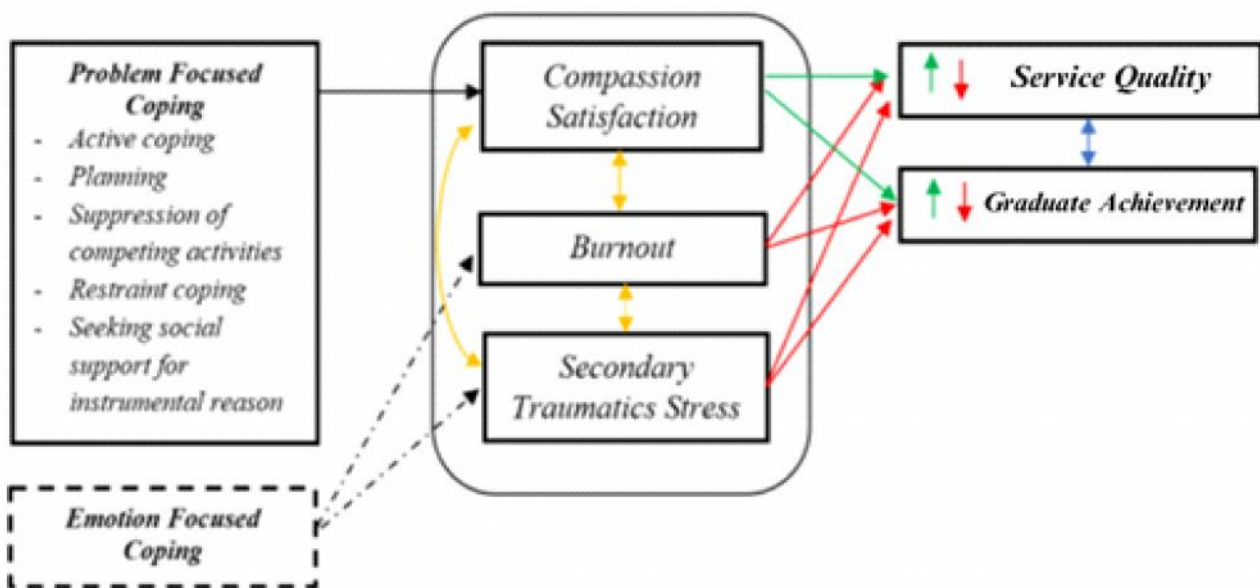


Figure 2. Concept Theory

on cut-off points. The Health Research Ethics Committee (KEPK) Faculty of Nursing, University of Jember, tested this research for ethical feasibility with letter number 045/UN25.1.14/KEPK/2023.

RESULTS

Table 1 shows the age of students with a median value of 23 years, with the youngest age range being 21 years and the oldest being 26 years. The respondents' gender was predominantly female (81.8%) and 18.2% male. In addition, 57.6% of the respondents were students of class 30, and the remaining 42.4% were class 29.

This study uses cut-off points to determine variable categories. Categories are divided into high and low levels by considering the mean and median values of the questionnaire results as thresholds. The mean value is used when the data distribution is normal, while the median value is used when the data distribution is not normal. A high level is when the

results are above the threshold, and a low level is when the results are below the threshold.

Table 2 shows that 50.8% of respondents exhibit low problem-focused coping strategies, and the rest are in the high category (49.2%). The data normality test produces a value of Sig.> 0.05, which means that the data is normally distributed, so the categorization uses an average value of 77.55. Besides that, the table shows students have a high ProQoL of 50.2%, and the rest are low (49.2%). The data normality test shows a significance value <0.05, meaning the data is not normally distributed, so the categorization uses a median of 90.00.

