

# Employee Assistance Program Counseling in the U.S. Technology Industry: Clinical and Work Outcome Risks and Results for 5,869 Cases at CuraLinc Healthcare

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**Abstract:** This applied study explored the role of behavioral health issues among workers in the technology industry in the United States. The technology industry account for about 5% of employees in the total U.S. workforce in year 2024. The study featured EAP data collected over a 7-year period from employee users of individual counseling or coaching from a single national EAP business in the United States (CuraLinc Healthcare). The larger full sample included 85,432 clients who worked at 2,679 different employers. The EAP user sample for the technology industry group included 5,869 employee clients who worked at 229 different employers. Longitudinal data at 30-days post use was obtained from 9,063 cases in the full sample (of which 734 were from the technology industry). The technology industry client sample was 57% women and 43% men, average age of 39 years, 93% used the EAP for counseling (7% for coaching), 99% were voluntary self-referrals (<1% were formally referred by a manager at work), 61% met with a counselor in person at a local clinical office (39% online video) and the typical treatment episode lasted about 7 weeks (47 days). The reasons why employees in the technology industry used the EAP was to address issues of mental health (43%), stress and personal life issues (28%), marriage and family issues (17%), work-related issues (6%) and substance use problems (2%). The EAP user profile for workers in technology – compared to the 7 other industries – was relatively higher in use of coaching, lower in formal management referrals, and average on other factors. When starting to use the EAP many of the cases in technology reported having clinical level symptoms on standardized measures for anxiety disorder (41% at-risk), depression disorder (27% at-risk), alcohol misuse disorder (12% at-risk) and low work productivity (47% at problem level). Among cases initially at-risk at Pre, most had recovered after use to no longer be at-risk for anxiety, for depression and for work productivity. The technology industry had the highest rate of recovery among all industries in the level of clinical improvement after using the EAP for anxiety (82%), depression (93%) and also work productivity (91%). Those who started with a work productivity problem changed from 61 work hours lost per month at Pre to 22 hours at Post. The hours of restored work productivity was estimated to be a \$2,665 value per month per case who initially had this problem. Recent data on number of worker, number of employers, worker age, gender, private/public sector, union representation, compensation, and safety from the U.S. Bureau of Labor Statistics is also presented to provide a larger context for this industry.

**Index Terms:** absenteeism, alcohol, anxiety, counseling, depression, employee assistance program, industry, information, presenteeism, technology, work

## I. INTRODUCTION

This study profiles employees in the technology industry who used employee assistance program (EAP) services at one large national provider. The United States (U.S.) civilian labor market includes over 157 million workers in January of 2024 [1-3]. These employees work in hundreds of different industries [4]. Workers in the technology and related information types of industry represent 5% of all U.S. workers. This industry has 7.6 million workers in total with 4.6 million employees in the subtype of scientific and technical services [5] and another 3.0 million employees in the information services subtype [6]. The gender mix of these workers is 56% male and 44% female. The average worker is 42 years old. This group has a high level of financial compensation per worker at \$69 per hour with a 37-hour average work week. Only 4% of workers are represented by a union. Of the over 1 million total employers, 99% are in the private sector. This industry has a low annual rate of 0.9 cases per every 100 employees who experience a workplace injury or illness. The technology industry has a profile that is similar to the financial industry.

### 1.1. EAPs and the Technology Industry

Behavioral health disorders such as anxiety, depression and substance misuse affect about 25% employees each year in the United States (U.S.) [7-9]. These disorders adversely impact organizational success in many areas, including increased health care costs, losses from excess absence and lost work productivity, employee turnover, workplace accidents, violence, disability, suicide and death [10-11]. Most employers try to support their workers in a variety of ways including offering an employee assistance program (EAP) benefit [12]. EAPs are designed to help workers resolve acute but modifiable behavioral health issues and use of individual confidential counseling can restore the emotional, mental and work performance of employees [13-15]. Recent national U.S. data from March of 2023 shows that overall, 64% of full-time workers have an EAP available to them as part of employee benefits package [16]. In the private sector, a total of over 3.2 million employers sponsor an EAP and the majority of public sector organizations in the U.S. also offer an EAP benefit to their workers [17,18].

The role of behavioral health and EAP in the technology industry has received limited attention historically. A study from 2022 focused on behavioral factors associated with help-seeking behavior and examined employee-to-employer disclosure and perceptions of support among employees in the technology industry [19]. Another study from 2014 featured a survey of 355 employees and an analysis of EAP use records for 276 cases at an employer in the technology field [20]. They found that employees reported a variety of problems topics (such as legal issues, career development, family and marriage problems, and emotional problems) but that only problems specific to work and occupational issues were found in both data sources. While a useful start, none of these past studies involved large sample sizes of EAP users, assessed multiple different employers in the transportation industry, assessed behavioral health risk rates in the EAP user population or used scientifically validated measures of clinical and work outcomes. The present study was done to fill this gap in our understanding for these types of workers.

