

Empowering family caregivers in providing psychological support for older adults through psychological first aid training in the community

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ABSTRACT

Elderly individuals in community settings are highly vulnerable to emotional distress and psychosocial crises, such as loneliness, anxiety, and depression, yet family readiness as primary caregivers remains severely limited. This community empowerment program aimed to analyze the effect of Psychological First Aid (PFA) training on improving family knowledge and skills in providing initial psychological support for the elderly in Palipi Soreang Village, Majene Regency. A pre-experimental design with a one-group pre-test and post-test approach was conducted, involving 34 families caring for elderly individuals selected through purposive sampling. The PFA training intervention incorporated Look, Listen, and Link action principles through interactive lectures, discussions, demonstrations, and role-play simulations. Data were collected using a structured knowledge questionnaire and an observational skill checklist prior to and following the intervention. The results showed a significant increase in the mean knowledge score from 19.47 (SD = 4.66) at pre-test to 35.53 (SD = 2.87) at post-test. Similarly, the mean skill score increased markedly from 23.62 (SD = 3.27) to 35.50 (SD = 3.32). Hypothesis testing showed a statistically significant improvement in knowledge using the Wilcoxon Signed Ranks Test ($Z = -5.090$; $p < 0.05$) and in skills using the Paired Samples T-Test ($t = -12.783$; $p < 0.05$). In conclusion, PFA training is significantly effective in strengthening family capacity and readiness as an emotional support system for older adults in the community.

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INTRODUCTION

Elderly individuals represent the final stage in the human life cycle, characterized by biological changes, declining physiological functions, and complex shifts in social and psychological roles. Based on data from the World Health Organization (2025), approximately 14.1% of the global population aged 70 years and older experience mental health disorders, predominantly depression and anxiety disorders. Older adults residing in community settings face high risks of social isolation, loneliness, limited mobility, chronic pain, and grief due to loss (Donovan, 2020). In Indonesia, demographic dynamics reveal a significant year-over-year

increase in the elderly population. According to the Elderly Population Statistics Report published by the Central Bureau of Statistics (2024), this rapid demographic transition necessitates the availability of responsive and targeted community-based intervention programs (Dinas Kesehatan Kabupaten Majene, 2026). Local data from the Majene District Health Office (2026) recorded a steadily growing elderly population, counting 14,896 individuals in 2024, rising to 15,589 individuals in 2025, and reaching 17,216 individuals in 2026, underscoring the urgent need for structured mental health and psychosocial services (Hasanah, 2023)

Older adults represent a highly vulnerable age group prone to emotional distress and psychosocial crises, such as anxiety, social isolation, and depression. Although families play a pivotal role as the primary support system for older adults in the community, the readiness and understanding of family caregivers remain limited. A lack of therapeutic communication skills and mental health literacy frequently leads to older adults' emotional complaints being overlooked or misconstrued as a normal part of the aging process (Tri Wijayanti et al., 2024). This situation has the potential to aggravate caregiver burden and diminish the overall quality of life of older adults (Czaja, et al., 2021). Therefore, practical and accessible educational interventions at the household level are urgently required, one of which is Psychological First Aid (PFA) training. PFA focuses on three core action principles Look, Listen, and Link designed to train families in recognizing distress indicators, actively listening without judgment, and connecting older adults with appropriate emotional support or health services (Dougher, 2020).

Furthermore, this approach emphasizes five key pillars of family and community capacity building. First, eradicating stigma and misconceptions regarding aging (ageism), where depression or anxiety in older adults is frequently misattributed as a normal consequence of growing old. Second, alleviating psychological caregiver burden, considering the high levels of stress and emotional exhaustion experienced by families caring for older adults without specialized caregiving skills. Third, strengthening family psychological resilience, which serves as a crucial foundation when coping with health and behavioral crises in older adults. Fourth, emphasizing empathetic communication techniques (non-judgmental active listening) to shift family communication patterns from authoritative or patronizing to more supportive and receptive. Fifth, formulating a sustainable community-based support model by integrating local elderly health post (Posyandu Lansia) cadres as the frontline for early detection of geriatric mental health issues.