Table 3 yields indicator active coping (59.1%) and indicators planning (50.8%) in the low category. Of the 132 respondents, it is known that 55.3% have high indicators of suppression of competing activity, and 57.6% have high indicators of restraint coping. Indicators seeking social support for instrumental reasons show the most significant percentage (60.6%) in the high category. In addition, Table 3 shows com-

Table 1. Characteristics of Respondents Based on Age, Gender, and Professional Generation of Nursing Professional Students at the University of Jember

Characteristics of Respondents		f	%
Age			
Median		23	
Min-Max		21 – 26	
Gender			
a.	Man	24	18,2
b.	Woman	108	81,8
Professional Batch			
a.	Batch 29	56	42,4
b.	Batch 30	76	57,6

Table 2. Frequency Distribution Based on Variables Problem-Focused Coping Strategy and Professional Quality of Life in Nursing Profession Students at the University of Jember

Variable		f	%	Sig.	\bar{x}	Median
Problem-Focused Coping Strategy	High	65	49,2	0,080*	77,55	77,00
	Low	67	50,8			
Professional Quality of Life	High	67	50,8	0,019*	90,43	90,00
	Low	65	49,2			

*Kolmogorov-Smirnov test

Table 3. Frequency Distribution Based on Indicators Problem-Focused Coping Strategy and Professional Quality of Life in Nursing Profession Students at the University of Jember

Variable	Indicator	Category				Total	
		High		Low		f	%
		f	%	f	%		
Problem-focused Coping Strategy	Active Coping	54	40,9	78	59,1	132	100
	Planning	65	49,2	67	50,8	132	100
	Suppression of Competing Activities	73	55,3	59	44,7	132	100
	Restraint Coping	76	57,6	56	42,4	132	100
	Seeking Social Support for Instrumental Reason	80	60,6	52	39,4	132	100
Professional Quality of Life	Compassion Satisfaction	68	51,5	64	48,5	132	100
	Burnout	72	54,5	60	45,5	132	100
	Secondary Traumatic Stress	68	51,5	64	48,5	132	100

Table 4. Cross Tabulation and Relationship Analysis between Problem-focused Coping Strategy with Professional Quality of Life in Nursing Profession Students at the University of Jember

Variable		Professional Quality of Life				Total		p-value	r
		High		Low		n	%		
		f	%	f	%				
Problem-focused Coping Strategy	High	37	28%	28	21,2%	65	49,2%	0,001*	0,281
	Low	30	22,8%	37	28%	67	50,8%		

Table 5. Relationship Analysis between Problem-focused Coping Strategy with Indicator Professional Quality of Life in Nursing Profession Students at the University of Jember

Variable	Indicator Professional Quality of Life					
	Compassion Satisfaction		Burnout		Secondary Traumatic Stress	
	p-value	r	p-value	r	p-value	r
Problem-focused Coping Strategy	0,000	0,522	0,393	-0,075	0,111	0,139

*= Spearman Correlation Test

r = Spearman correlation coefficient

passion satisfaction (51,5%), burnout (54,5%), and secondary traumatic stress (51.5%), which are known to be in the high category.

Table 4 shows the cross-tabulation of the problem-focus coping strategy with ProQoL, generating data of 28% having a high PFC strategy with high ProQoL. Another 28% have a low PFC strategy with low ProQoL. Students with high ProQoL and low PFC strategies are 22.8%. In contrast, students with low ProQoL and high PFC strategies were 21.2%. Besides that, correlation analysis resulted in a p-value <0.05, which means there is a relationship between the two variables. The value of the correlation coefficient shows that the relationship between the two variables is weak ($r = 0.281$) and has the same direction (r is positive).

Based on the correlation analysis in Table 5, only compassion satisfaction resulted in a significant correlation ($p < 0.05$), the same direction and a moderate correlation strength ($r = 0.523$). Whereas burnout and secondary traumatic stress, it is known that the correlation is insignificant ($p > 0.05$), equal to 0.393 and 0.111.

DISCUSSION

Age

This study shows that college students have the youngest age of 21 and the oldest age of 26, with a median of 23 years. In line with Eka & Tahulending (2017), students are 22-25 years old, and 60% are 23 years old. This range shows that students reach the stage of early adulthood. Erikson said that the early adult stage occurs at the age of 20-30 years, where the responsibility received is heavier. Students adapt to increasingly complex responsibilities as professional nurses through clinical learning (AIPNI, 2021). On the other hand, clinical learning triggers clinical stress (Hwang et al., 2021). This is related to the theory in

the early adult phase that various problems arise with age, and emotional tension arises due to specific problems that increase stress (Putri, 2018). Researchers assume that early adult students will be more responsible for completing their obligations but are also prone to experiencing stress.