### *1.2. Highlights from EAP Study of Eight U.S. Industries – Focus on Technology*

CuraLinc Healthcare has been in business since 2008 and now this company has over 4,200 employer customers that offer the EAP as a benefit to over 8 million employees. We leveraged the available client background and operational data to construct profiles of eight different major industries. Clinical risk and work outcome data was also routinely collected on many of these employees. This company has conducted six other empirical studies examining a variety of aspects of their EAP services and outcomes. In the newest study, we analyzed recent national data collected over a 7-year period from over 85,000 cases from this EAP [21-26] to profile employee users in eight different industries. We identified the prevalence rates among EAP users for clinical risks for common behavioral health conditions (anxiety, depression and alcohol misuse) and also the rate of employees with problem levels of work absenteeism and work presenteeism that manifest in hours of lost productive time. We learned how workers use employee assistance program counseling and coaching services. We also discovered how effective use the EAP was in reducing these behavioral health and work-related problems. For details on the study methodology and analytical procedures, please see our earlier comprehensive report on all of the different industries in the U.S. [26]. The present study highlights key findings from the previous study for workers in the technology industry. This industry is also compared to seven other industries.

## II. METHODOLOGY

### *2.1. Archival Business Data and EAP Use Profile*

Users were made aware of the service as a benefit open to all covered employees through a variety of digital, interpersonal and workplace promotional practices. There was no direct cost to the employees in this study, as access to the EAP was sponsored by their employer. Employees participated voluntarily and were not paid for using the services. The study period spanned 80 months, from April of 2017 through December of 2023, based on the start date of program use. The last case included in the study had a Post use data collection date of January 4 of 2024. The year of use was defined by date of when the employee contacted the program and completed the initial intake assessment (2017 to 2023). The case-level raw data was aggregated into one master dataset and analyzed for the present paper. The full sample included 85,432 clients who worked at 2,679 different employers in the United States.

Some data came from the operational business processes used by the staff and clinicians who provided the services. Part of this process involves recording core aspects of the business customer context, employee demographics and the clinical use experience. For this study we extracted the following information from the operational data system: name of employer/customer, industry, maximum clinical sessions allowed per case in the employer/customer contract, date of first use of the service, date of follow-up survey, employee age (date of birth), employee gender, source of referral to the EAP (self or formal referral from management), type of EAP service used (counseling or mental health coaching), primary clinical issue (alcohol, depression, work and so on) and the modality of how the service was delivered via online video or in-person at the counselor's office.

### *2.2. Counseling Intake and Intervention*

As per the clinical practice model, every employee who requested support from CuraLinc was referred to a clinician with a specialty that matched their presenting issue or concern who also had confirmed appointment availability. All counselors involved in the delivery of the clinical treatment services were fully licensed and trained professionals, with earned master’s or doctoral degrees in social work, mental health or other related fields. Clients had a use model determined by their employer that limited the maximum number of counseling sessions allowed per treatment episode. This per case treatment limit ranged from a limit of 3 sessions to 10 or more (the average was 6 sessions of EAP counseling allowed at no cost to the employee).

2.3. Study Full Sample of EAP Users by Industry Type

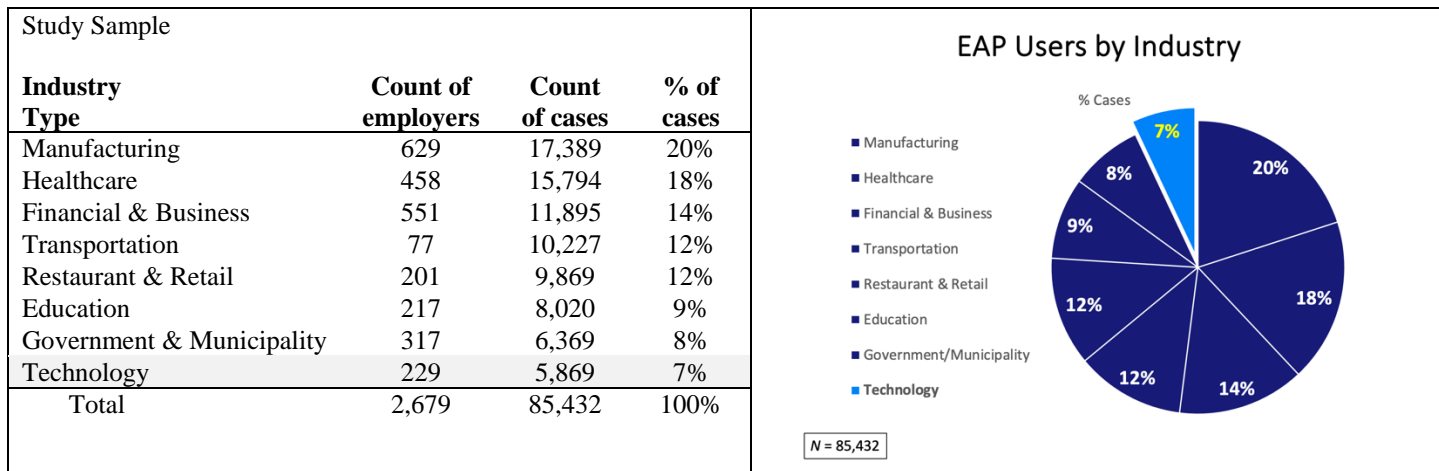
Table 1 shows the employee demographics and the clinical use experience at the EAP for just the technology industry subsample. These cases worked for companies in AI, scientific, computer devices and services, internet, telecommunications, mobile phones, security, and human resources and employee benefits technology.