Although families occupy a strategic position as the frontline defense and primary support system for older adults in the community, the readiness of family caregivers to provide psychological assistance remains far from optimal. Field mapping in Palipi Soreang Village, Majene Regency, confirmed that the majority of elderly individuals experience anxiety and loneliness stemming from social isolation and loss. However, families tend to overlook these psychological complaints and allow older adults to brood, adhering to the misconception that such behavioral changes are merely a natural part of aging (Suprpto et al., 2026). A lack of knowledge and empathetic communication skills among caregivers triggers a high caregiver burden, causes misunderstandings, and leads to passive emotional rejection (Widyastuti et al.,

2023). The failure of families to respond to the emotional distress of older adults has been proven to aggravate the risk of severe depression and diminish overall quality of life Subekti et al., (2022)

Managing emotional crises and strengthening resilience among older adults at the community level requires non-pharmacological educational interventions that can be practically applied by families. One recommended framework is Psychological First Aid (PFA). PFA is defined by the (World Health Organization, 2025), as humane, supportive, and practical initial psychological assistance provided to individuals experiencing emotional distress or crisis. Focusing on three core action principles—Look, Listen, and Link—PFA trains caregivers to observe indicators of distress, listen actively without judgment, establish a sense of safety, and connect older adults with family support or professional health services when needed Wang et al., (2021). A community empowerment program in Palipi Soreang Village by Akbar et al., (2026), demonstrated that caregiver psychoeducation significantly reduced depression and loneliness among older adults. In line with findings by (Shoukr et al., 2022; Zhang et al., 2022), PFA training has been empirically proven to enhance caregiver responsiveness and resilience.

Based on this background, this community service program was designed to evaluate the effectiveness of PFA training focused on family caregivers of older adults in the community. The main objective of this project was to analyze the effect of Psychological First Aid (PFA) training on improving family knowledge and skills in providing initial psychological support for older adults in Palipi Soreang Village, Majene Regency. Community participation and interaction were fostered through educational sessions, interactive discussions, and immersive role-play simulations designed to strengthen household-level caregiving capacity.

METHOD

Implementation Method

This community service program utilized a pre-experimental quantitative design using a One-Group Pre-test and Post-test Design. The activities were conducted in Labu-Labuang Hamlet, Palipi Soreang Village, within the working area of Banggae Public Health Center, Majene Regency, in April 2026. The target population consisted of families residing with and caring for older adults in the area. Sampling was performed using a purposive sampling technique based on the following inclusion criteria: (1) families living in the same home and caring for an elderly individual for at least the past 6 months; (2) aged ≥ 18 years; (3) literate in reading and writing; and (4) willing to sign an informed consent form. Based on these criteria, a sample of 34 family caregivers was established.

Table1. Implementation Procedure of the PFA Training Intervention

Stage	Implementation Activity	Key Components/Outputs
Socialization and Coordination	Initial coordination meetings were conducted with community leaders, community nurses, health cadres, and family representatives.	Identification of older adults' caregiving needs and establishment of the program schedule.
Theoretical and Practical Training	Participants received structured educational sessions delivered by an expert team.	Psychological changes in older adults, basic concepts of Psychological First Aid (PFA), and therapeutic communication techniques.
Application of Educational Media	Standardized PFA guidebooks and visual communication materials were distributed to participants.	Reinforcement of participants' understanding and provision of practical references for home-based caregiving.
Simulation and Role-Play (Mentoring)	Guided simulations and role-play sessions were conducted using realistic caregiving scenarios.	Practice in responding to anxiety, sadness, and loneliness among older adults based on the Look, Listen, and Link principles.
Evaluation and Program Sustainability	Post-test evaluations were conducted, followed by integration of PFA mentoring into routine community activities.	Assessment of improvements in knowledge and skills and integration of the mentoring framework into Posyandu Lansia (Elderly Health Post) activities.

Data were collected using a structured knowledge questionnaire (10 items, Likert scale 1–4, score range 10–40) and a tested observational skill checklist (10 assessment indicators, score range 10–40). Instrument validity was confirmed through expert judgment, and reliability met the required threshold with a Cronbach's Alpha > 0.70. Univariate analysis was used to describe frequency distributions, percentages, means, and standard deviations. Data normality was assessed using the Shapiro-Wilk test ($n = 34$). The normality test results indicated that pre-test knowledge ($p = 0.116$), pre-test skills ($p = 0.308$), and post-test skills ($p = 0.063$) were normally distributed ($p > 0.05$).

