






Review article

A systematic review of the role of social work in dealing with suicide

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Abstract

Objectives: This review answers the following questions: (1) What is the potential role of social work in prevention, intervention, and postvention in dealing with suicide? (2) What factors limit social work involvement?

Methods: A sample of 84 peer-reviewed articles selected via PubMed, Scopus, and Google Scholar were analysed using content analysis.

Findings: Results indicate that the role of social work in suicide prevention, intervention and postvention has been primarily established as a clinical or mental health social worker's task. However, generalist social workers can also effectively use their training in dealing with suicide at individual, family, organisational, and community levels. The study revealed that social work intervention in suicide prevention is reduced by several factors, including limited social work research interests in suicide, lack of education and training of social workers in dealing with people with suicidal ideation, and professional anxiety caused by clients' suicides.

Conclusion: Incorporating suicide content into social work education, increasing social workers' training, and utilising generalist social workers' potential are required to increase social work contribution.

Keywords: Assessment; Intervention; Suicide; Postvention; Prevention; Social work's potential

Introduction

Suicide is a major global public health issue which contributes to over one million deaths annually and many suicide attempts. Given its significance, the reduction of suicide mortality has been recognised as a global target and included as an indicator in the United Nations Sustainable Development Goals (WHO, 2019). World Mental Health Day in 2019 invited more social approaches to tackle this tragic problem (BASW, 2019). However, the psychiatric model dominates the risk assessment, intervention, and prevention of suicide (Baril, 2020; Standley, 2022). One major criticism of orthodox psychopathological analysis of suicide is the failure to acknowledge the critical social, cultural, political, power, gender, poverty, and ecological factors of suicide (Cover, 2016; Haw et al., 2013; Standley, 2022). Further, they heavily emphasise the lineal relationships between mental problems to suicide (Kral and White, 2017) and extensively use quantitative analysis to identify the causes of suicide (Hjelmeland and Knizek, 2017). Thus, critical suicidology proposes a more integrated approach to prevent suicide, where academics, community activists, pro-

fessional caregivers, practitioners, policymakers, family members, and local citizens work together to find more integrated, innovative, less psycho-centric and depoliticised ways to deal with the problem (Baril, 2020; Kral and White, 2017).

Social workers encounter people with suicidal ideations at all levels of their work, including in psychiatric wards, schools, prisons, colleges, correctional institutions, families, direct client practices or indirect health promotion, advocacy, and policymaking (Ruth et al., 2012; Singer et al., 2019). Feldman and Freedenthal (2006) found that over 90% of social workers had, at some point, worked with at least one individual who had suicidal thoughts. Sanders et al. (2008) found that 55% of social workers had worked with a person who had engaged in nonfatal attempts, while 31% had dealt with a client who had died by suicide. "Social work is the largest profession working on the frontlines to help individuals who have tried or are at risk of trying to die by suicide," said Scheyett (2020, p. 101).

However, the role of social work in dealing with suicide is relatively less known, even though social factors of suicide are well-established in social work (Joe and Niedermeier, 2006; Maple et al., 2017; Ranahan, 2013; Slater et al., 2015). This cre-

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ates questions like why the role of social work is relatively less known and what is the contribution of social work in dealing with suicide. The first review by Joe and Niedermeier (2006), with a sample of 133 peer-review articles (1986–2006), examined social work's contribution to suicidology. The results indicated that 64.9% of articles were explanatory scientific works dedicated to describing the risk factors of suicide. Later, Maple et al. (2017) conducted a scoping review from 2003–2013 ($n = 241$) to answer how social work contributes to suicide prevention, intervention, and postvention. The study found that social workers have primarily undertaken quantitative inquiries to explain the causes of suicide, with fewer descriptive and control modes of research.

Both these searches have considered the authors' social work education or professional background and the focus on suicide (whether the primary focus is on suicide or suicide-related behaviour) as inclusion criteria in selecting potential papers, allowing the researchers to accept many papers for review. They have yet to consider social work content as the primary focus of selecting papers. These inclusion and exclusion criteria are acceptable because the reviews aimed to find social workers' contributions to suicide prevention other than exploring the theoretical and practical soundness of social work in contributing to suicide prevention.