**Table 1.** Profile of Cases on Demographics and EAP Use in the Technology Industry

Factor	Technology	
	n count	%
<b>Total EAP users</b>	5,689	100
<b>Year of use of EAP</b>	All	
2017	111	2
2018	230	4
2019	290	5
2020	1,044	18
2021	751	13
2022	421	7
2023	3,022	51
<b>Client age</b>	5,135	
Under 30 years	1,123	22
30-39 years	1,791	35
40-49 years	1,157	22
50 plus years	1,064	21
Average (17-73)	39 years	
<b>Client gender</b>	5,663	
Female	3,236	57
Male	2,427	43
<b>EAP service type used</b>	All	
Counseling	5,449	93
Coaching	420	7
<b>EAP referral source</b>	All	
Self / family / other	5,819	99
Formal management at work	50	1
<b>EAP modality of use</b>	All	
In-person office (face-to-face)	3,475	59
Online video	2,394	41
<b>EAP presenting issue</b>	All	
Mental health – anxiety	1,063	18
Mental health – depression	721	12
Mental health – other	760	13
Substance use – drug or alcohol	134	2
Stress personal / other life issues	1,662	28
Marital or family relationship	1,105	19
Work stress or occupational	424	7
<b>EAP use duration (if valid data)</b>	623	
1-30 days	167	27
31-59 days	335	54
60-89 days	71	11
90 plus days (max 224 days)	50	8
Average:	47 days	

<b>Longitudinal follow-up</b>	All	
Any outcome data – yes	734	13

Figure 1 shows the mix of eight different industry types in the full study sample. Please see the source paper for details on how these types were defined [26]. Each industry group had many different specific employers included in the data, ranging from 77 employers for transportation to 629 employers for manufacturing. The total number of employers across all industries was 2,679. The mix of the 8 industries in the sample ranged from 20% of all cases for the manufacturing industry to 7% for the technology industry.



**Figure 1.** Mix of 8 Industries in EAP Study Sample

#### 2.4. Self-Report Outcomes Measures Collected at Pre and Post Use

During the initial assessment, the multiple self-report measures were collected, either over the telephone or from a brief online survey. After the treatment phase was completed, the EAP conducted individual follow-ups with clients about 30 days after the last clinical session to collect outcome measures and evaluate other quality of use metrics. The follow-up for coaching clients was at one week after the final session. Standardized measures of behavioral health and work outcomes were assessed using published and validated self-report scales. All of these measures had acceptable levels of psychometric validity and reliability. See the full study for details on how these measures were scored and standardized across time involving the two study phases [26].

When the research project started in 2017 it featured two clinical measures, one for general depression symptoms (Patient Health Questionnaire 2-item brief scale; PHQ-2) and the other for hazardous alcohol use and binge drinking (Alcohol Use Disorders Identification Test brief 3-item version; AUDIT-C). Later in August of 2021, an additional clinical measure was added to assess anxiety disorder symptoms using the brief 2-item version of the Generalized Anxiety Disorder scale (GAD-2). Two work-related outcomes were also measured throughout the entire project. Employee work absenteeism was assessed using two different measures over the seven-year study period. During Phase 1 (2017 to July 2021), the full 5-item Absenteeism Scale from the Workplace Outcome Suite was used. In Phase 2 (August of 2021 through all of 2023), the single-item work absenteeism question from the WOS was used. The outcome of work presenteeism was assessed using two different measures over the study period. During Phase 1, the 6-item Stanford Presenteeism Scale was used while during Phase 2, the single-item work presenteeism question from the WOS was used. The work absenteeism and presenteeism measures were combined into a single metric useful for conducting analyses in the severity of the work productivity problem. Following standard research practices established in the EAP field for this approach, an estimated specific number of hours of lost work productivity per case per month was created.