For post-test knowledge, the data were not normally distributed ($p = 0.030 < 0.05$). Therefore, hypothesis testing for knowledge was analyzed using the non-parametric Wilcoxon Signed Ranks Test. Meanwhile, for skills, since all data were normally distributed, hypothesis testing was conducted using the parametric Paired Samples T-Test at a significance level of $\alpha = 0.05$ (Notoatmodjo, 2018; Sugiyono, 2020).

RESULT

The sociodemographic characteristics of the 34 family caregiver respondents, along with the knowledge and skill scores before and after the intervention, are presented in the following tables.

Table 2. Characteristics of Respondents ($n = 34$)

Respondent Characteristic	Category	Frequency (n) / Percentage (%)
Age (Years)	20–35 Years	10 (29.4%)
	36–45 Years	14 (41.2%)
	46–55 Years	7 (20.6%)
	> 55 Years	3 (8.8%)
Education Level	Elementary School / Equivalent	5 (14.7%)
	Junior High School / Equivalent	9 (26.5%)

Relationship with Older Adult	Senior High School / Equivalent	15 (44.1%)
	Higher Education / University	5 (14.7%)
	Biological Child	22 (64.7%)
	In-law / Grandchild / Spouse	12 (35.3%)

As shown in Table 1, the majority of respondents were in the productive age group of 36–45 years, comprising 14 individuals (41.2%). In terms of education level, most respondents completed Senior High School or equivalent, totaling 15 individuals (44.1%). Based on family relationships, the primary caregivers were predominantly biological children, accounting for 22 individuals (64.7%). This profile indicates that respondents were at a mature age with close emotional ties conducive to absorbing PFA training concepts.

Table 3. Descriptive Analysis of Knowledge and Skills Before and After PFA Training (n = 34)

Variable	Measurement Stage	Min	Max	Mean ± SD	Variance
Knowledge	Pre-test	12	34	19.47 ± 4.66	21.77
	Post-test	29	40	35.53 ± 2.87	8.25
Skills	Pre-test	16	30	23.62 ± 3.27	10.72
	Post-test	28	40	35.50 ± 3.32	11.04

Table 3. demonstrates significant improvements in both variables. The mean family knowledge score rose sharply from 19.47 (SD = 4.66) at baseline (pre-test) to 35.53 (SD = 2.87) following the intervention (post-test). Similarly, for skills, the mean score increased markedly from 23.62 (SD = 3.27) to 35.50 (SD = 3.32) after training.

Table 4. Shapiro-Wilk Normality Test Results for Knowledge and Skills (n = 34)

Variable	Measurement Stage	Statistic	df	Sig. (p-value)
Knowledge	Pre-test	0.949	34	0.116
	Post-test	0.929	34	0.030
Skills	Pre-test	0.964	34	0.308
	Post-test	0.940	34	0.063

Based on Table 4, the Shapiro-Wilk normality test showed that pre-test knowledge ($p = 0.116$), pre-test skills ($p = 0.308$), and post-test skills ($p = 0.063$) had p -values > 0.05 , indicating normal distributions. However, post-test knowledge yielded $p = 0.030$ ($p < 0.05$), indicating a non-normal distribution. Consequently, hypothesis testing for knowledge was conducted using the non-parametric Wilcoxon Signed Ranks Test, while skills were analyzed using the parametric Paired Samples T-Test.

Table 5. Mean Difference Analysis of PFA Training on Family Knowledge and Skills (n = 34)

Intervention Variable	Statistical Test Type	Mean Diff. / Mean Rank	Test Value (t / Z)	df	p-value
Knowledge (Pre vs Post)	Wilcoxon Signed Ranks	17.50 (Positive Ranks)	Z = -5.090	-	0.000 (< 0.05)
Skills (Pre vs Post)	Paired Samples T-Test	-11.882	t = -12.783	33	0.000 (< 0.05)

According to Table 5, the Wilcoxon Signed Ranks Test for knowledge yielded $Z = -5.090$ with $p = 0.000$ ($p < 0.05$), with all 34 respondents showing score improvements (positive ranks, mean rank = 17.50). Meanwhile, the Paired Samples T-Test for skills yielded $t = -12.783$ with $p = 0.000$ ($p < 0.05$). These findings confirm that PFA training exerted a statistically highly significant effect on enhancing family caregivers' knowledge and skills.