Against this background, this study answers two specific research questions: (1) What is the potential role of social work in assessment, prevention, intervention, and postvention in dealing with suicide? (2) What factors limit social work involvement?

Materials and methods

Data sources and search strategies

This review was completed by an independent team of four members: two subject experts, a statistician, and an Assistant Librarian. Ensuring methodological rigour, the review team adopted the PRISMA framework, which is suited for studies that evaluate the effects of interventions to inform health-care providers, policymakers, and other decision-makers (Page et al., 2021) to capture articles on social work's role in dealing with suicide. This review employed electronic databases, namely PubMed, Scopus, and Google Scholar, to extract the relevant articles.

The search was initiated after deriving the keywords from the defined research questions. The syntax used for the Boolean operator was Social Work OR Suicide OR Attempted Suicide OR Assessment OR Prevention OR Intervention OR Postvention OR Potentials OR Limitations. OR was used for the Boolean operator to broaden the search and capture all articles on the topic regardless of the term used as this search was limited to a few electronic databases. AND was not used for the Boolean operator as it narrows the search and only captures articles in which all concepts appear when using multiple databases.

Eligibility criteria

This search was restricted to peer-reviewed articles that were (i) fully accessible and published in English, (ii) between January 2000 and January 2024, and (iii) primarily focused on social work in suicide. Articles were excluded if they were (i) providing a minor focus on social work contribution to suicide prevention, intervention and postvention, (iii) related to assisted suicide or euthanasia, (iii) not written in English, (iv) related to self-harm.

The initial search identified a total of 254 articles. 93 duplicates were removed, leaving 161 sources for the initial screening. As this is a significant number for review, a two-stage selection process was adopted. In the first round, two search team members screened the selected literature titles, abstracts, keywords, and subject headings to check whether they provided social work content. On this basis, 77 sources were excluded. Some discrepancies were resolved in this round after internal discussions with the review team's subject expert. The second round involved the subject experts reviewing the full texts of potentially relevant articles. Some discrepancies were resolved after discussions with the research team. Finally, 84 articles qualified for the review. The results were then organised into a table. Diagram 1 shows the article selection process.

Data analysis

Data analysis was performed using Content Analysis. "Content analysis is the process of organising information into categories related to the central questions of the research" (Bowen, 2017, p. 32). The process involves skimming (superficial examination), reading (thorough examination), and interpretation. Five team members (S.R, A.E, D.C, I.W, and T.G) read the selected articles by the review team, with particular attention to the abstract, introduction/background, discussion, and conclusion to capture the author's objective/s, key concepts, theories, arguments made, and recommendations to identify codes for developing themes. Each member used an a priori codebook to organise information, while the primary researcher (S.R) integrated the individual results into one codebook. Any discrepancies were solved by consensus between the members. The results of this study were analysed qualitatively and presented as a textual narrative based on emerging themes.

Results

Chart 1 shows the percentage of search topic distribution.

The potential of social work

This section attempts to answer the first specific research question: the potential of social work in dealing with suicide. In this article, the potential of social work is defined as the use of social work theory and training in assessment, prevention, intervention, and postvention in dealing with suicide at various levels. Accordingly, five themes were derived.

Working with people with suicidal ideation

Suicide prevention requires combined effort at three primary levels: individual and family, vulnerable sub-populations at risk, and the general population (WHO, 2012). Social workers can play a vital role in all these three levels, ranging from case management to psychotherapy (Dimmrothová et al., 2024; Wallace et al., 2021). Omokhabi and Omokhabi (2023) identified a range of social workers' roles in suicide prevention, including gatekeepers, case workers, clinicians, counsellors, psychotherapists, community workers, researchers, trainers, and so on.