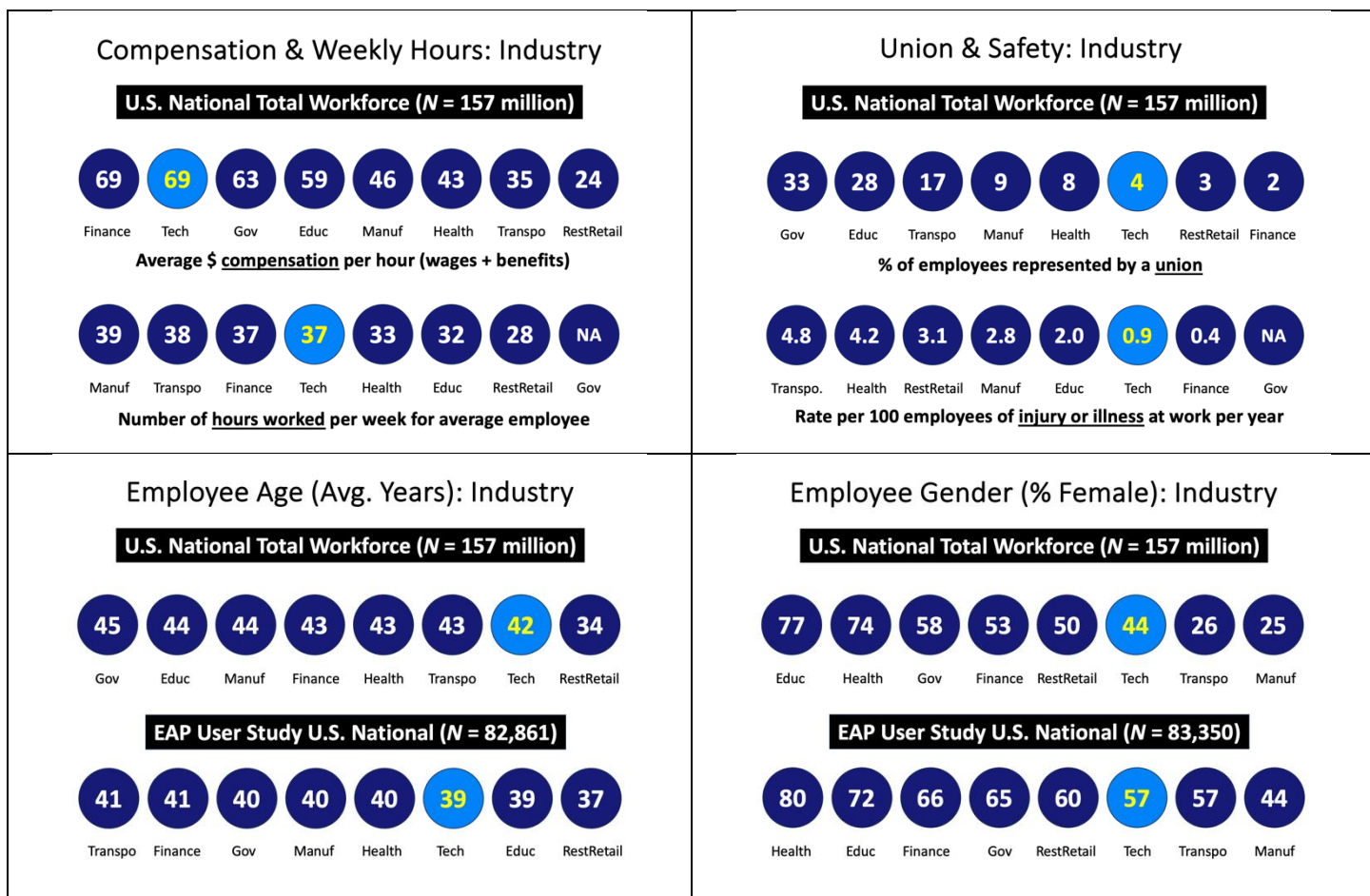
### III. RESULTS

#### 3.1. PART 1: Profile of the Technology Industry in General and EAP Users

**Workforce Profile.** These characteristics of the technology industry are compared to 7 other major industries on the same BLS data sources (see Figure 2). The average level of employee compensation for technology is the tied with financial and business for the highest as the other industries ranged from \$24 to \$69 per hour. The level of union status for technology is lower than most other industries which ranged from only 2% to 33% of employees with union representation at their workplace. The average number of hours worked per week per in technology (37) is the middle when compared to other industries which ranged from 28 to 38. The level of safety risks

in the workplace for technology was next to the lowest among other industries, which ranged widely from 0.4 to 4.8 incidents per 100 workers per year.