DISCUSSION

Baseline measurements prior to training revealed that family knowledge regarding older adults' emotional health was low (mean 19.47). This condition stemmed from minimal access to structured education on gerontological nursing at the community level. Families frequently perceived mood shifts or social withdrawal in older adults as natural aging processes. This finding aligns with (Widyastuti et al., 2023), who emphasized that limited caregiver understanding often leads to misunderstandings, heightens caregiver burden, and hinders effective communication. However, following PFA training, family knowledge surged to 35.53. Although post-test knowledge was non-normally distributed ($p = 0.030$) and required analysis via the Wilcoxon test, the result confirmed a significant effect ($Z = -5.090$; $p < 0.05$), with 100% of respondents (34 families) exhibiting score gains. Delivering structured content regarding psychological changes in aging and basic PFA principles provided participants with a solid conceptual framework for early distress recognition (Lee, 2017; Wang, 2021).

The implementation of Psychological First Aid (PFA) training proved significantly effective in enhancing family knowledge. The mean post-test score increased markedly to 35.53 ± 2.87 . Although post-test knowledge data were non-normally distributed ($p = 0.030$), statistical testing via the Wilcoxon Signed Ranks Test confirmed a highly significant effect ($Z = -5.090$, $p < 0.001$), with 100% of respondents (34 families) experiencing score gains. Delivering structured content on the psychological changes associated with aging and basic PFA principles equipped participants with a solid conceptual framework for early distress recognition. These positive outcomes align with findings by (Birkeland, 2023), who demonstrated that community-based PFA enhances psychological preparedness, situational awareness, and dismantles ageist misconceptions.

The majority of family caregivers belong to the productive age group of 36–45 years. From a psychological and developmental standpoint, this age range represents a phase where individuals face peak dual responsibilities across economic, social, and domestic domains. This demographic is commonly recognized as the sandwich generation a cohort that must allocate attention and resources between caring for aging parents and raising their own children (Akbar et al., 2026). While the emotional bond as biological children serves as a strong foundation of affection, it also carries the potential for significant emotional strain and high stress levels (caregiver burden) if caregivers are not equipped with adequate mental health literacy.

An adequate formal educational background has been proven to serve as a valuable social capital asset during interactive interventions. A sufficient level of education facilitates caregivers'

absorption of abstract concepts regarding geriatric psychological changes and enhances their understanding of the fundamental principles of Psychological First Aid (PFA) delivered (Sijbrandij et al., 2020). Nevertheless, baseline findings prior to the training revealed that higher formal education does not automatically correlate with specialized knowledge regarding the management of psychosocial crises in older adults.

Internalized ageist myths and biases (ageism) within local cultural contexts frequently trigger unintentional emotional neglect (passive emotional neglect). When older adults express feelings of loneliness or anxiety about their future, family members tend to offer judgmental or preachy responses, or even advise them to simply be patient without providing a safe space to express their emotions. This condition underscores the necessity of a structured educational approach that goes beyond transferring theoretical knowledge to foster empathy and practical, community-based skills (Birkeland, et al 2023).

In addition to theoretical knowledge, the intervention yielded a substantial improvement in practical caregiving skills. Observational mean skill scores increased from 23.62 ± 3.27 at pre-test to 35.50 ± 3.32 at post-test. As the skill data were normally distributed ($p = 0.063$), parametric evaluation using the Paired Samples T-Test indicated a statistically significant enhancement ($t = -12.783, p < 0.001$). This skill mastery was driven by combining interactive lectures with guided role-play simulations. Through these simulations, caregivers practiced the three core PFA action principles:

The low knowledge baseline scores observed during the pre-test were influenced by the minimal access to structured information and educational programs regarding elderly mental health integrated into primary healthcare levels, such as Community Health Centers (Puskemas) or Elderly Health Posts (Posyandu Lansia). Health programs at the village level have historically focused predominantly on physical aspects and degenerative diseases, including hypertension, diabetes mellitus, and physical frailty. Psychosocial aspects of aging are frequently overlooked due to limited capacity among healthcare workers and community cadres in addressing the emotional dimensions of family life (Widyastuti et al., 2023). Prior to the intervention, family caregivers lacked fundamental awareness regarding how to apply a psychological lens to detect early indicators of emotional distress in their older relatives.