Gender

Most of the respondents were female (81.8%). This is evidenced by the number of female students at the Faculty of Nursing at the University of Jember being more than male students each year. In line with Azima (2022), most nursing students at the University of Riau are women (95.9%). The nursing profession is closely related to women because of stereotypes that women are identified as friendly, patient, painstaking, caring, and social (Sari et al., 2017). Unlike the theory of liberal feminism, women and men have the same abilities and capacities, so they have the same rights and opportunities (Rahim and Irwansyah, 2021). Researchers assume that most nursing students are female due to the more prominent female population and the stigma that nursing is synonymous with women. However, students do not receive different treatment during their profession because their rights and responsibilities are equal according to the curriculum.

Professional Batch

More than 50% of the respondents are students of batch 30. The professional class is related to the study period where batch 30 has gone through 6 stages, while batch 29 has taken 10 stages. Turner (2016) mentions the stressors of students who first practice with those who often practice differently. The first new students will experience conditions full of stress and negative feelings (Yilmaz, 2018). Fujianti (2020) states the longer individuals work and the higher their education and abilities, the more work

experience they get. Education and training develop capabilities and skills (Larasati, 2018). It can be assumed that students who take more stages are more experienced and adaptive, so they have a higher ProQoL.

Problem-Focused Coping Strategy

Based on research, more than 50% of respondents own problem-focused coping low (50.8%). In contrast to Pitaloka and Mamahit (2021), the use of problem-focused coping students is high (54.6%). Judging from the answers to the questionnaire, the most selected answers are spread over the "often" answer items. Based on the distribution of these answers, it is assumed that students have used problem-focused coping to deal with clinical stressors. In addition, the researcher believes that the difference in categorizing results with most respondents' answers is because the researcher only classifies the results in two categories: high and low. Classification using the method cut-off point where the categories are differentiated through the mean value.

1) Active Coping

Indicators of research students are in a low category (59.1%). Previously, it was known that active coping was dominantly used by nursing students (Hwang et al., 2021). Active coping indicates a positive attitude and adaptation to stress despite limited resources (Baluwa et al., 2021). The most active coping indicator statement (n = 70) with the answer "often" is "I concentrate my efforts on doing something related to the problem at hand." The researcher assumes that respondents can still focus and have a positive attitude in making certain efforts to overcome stressors even though their active coping is low.

2) Planning

Respondent planning indicators are in a low category (50.8%). Previously, planning to cope was the last sequence used by students (Pitaloka and Mamahit, 2021). In contrast to Baluwa (2021), students use planning more often. The statement item "I think about how best to deal with the problem" was chosen by 66 students with the answer "very often". Researchers assume that even though planning coping is low, respondents can still think about the best way to solve the problem.

3) Suppression of Competing Activities

Research shows indicators of suppression of competing activities in high students (55.3%). The statement items were mostly chosen by students (n = 56) with the answers "often," namely "I focus on dealing with the problem at hand and, if necessary, let other things happen a little" and "I refrain from

being distracted by other thoughts or activities." In line with Nursadrina and Andriani (2020), students often emphasize coping quite often. Pitaloka (2021) produces the most components, setting aside other matters to concentrate on dealing with stressors. Researchers assume coping emphasis is related to work focus, which impacts problem-solving until completion.

4) Restraint Coping

in this study is in the high category (57.6%). The most selected statement item was "I make sure not to make things worse by acting too quickly," with the option "often" (n=73). According to Pitaloka (2021), coping restraint is third, with the highest component being not acting in a hurry. People who are not in a hurry usually think critically because action decisions and problem-solving are well thought out based on information and evidence. Critical thinking is a mental process of analyzing and evaluating information. This is an important component in accounting for the professionalism and quality of nursing services (Deniati et al., 2018). Researchers assume that efforts to overcome clinical stressors are influenced by the ability to think critically so that decisions are not made in haste.

5) Seeking Social Support for Instrumental Reason

Research finds indicators seeking social support for instrumental reasons in the high category (60.6%). Based on the questionnaire, the statement "I'm trying to get someone's advice on what to do" was chosen by 50% of respondents with the option "often." Wati and Arifiana (2021) state that the instrumental support component allows students to feel directly assisted in solving problems. The search for instrumental assistance is carried out by seeking advice, assistance, and information from fellow students through discussions, complaining, giving advice, and supporting each other. The family also obtains instrumental support through advice and financial and material support (Alfikalia, 2017). In addition, clinical supervisors and lecturers are known to help fulfill student competence achievements through case discussions and teaching nursing actions (Marlina, 2017). Researchers assume that students tend to have high social support, so most use instrumental support-seeking strategies to deal with problems.