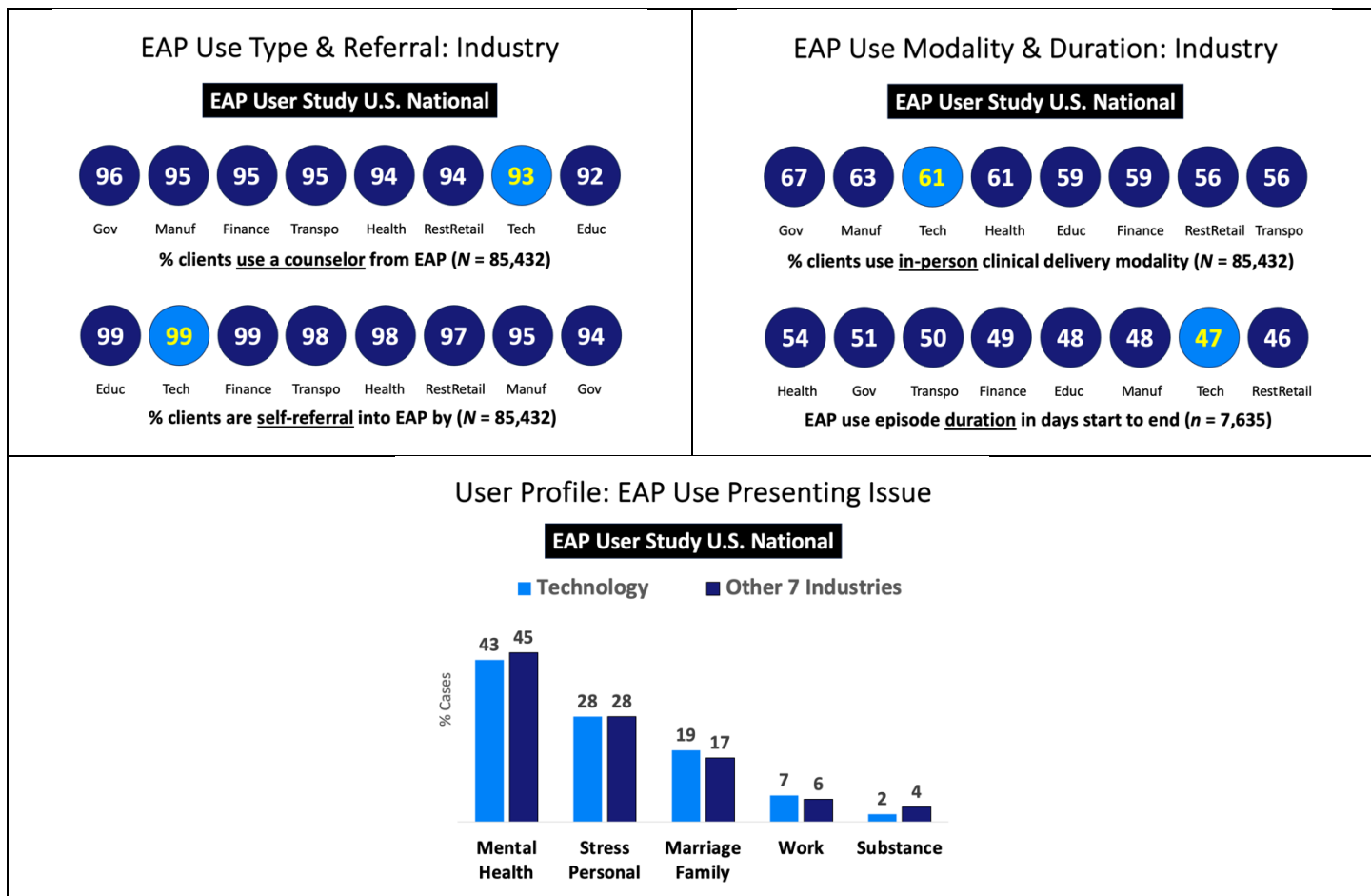
**Employee Age and Gender.** The demographic characteristics of the technology industry employees were compared to 7 other major industries based on the same BLS data sources and also from the EAP user data (see Figure 2). Employees in the technology industry had an average age of 39 years in the BLS workforce data and an average 39 years in the EAP user study. Note this pattern for age by industry among the EAP users matches the average age by industry profile for the U.S. total workforce. In both data sources, technology was toward the lower age range. Employees in the technology industry had a gender mix of 56% men and 44% women in the BLS workforce data and 43% men and 57% women in the EAP user study data. Note this pattern of industry differences in EAP users matches the same rank ordering of industries by gender mix for the U.S. total workforce, although the range was less extreme in the EAP users than in the total workforce.



**Figure 2.** U.S. National Total Workforce BLS Data by Industry (top row); Client Age and Gender of Employees by Industry in BLS Data and EAP Study Data (bottom row)

**Employee Use of the EAP.** The technology industry group was also compared to the other industry types on how the EAP service was used (see Figure 3). The vast majority of the employees in the technology industry chose to use a counselor at the EAP with only 7% using a mental health coach. This same finding was also observed for EAP users in all of the other industries. Almost all of the employees in the technology industry were self-referrals with only 1% of all cases being formally referred to use counseling by their manager at work. This same emphasis on self-referrals was also observed for EAP users in all of the other industries as the formal referral part of the total cases ranged from 1% to 6%. Users of the EAP could choose to engage with a counselor in-person at a local office clinical setting or remotely using an online video connection. Most of the employees in the technology industry used the in-person modality (61%) and 39% used online video. This preference was generally consistent for employees in the other industries as well. The number of days, on average, for the EAP treatment episode was 47 for employees in the technology industry. This duration was similar to the employees in other industries, which ranged from 46 to 54 days.