The significant increase in post-intervention knowledge was achieved through the design of a structured, systematic PFA training module adapted to local languages (Shoukr et al., 2022). According to health education theory, delivering content combined with visual media, such as PFA pocket guidebooks and interactive flipcharts, optimizes participant memory retention. Participants did not merely memorize PFA definitions; they understood the underlying rationale for why early emotional support is crucial before emotional distress escalates into severe depression (Shoukr et al., 2022). Educated family caregivers now demonstrate heightened sensitivity toward shifts in older adults' behavior, enabling early household-level interventions before complex medical or psychiatric management becomes necessary.

The operationalization of the three core PFA action principles provides concrete behavioral guidelines for family caregivers at home (Zhang et al., 2022).

LOOK Principle: Caregivers were trained to observe the home environment alongside physical and behavioral changes in older adults without adopting a confrontational stance. Caregivers learned to identify subtle distress signs, such as disrupted sleep patterns, reduced appetite, frequent daydreams, silent crying, or persistent sad facial expressions. Caregivers were also instructed to ensure physical home safety to prevent injury risks.

LISTEN Principle: Caregivers practiced therapeutic communication and active, empathetic listening. Before the training, caregivers tended to interrupt conversations, attribute blame, or offer patronizing advice. Through simulation, caregivers acquired techniques involving warm eye contact, gentle vocal tones, open body language, and non-judgmental emotional validation. They learned validating phrasing, such as "I understand that you are feeling anxious; thank you for sharing this with me."

LINK Principle: Caregivers were equipped to connect older adults with social support networks and formal healthcare services. Caregivers learned strategies to engage other family members in fostering an inclusive household environment, encourage older adults to join religious or community activities, and direct individuals to Posyandu Lansia or Puskesmas when encountering indicators requiring professional medical evaluation.

When family caregivers display proficiency in the LISTEN principle, older adults feel heard, valued, and recognized. This functions as a primary protective factor, drastically reducing feelings of isolation and late-life loneliness (Sijbrandij et al., 2020).

Theoretically, these behavioral shifts among caregivers align with Self-Efficacy Theory developed. When individuals acquire relevant knowledge and are provided opportunities to practice novel skills in safe, simulated environments (role-playing), their self-efficacy in managing crises increases markedly. Family caregivers who previously reported feeling confused, frustrated, or helpless when facing emotional changes in aging now possess a step-by-step framework for action.

Gains in caregiver self-efficacy directly contribute to reductions in caregiver burden {Formatting Citation}. Caregiver burden frequently stems not only from physical demands, but also from emotional burnout driven by daily communication friction between caregivers and older relatives. Implementing the LISTEN principle and empathetic responses minimizes verbal friction and domestic misunderstandings. Consequently, interpersonal relationships between biological children and older parents transition from instructive dynamics toward mutually supportive relationships.

This positive shift directly transforms the psychological well-being of older adults. Older individuals who receive initial psychological support grounded in warm emotional acceptance experience enhanced feelings of safety (sense of safety) and connectedness (sense of connectedness) (Birkeland et al, 2023). This feeling of security fosters adaptive coping mechanisms, lowers stress hormone levels (cortisol), and stimulates calming neurotransmitters such as oxytocin and serotonin. Furthermore, strengthening family caregiving capacity through PFA enhances overall family resilience. Families no longer view psychological distress in aging as an isolated burden borne solely by an individual caregiver, but rather as a shared challenge managed collectively.

Prior to training, caregivers tended to offer unsolicited advice or patronizing responses when older adults expressed emotional concerns. Through simulation-based learning, participants learned to validate feelings and apply empathy-driven communication. As highlighted by (Sijbrandij et al., 2020) , interactive scenario-based methodologies are far more effective at translating theoretical knowledge into responsive skills during emotional crisis management than passive learning alone. Such empathetic communication is vital in geriatric care, as active family listening and emotional availability serve as primary protective factors against severe loneliness and late-life depression (Scocco, et al., 2023).

From a public health and community nursing perspective, the success of this intervention underscores the importance of strengthening family-centered support systems through task-

shifting psychological first response to primary caregivers. Given that 64.7% of respondents were biological children in their productive age bracket, family caregivers occupy a strategic position as the frontline emotional support system for older adults. Consistent with findings by (Akbar et al., 2026), empowering informal networks through low-intensity psychosocial interventions like PFA fosters caregiving competence, enhances the mental well-being of older adults, and creates a sustainable community safety net. Therefore, integrating simple PFA modules into routine Elderly Health Post (Posyandu Lansia) activities offers a practical model for early detection and local mental health promotion in rural areas.