Professional Quality of Life

The results of this study indicate that more than 50% of respondents have high ProQoL (50.8%). The three ProQoL indicators are known to be in the high category, with the largest percentage of indica-

tors in aspect burnout (54.5%), so they tend to be dominant in the negative aspects. When viewed from the answers to the questionnaire, most answers are spread over the "often" item in the indicator of compassion satisfaction and "sometimes" in the indicator of burnout and traumatic stress. The researcher assumes that the categorization results differ from most of the respondents' answers because the researcher only classifies the results into two categories. This classification uses the method cut-off point where the median value distinguishes high and low categories.

Marlina (2017) mentions that students behave actively in clinical learning to meet competency achievement targets. Therefore, burnout and the traumatic stress felt by students differ according to the competency achievements of each stage. This supports students' sometimes-chosen statements on the negative aspects of ProQoL. Researchers assume students have ProQoL because of their tendency to waive obligations during practice.

1) Compassion Satisfaction

Based on research, 51.5% of students have high compassion satisfaction. Unlike Matindas (2016), compassion satisfaction among students is in the medium category. Indicator compassion satisfaction has items favorable; the most chosen is "I feel satisfied when I can help/care for others," with the answer "very often" (n=71). Jack (2017) stated that students are satisfied when interacting and building emotional relationships with patients. The researcher assumes that respondents have positive feelings towards clients and their responsibilities in clinical practice so that they can increase the positive aspects of ProQoL.

2) Burnout

More than half of the respondents experienced burnout high (54.5%). In previous research, burnout students were at a moderate level of 43.56% (Hidayati et al., 2022). In questionnaires, favorable statements were the most selected with the option "sometimes" (n = 56), namely, "I feel exhausted due to work as a nursing student." Students have different responsibilities than qualified staff. However, the many demands of the study load cause emotional exhaustion, which affects stress and burnout (Early, 2020). Researchers assume different levels of burnout with answers to questionnaires because students can feel tired in certain situations according to individual perceptions. The specific situation referred to is the difference in staging, the number of patients, and the complexity of patient cases.

Meanwhile, the statement unfavorable the

most is "I feel happy" with the option "often" (n = 60). Feelings of happiness are obtained from patient interactions when providing care and interactions with nurses, mentors, and colleagues. The higher the social interaction, the lower the burnout (Azizah and Putrianti, 2018). However, in this study, burnout is high for students. Positive feelings such as happiness, connection, and caring are assumed to make students work harder to help clients recover and improve burnout.

3) Secondary Traumatic Stress

The indicator of secondary traumatic stress is known to be high (51.5%). Unlike before, student traumatic stress was at a moderate level of 55.3% (Cao et al., 2021). The most selected statement item was "I feel preoccupied with more than one person I care for," with the answer "often" (n=56). This is associated with the number of cases managed by students. Students can be exposed to stress due to witnessing events shaking patients and beginner status, where knowledge and ability to manage feelings are still not optimal (Jack, 2017). Researchers assume that the high level of traumatic stress is influenced by the number and complexity of cases encountered during clinical practice.

Relationship between Problem-Focused Coping Strategy and Professional Quality of Life

Spearman Correlation Test results in a p-value of 0.001 ($p < 0.05$). This study concludes a significant relationship between problem-focused coping strategy and ProQoL of the University of Jember professional nurse students. The variable relationship is known to be unidirectional ($r=0.281$; r is positive); the higher the problem-focused coping strategy, the higher the ProQoL level, and vice versa. Based on the cross-tabulation of the two variables, it is known that students with a high problem-focused coping strategy with high ProQoL and students with a low problem-focused coping strategy with low ProQoL have the same quantitative value of 28%. This proves the direction of the positive variable relationship.