**EAP Use - Presenting Issue.** The mix of five general types of presenting issues among EAP users in the technology industry is shown in lower part of Figure 3. The most common issue type for EAP use was mental health, which accounted for 43% of the cases in the technology industry and 45% in the other industries. The next common issue type was stress and personal life problems, which accounted for 28% of the cases in technology and also in the other industries. Problems with marriage or family accounted for 19% of the cases in technology and 17% in the other industries. Problems with work or other occupational stressors accounted for only 7% of the cases in technology and 6% in the other industries. Issues involving substance abuse and addictions comprised just 2% of the cases in the technology industry – which was half the 4% average among other industries. In general, the mix of presenting issues among the EAP users from the technology field was similar to workers in other industries.



**Figure 3.** EAP Use Characteristics by Industry

### 3.2. PART 2: Clinical and Work Outcomes for Employees Users of EAP in Technology Industry

The clinical and work outcome profile of the technology industry cases were compared to 7 other major industries.

**Clinical Anxiety.** About 4 in every 10 employees in the technology industry met the criteria for clinical anxiety disorder when starting their use of the EAP service (see Figure 4). This 41% prevalence rate for anxiety disorder risk was at the lower end compared to the other industries, which ranged from 40% to 47% at-risk. Reduction in anxiety risk was tested in the subsample of cases in the technology industry who had data at both the start of use and again at the follow-up 30 days after the last counseling session and who had started at-risk on anxiety. Within this longitudinal subsample, the prevalence rate was 40% of all cases were at-risk at Pre for anxiety but only 7% of all cases were at-risk at Post. The results found that 82% of these cases had recovered after EAP use to no longer be at-risk for anxiety. This recovery rate for technology was the best result compared to the other industries, which ranged from 72% to 80% of cases who recovered from anxiety.

**Clinical Depression.** About 3 in every 10 employees in the technology industry met the criteria for clinical depression disorder when starting their use of the EAP service (see Figure 4). This 27% prevalence rate for depression disorder risk was toward the middle range of 26% to 36% in other industries. Reduction in this risk was tested in the subsample of cases in the technology industry who had data

at both the start of use and again at the follow-up 30 days after the last counseling session and who had started use being at-risk on depression. Within this longitudinal subsample, the prevalence rate was 24% of all cases were at-risk at Pre for alcohol misuse but only <1% of all cases were at-risk at Post. The results found that 93% of these cases in technology had recovered after EAP use to no longer be at-risk for depression. This recovery rate for technology was better than all of the other industries in the study, which ranged from 82% to 93% of cases who recovered from depression.

**Clinical Alcohol Misuse.** About 1 in every 8 employees in the technology industry met the clinical criteria for hazardous alcohol use when starting their use of the EAP service (see Figure 4). This 12% prevalence rate for alcohol disorder risk was toward the middle range when compared to the employees in the other industries, which ranged from 10% to 15% at-risk. Reduction in this risk was tested in the subsample of cases in the technology industry who had data at both the start of use and again at the follow-up 30 days after the last counseling session and who had started at-risk on alcohol misuse. Within this longitudinal subsample, the prevalence rate was 14% of all cases were at-risk at Pre for alcohol misuse but <2% of all cases were at-risk at Post. There were not enough alcohol at-risk cases with longitudinal data to determine the recovery rate.