At the individual level, psychosocial assessment, which aims to identify the individual's psychological and social risk factors and build a therapeutic alliance, is an essential task of social workers (Petrakis and Joubert, 2013; Reina-Aguilar et al., 2023). In this regard, active listening and playing the role of a 'mate' are essential because suicide narratives are unique to individuals (Gair and Camilleri, 2003; Navrátilová et al.,

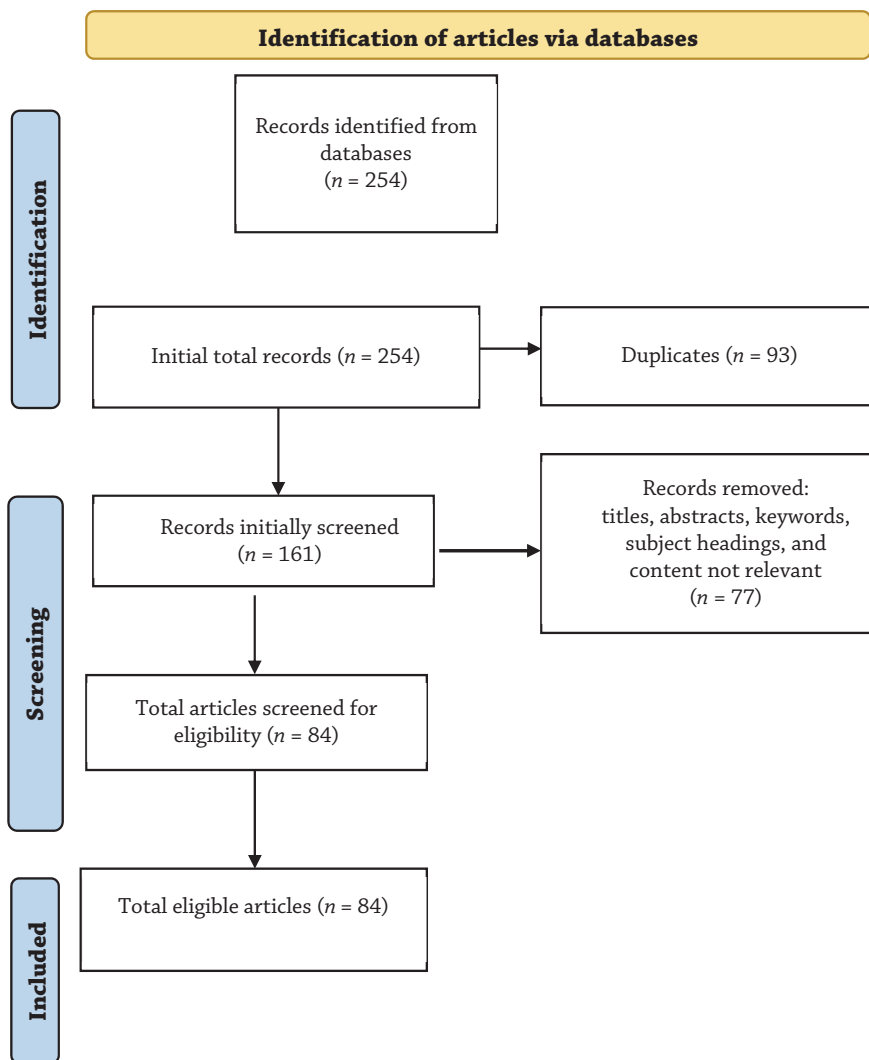


Diagram 1. The articles selection process

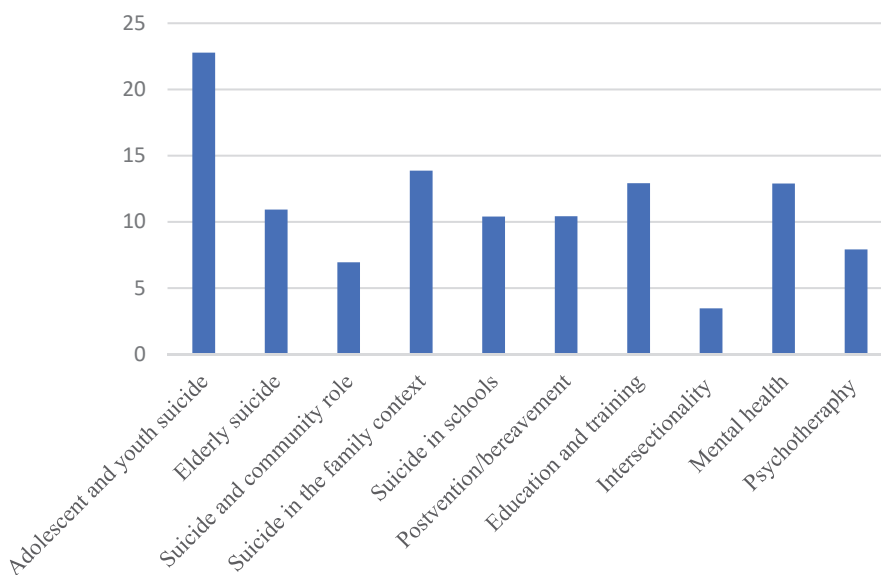


Chart 1. Percentage of search topic distribution

2023). Active listening is considered fundamental to any social worker's training; being nonjudgmental, offering help, and building trust so that the person with suicidal thoughts feels that the social worker will find help for them (Ragesh et al., 2017).

Clinical social workers are highly equipped for suicide screenings and assessments in crisis centres, schools, and emergency departments to deliver evidence-based interventions (Singer et al., 2019). Also, they can provide psychological support and psychoeducation, develop healthy relationships, maintain aftercare contacts, and coordinate social resources in the recovery process (Petrakis and Joubert, 2013). Further, mental health social workers can provide counselling or psychotherapy, such as cognitive behavioural therapy, once the person is stabilised (González-Prendes, 2012; Ragesh et al., 2017). Ali et al. (2021) mentioned that clinical social workers could play a frontline role in screening and assessing people with suicidal ideations as they possess knowledge and skills on recovery approaches, strengths-based models, systemic models, indigenous models, and therapies, including Cognitive Behavioural Therapy and Dialectical Behavioural Therapy. More significantly, social workers and psychologists can focus on patient-centred problem-solving, crisis intervention, and strength approaches in addressing inner and outer world issues of suicidal patients (Petrakis and Joubert, 2013; Punoová et al., 2020). Hightower et al. (2023) stressed that social workers can comprehensively use the person-in-environment perspective to conceptualize suicide from a micro-mezzo and macro perspective to develop solutions.