From the perspective of psychiatric and Community Mental Health Nursing, this Psychological First Aid (PFA) intervention applies a task-shifting strategy (Zhang et al., 2022). Task-shifting refers to the delegation of basic psychosocial intervention tasks from mental health professionals (such as psychiatrists or psychiatric nurse specialists) to informal helpers at the community level, specifically family members and healthcare cadres. In regions with a limited number of professional mental health personnel, implementing a task-shifting strategy through PFA offers a highly rational, effective, and cost-effective approach.

Family members serve as the frontline defenders who remain by the older adults' side 24 hours a day. Positioning the family as an initial psychological support agent represents a strategic measure to narrow the mental health treatment gap within the community (Widyastuti et al., 2023). When psychological crises in older adults are identified and addressed early at the household level, the onset of severe mental disorders can be prevented. Consequently, this reduces referral rates to secondary or tertiary healthcare facilities and alleviates the burden on the national health system.

To ensure that the positive impacts of this PFA training are not merely temporary, integrating the program into existing primary healthcare structures is essential. Elderly healthcare cadres are empowered to act as peer-mentors for family caregivers (Akbar et al., 2026). This sustainable community-based support model positions the Elderly Health Post (Posyandu Lansia) not only as a site for routine physical health check-ups, but also as a hub for psychosocial interaction and early detection of geriatric mental health issues. Cadres trained in PFA can facilitate peer sharing sessions among caregivers, provide emotional support to those experiencing caregiving burnout, and serve as a referral bridge to community nurses at the Public Health Center (Puskesmas) whenever emotional crisis markers requiring specialized intervention are detected.

This community service program possesses several key strengths, including the application of a holistic approach combining theoretical education, role-play simulations, and guidebooks alongside high community engagement and robust support from local leaders and village officials. Nevertheless, the implementation of this program presents several methodological and operational limitations:

Study Design: The study utilized a pre-experimental approach (One-Group Pre-test and Post-test Design) without a control group, which prevents external confounding variables from being fully controlled.

Sample and Setting: The sample size was limited to family caregivers within a single village, thereby restricting the generalizability of the findings to broader populations.

Evaluation Timeframe: The post-test evaluation was conducted shortly after the intervention, meaning the long-term durability (6–12 months) of the caregivers' PFA skills was not comprehensively measured.

Data Distribution Effects: A ceiling effect occurred in the knowledge questionnaire instrument, leading to a concentration of high scores at the post-test stage.

Recommendations for Further Development

For Community Nursing Services and Public Health Centers: Scale up and replicate this PFA training module extensively across the service areas as a standardized component of home-based elderly care services. For Healthcare Cadres: Conduct periodic PFA refresher courses every 3 to 6 months to maintain consistency in observation and support skills. For Future Researchers: Employ a quasi-experimental or cluster randomized controlled trial (RCT) design involving a control group, a larger sample size, and longitudinal evaluation to rigorously assess the direct impact of PFA on reducing depression rates among older adults.

CONCLUSION

Psychological First Aid (PFA) training was associated with substantial improvements in family caregivers' knowledge and skills in providing initial psychological support for older adults in Palipi Soreang Village, Majene Regency. The mean knowledge score increased from 19.47 to 35.53, while the mean skill score increased from 23.62 to 35.50, with statistically significant pre–post differences. The combination of structured education, practical guidance, and role-play simulations strengthened caregivers' ability to apply the Look, Listen, and Link principles when responding to the psychological needs of older adults. These findings support the integration of PFA-based education and mentoring into routine Posyandu Lansia activities as a community-based approach to strengthening family caregiving capacity. However, given the one-group pre–test–post-test design, single-community setting, and short-term evaluation, further studies using controlled designs, larger samples, and longer follow-up periods are needed to assess the sustainability and broader applicability of these improvements.

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Conflict of Interest

The authors declare that they have no conflicts of interest related to the implementation, authorship, or publication of this community service program.

Declaration of Generative AI Use

During the preparation of this manuscript, the authors used generative artificial intelligence (AI) tools solely to assist with language editing, grammar improvement, and clarity of expression. The authors critically reviewed and revised all AI-assisted content and take full responsibility for the accuracy, integrity, and final content of the manuscript. Generative AI was not used to generate, manipulate, or interpret the study data or results.

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