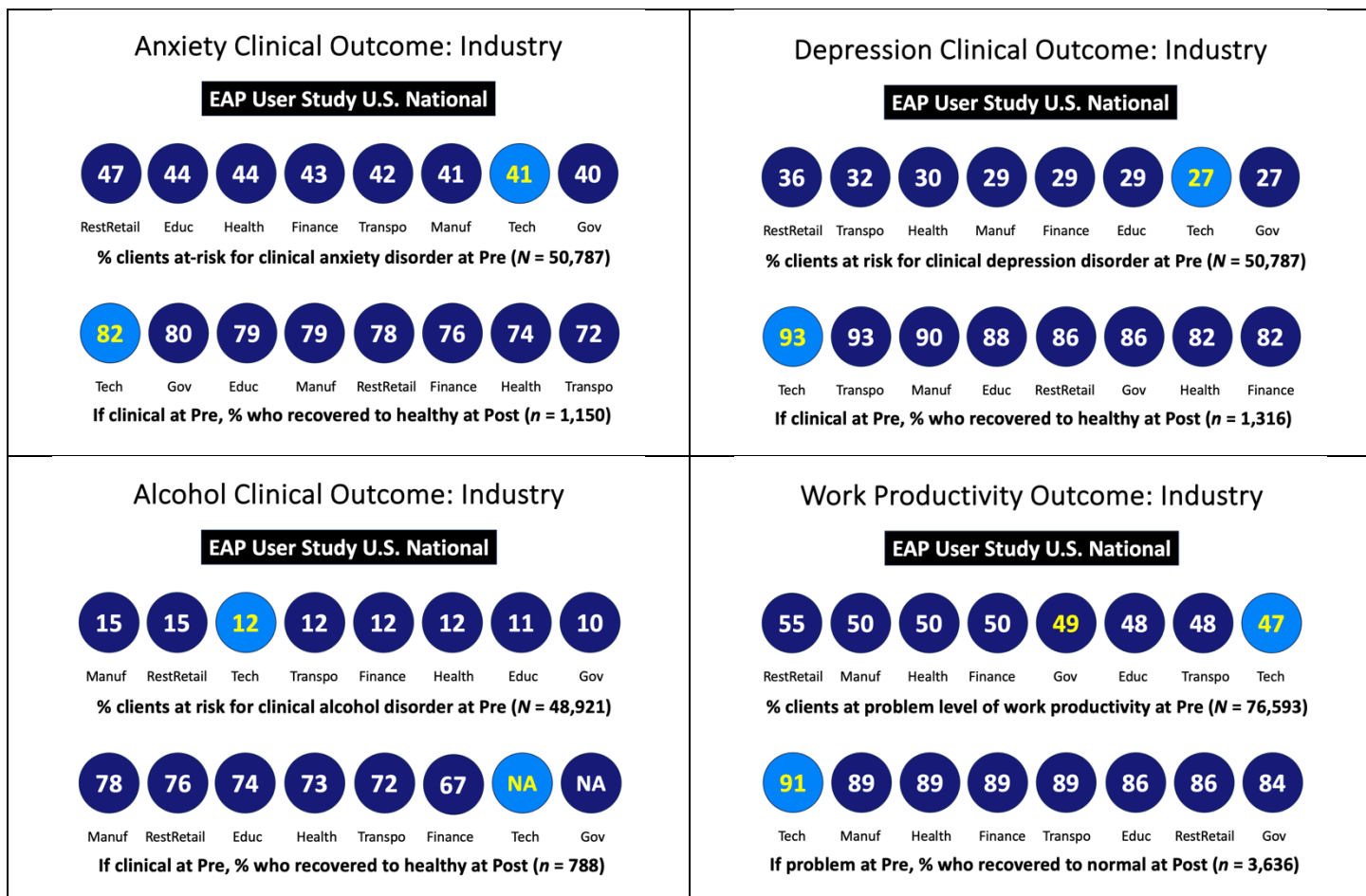


Figure 4. Clinical and Work Outcome Results for EAP Users: By Industry

**Problem Work Productivity.** About half of the employees in the technology industry met the criteria for abnormally low work productivity when starting their use of the EAP service (see Figure 4). These problem cases had excess levels of work presenteeism and/or work absenteeism. This 47% prevalence rate for work productivity problem similar to the other industries, which ranged from 47% to 55% of cases at a problem level for work productivity. Reduction in this risk was tested in the subsample of cases in the technology industry who had data at both the start of use and again at the follow-up 30 days after the last counseling session and who had started at a problem level on work productivity. Within this longitudinal subsample, the prevalence rate was 48% of all cases had a work productivity problem at Pre but only 7% of all cases had this same problem at Post. The results found that 91% of these cases had recovered after EAP use to no longer have a problem with work productivity. This recovery rate for technology was better than all of the other industries in the study, which ranged from 84% to 89% of cases who recovered from having a work productivity problem.

**Hours of Lost Work Productivity.** In terms of specific hours, the typical EAP case in the technology industry with a work productivity problem had an estimated 60.97 hour of lost productivity during the month before using the EAP (based on a combined 50.16 hours of presenteeism and 10.81 hours of absenteeism). After the employee had completed treatment, this adverse outcome changed to be much lower at an estimated 22.15 hour of lost productivity during the month after using the EAP (based on a combined 20.72 hours of presenteeism and only 1.42 hours of absenteeism). The level of LPT hours at Post is lower than the 27 hour norm for the typical “healthy” worker. This is a difference of 38.82 hours of restored work productivity per month per employee initially with a problem on this outcome area.

The typical employee in the technology and heavy labor industry in 2024 earned \$68.64 per hour in compensation (wages & benefits) in 2024 [1]. Thus, the financial burden to the employer during the month before using the EAP for was \$4,185 per case in lost work productivity (based just on compensation value alone). However, this cost burden was reduced by \$2,665 after using the EAP. Depending on how many months the initial level of impaired work productivity may have continued on without the employee receiving any treatment, this savings amount could be much greater when multiplied over a 6 or 12 month period. Considering the modest total annual investment in an EAP service benefit, these kinds of workplace-related cost savings could quickly add up to a break-even ROI even at low levels of program utilization.

In summary, the key findings of study for the profile of EAP users and the four outcomes for technology industry EAP cases are shown in Table 2.