Working with families

As frontline workers, social workers have an essential role to play in the family before and after the suicidal act. They can educate the family about possible risk factors, early signs of suicide, and possible precautions (Levine and Sher, 2020; Maple et al., 2017). Also, they can empower family support during a suicidal crisis, improve the mental health literacy of the family, encourage the suicidal person to seek and adhere to treatment, and help keep them safe (Maple et al., 2017; Osteen et al., 2014).

Suicide survivors, including families, peers, and professional colleagues, suffer from various immediate and long-term impacts due to the death of their dear ones, including complicated grief and suicidal thoughts (Pompili et al., 2013), adverse social reactions like avoidance, lack of social support, and stigma (Logan et al., 2018). Hence social work is very important in providing services for suicide survivors (Inostroza et al., 2023; Maple, 2005; Qin et al., 2002).

At the family level, family social workers can more effectively use unique skills such as conducting risk assessments, developing intervention plans, providing counselling and therapy, advocacy and case management, crisis intervention, collaboration and coordination, and evaluation and follow-up (Wallace et al., 2021). Further, social workers' training in Attachment-Based Family Therapy, Dialectical Behavioral Therapy for adolescents, Cognitive Behavioral Therapy, and Integrative Cognitive Behavioral Therapy would be instrumental in dealing with suicide in the family and schools (Matel-Anderson and Bekhet, 2016; Scott, 2021).

Working with organisations

Social work is not practised in a vacuum but within the confines of an organisation (Hughes and Wearing, 2021). Social workers can work towards the organisational and systemic changes required for suicide prevention by analysing existing

policies and programs to find gaps and introduce new methods that improve suicide care. Social work managers and social policy leaders can utilise their skills to improve administrative systems and evidence-based policies for suicide prevention in hospitals, communities, prisons, schools, workplaces, and other similar organisations (Levitt et al., 2011; Scheyett, 2020).