Research finds that problem-focused coping strategies positively correlate with compassion satisfaction (p-value = 0.000). Hashish and Atalla (2023) support that coping strategies are positively correlated with compassion satisfaction and negatively correlated with compassion fatigue. Problem-focused coping strategies, especially problem-solving and social support, have increased compassion satisfaction and reduced burnout and stress. Compassion satisfaction can be achieved by upgrading problem-solving, which helps overcome sources of stress

(Fernandez-Parsons et al., 2013). This shows an increase in problem-focused coping ability to increase positive and suppress negative aspects that trigger improvement ProQoL. The use of problem-focused coping drives the positive aspects of this research student, especially the indicator of seeking instrumental assistance, which has the highest percentage of high categories.

On the other hand, research finds that problem-focused coping strategy was not correlated with burnout ($p=0,393$) and traumatic stress ($p= 0.111$). The previous exposure shows coping with burnout and traumatic stress are negatively correlated. Lazarus differentiates coping strategies into problem-focused and emotional-focused, where both relate to each other according to the situation. Students use both coping strategies to deal with clinical stressors (Agustiningsih, 2019).

Previous research shows that many students still use emotion-focused coping (Labrague et al., 2018; Zhang et al., 2017). Al Barmawi (2019) stated that emotion-focused coping lowers burnout and positively modulates depersonalization and emotional exhaustion. This strategy improves health and reduces anxiety and stressors (Notarnicola et al., 2020). This study only identified the relationship between problem-focused coping strategy with ProQoL, so researchers assume that there is no correlation between the two variables in this study because there are other types of strategy, namely emotion-focused coping. Researchers concluded that students also use emotion-focused coping to overcome burnout and stress. In addition, in this study, the respondents have a low problem-focused coping strategy but a high ProQoL. This is associated with cross-tabulation results, where 21.2% of students have a high problem-focused coping strategy and low ProQoL, and 22.8% of students have a low problem-focused coping strategy and high ProQoL. Based on these data, students can have low coping strategies but high ProQoL, or vice versa.

The strength of the problem-focused coping strategy and ProQoL relationship are indicated by the Spearman correlation coefficient (r) worth 0.281 or weak. The weak relationship is supported by the statement that coping strategies enhance compassion satisfaction and lower compassion fatigue (Al Barmawi et al., 2019). Moderating factors are known as factors that strengthen or weaken a relationship. Researchers assume that there are other factors that affect the high and low ProQoL of students.

One of the influencing factors is the complexity of the clinical environment. In clinical practice, students are burdened with the obligation to pro-

vide the best nursing services and a lot of assignments from supervisors. The many tasks that must be completed according to the deadline and the tight work schedule stress and burn students (Nurjaman et al., 2023). Exposure to traumatic events experienced by patients, cases of rare diseases, infectious diseases, and bad behavior from the patient's family also trigger traumatic stress in students. In addition, a clinical supervisor's presence can affect students' condition. Students can understand and carry out nursing actions optimally when the clinical supervisor shows a friendly and supportive attitude, has knowledge and experience in teaching and provides a pleasant learning atmosphere (Oktorullah, et al., 2020). In contrast, if the clinical supervisor does not provide good guidance and supervision and shows bad interpersonal relationships, students can experience fear and stress when making mistakes in nursing care. Researchers assume this complexity of the clinical environment can influence professional quality of life.

Researchers assume a significant relationship between the two variables because most respondents exhibit a high problem-focused coping strategy with a high ProQoL, and respondents show a low problem-focused coping strategy with a low ProQoL. Aligning with individual theory with a high problem-focused coping strategy will also result in a high ProQoL, and vice versa. ProQoL can be influenced by problem-focused coping strategies, especially indicators of seeking instrumental assistance. There is no correlation between burnout and traumatic stress with problem-focused coping strategies assumed to exist as emotion-focused coping. The weak relationship between the two variables is assumed because the influence of the complex clinical environment and problem-focused coping is only a moderating factor.

CONCLUSION

Based on the exposure, it was concluded that there is a weak and positive relationship between strategies for problem-focused coping and the professional quality of life for the University of Jember professional nurse students. The strategy uses problem-focused coping with low students, but the level of professional quality of life is high for students. Problem-focused coping can improve compassion satisfaction as a positive aspect of professional quality of life. It is hoped that students will be able to self-evaluate the quality of their professional lives and cope, which is still low. Educators and nurses are also recommended to monitor events of burnout and student

stress and conduct strategy training problem-focused coping to improve the quality of professional life. Suggestions for future researchers are expected to change variables from problem-focused coping to emotion-focused coping.

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