**Table 2. Summary of Key Findings for EAP Cases in the Technology Industry**

		<b>EAP User Characteristics</b>			
<b>Profile factors</b>  <i>N</i> = 5,869 employees	Size:	7% of all EAP cases 2017-2023			
	Gender:	57% women and 43% men			
	Age:	Average 39 years			
	Service:	93% counseling / 7% coaching			
	Referral:	99% self-referrals / 1% formally referred by manager at work			
	Modality:	61% in-person office / 39% online video			
	Duration:	7 weeks (47 days) 43% mental health			
	Issues: why used EAP	28% stress and personal life 17% marriage and family 6% work-related 4% substance use			
		<b>Outcomes</b>			
<b>Test</b>		Mental Health Anxiety	Mental Health Depression	Alcohol Misuse	Low Work Productivity
Prevalence of at-risk clinical or work problem status before EAP use <i>all cases at Pre</i> ( <i>n</i> = 3,117 to 5,244)	At-risk Pre:	<b>41%</b>	<b>27%</b>	<b>12%</b>	<b>47%</b>
	Industry Rank:	<b>No. 7</b>	<b>No. 7</b>	<b>No. 3</b>	<b>No. 8</b>
Reduction in prevalence of at-risk or problem status cases from Pre to Post <i>all cases with longitudinal data</i> ( <i>n</i> = 206 to 564)	At-risk Pre:	<b>40%</b>	<b>24%</b>	<b>14%</b>	<b>48%</b>
	Post:	<b>7%</b>	<b>&lt;1%</b>	<b>&lt;2%</b>	<b>7%</b>
Change to no-risk status after EAP as percentage of subgroup at-risk at start <i>at-risk cases with longitudinal data</i> ( <i>n</i> = 83 to 277)	Recovered at Post:	<b>82%</b>	<b>93%</b>	<b>NA</b>	<b>91%</b>

IV. DISCUSSION

This applied exploratory study focused on the technology industry. The findings provide a profile of this workforce in the U.S. in general and also for EAP users specifically. The technology industry is the smallest segment of the total national workforce and also for EAP users nationally. Workers in the technology industry are a mix of both genders but more men than women and most are of



average working age. Workers in the technology industry are close to the top for the average level of employee compensation, toward the middle for hours per week and toward the lower end of the industries for union representation and for workplace safety incidents.

The EAP user profile for workers in technology – compared to the 7 other industries – was relatively higher in use of coaching, very low in formal management referrals, similar on counseling modality, duration of use episode and mix of presenting issues.

When starting to use the EAP many of the cases in technology reported having clinical level symptoms on standardized measures for anxiety disorder (41% at-risk), depression disorder (27% at-risk), alcohol misuse disorder (12% at-risk) and low work productivity (47% at problem level). Among the cases who were initially at-risk at Pre, most had recovered after use to no longer be at-risk for anxiety, for depression and for work productivity. The technology industry had the highest rate of recovery among all industries for anxiety (82%), depression (93%) and for work productivity (91%).

These findings were obtained from a “real world” business context involving national data that was collected using validated scientific measures over seven years from a large sample of over 5,800 employee users who worked at over 200 employers in the technology industry. Thus, this study has a high degree of external validity for the findings. Thus, employers in the technology industry can be confident that these results are likely to describe their industry fairly well. Overall, the study results demonstrate both the need to supporting worker behavioral health and for considering an effective employee assistance program as one resources for employers to use to manage these kinds of worker wellbeing and work performance risks.

#### ACKNOWLEDGMENT

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#### DECLARATIONS

**Funding:** The research was financed by the authors’ own resources. No external research grant funding was involved.

**Author Contributions:** MA performed the statistical analyses of the aggregated dataset, conducted the literature review and drafted the manuscript. DP developed the study design, selected the measures involved, coordinated the data collection and led preparation of annual reports of preliminary results. All authors discussed the results and contributed to the final manuscript.

**Conflict of interest/Competing interests:** MA is an independent research scholar and consultant who received financial support from CuraLinc Healthcare for preparing this research manuscript. MA has also occasionally worked on other projects for this company. DP works for CuraLinc Healthcare company.

**Ethical Considerations:** The privacy of users was protected by having all program use and survey data deidentified before being shared with the independent consultant (first author) who conducted all statistical analyses. As this was an applied study of archival anonymized data collected from routine use of the service, additional informed consent from individual participants beyond their initial consent agreement in terms of use of the EAP service was not required. All data was collected as part of the normal business practices and not for a separate specific research project. Project approval from a university internal review board was not required. The use and analysis of archival operational data in this manner for applied research is consistent with the published ethical guidelines of the American Psychological Association [27]. All counselors involved in the delivery of the clinical treatment services were fully licensed and trained professionals.

**Institutional Review Board Statement:** No formal ethical approval of the study was required due to the retrospective archival naturalistic design of the study. All employees who used the counseling and completed the outcome measures participated voluntarily and had their personal identity protected as all unique identifiers were removed from the data prior to analysis. All counselors involved in the delivery of the clinical treatment services were fully licensed and trained professionals.

**Informed Consent Statement:** All data was collected as part of the normal business practices and not for a separate specific research project. Consent for participation in a research study and use of data for publication of study results was therefore not necessary.

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