Berhman et al. (2019) found that social workers can educate paediatricians about the risks that trigger depression and anxiety and protective factors for adolescent mental well-being. Moreover, they can build partnerships with schools of medicine, nursing, pharmacy, and allied health, along with paediatricians, to lower suicide risks. Levitt et al. (2011) described how social workers can work with psychiatrists to train paraprofessionals who provide services to people at risk of suicide in various organisational settings. Further, social workers can serve in the media to reduce heroic and sensational reporting, decrease social stigma, and enhance help-seeking (Levine and Sher, 2020). Social workers can also introduce and practice the 'self-help group' (Navrátil, 2015; Oka and Borkman, 2011) as a successful voluntary approach to suicide prevention in various groups and organisational setups.

Academic institutes-based suicide prevention is one of the leading prevention strategies, where social workers are involved in programs designed to provide knowledge and change suicidal behaviour among high-risk adolescents (Nadeem et al., 2011; Testoni et al., 2021). School social workers can use The Suicide Risk Monitoring Tool (Erbacher and Singer, 2018) to monitor suicide risks quickly and easily in youth. Singer and Slovak (2011) surveyed 399 school social workers and found that respondents were confident and prepared to work with youths who experience suicidal thoughts. They were primarily responsible for and confident in suicide assessments, identifying suicide risk factors, and making appropriate referrals. They can also create programs for at-risk students and the general school population to enhance life skills, social support, and behavioural changes (Hamilton and Rolf, 2010). Further, they can initiate collaborative programmes with educational institutes and mental health services (Testoni et al., 2021).

Working with communities

In preventing public health problems such as suicide, community-driven models are increasingly in demand (Reifels et al., 2022). Hodshire et al. (2014) described how social workers must think of building social capital with all communities to prevent suicide, both locally and globally. It is well-established that community resources such as social networks, social bonds, trust, social support, peers, friends, and neighbours buffer the individual from suicide and risk factors of stressors (Herrman et al., 2011; Johnson et al., 2011). Also, community-based aftercare (Bliokas et al., 2019), community-based reintegration (Wu et al., 2016), improvements in family connectedness and peer and community connectedness (Czyz et al., 2012), and combating stigma and shame reactions (Wiklander et al., 2012), are effective community-oriented social work caring strategies for suicide survivors. These topics demand a unique approach to social work to perceive and work with the person-in-situation configuration from a community perspective (Petrakis and Joubert, 2013).

The gatekeeper model would be instrumental in the domain of mental healthcare and suicide prevention (Levine and Sher, 2019; Sharpe et al., 2014), where social workers could use their expertise to train, educate, and facilitate potential individuals within the community to identify risk factors and individuals at risk and refer them to care providers (Isaac et al., 2009).

Factors limiting the social work role

Three subthemes supported this research question.

Lack of social work research

The results revealed that there is a shortage of social work research on suicide. Joe and Niedermeier (2006) found that between 1980 and 2006, social workers contributed limited evidence-based knowledge on treating or preventing suicide or suicide-related behaviours. The existing social work research has focused almost exclusively on the contribution of clinical social work (Sanders et al., 2008). Researchers from clinical backgrounds, including psychology, psychiatry, and nursing, have mainly produced empirical knowledge about social work in dealing with suicide (Sanders et al., 2008). Thus, more social work research efforts on suicide prevention and the management of people with suicidal thoughts are needed to increase social workers' contribution to combating suicide (Levine and Sher, 2020). Maple et al. (2017) identified empirical gaps in suicide in indigenous communities, postvention knowledge, and social stigma related to suicide. Thus, Scheyett (2020) stressed that social work must go beyond its limited clinical scope to crucial macro, community, and systems intervention roles in the fight against suicide.

Inadequacy of formal training and education

Social workers' inadequate training and education on assessing the risks and responding to clients with suicidal thoughts are often mentioned in the relevant literature (Feldman and Freedenthal, 2006; Jacobson et al., 2004; Kourgiantakis et al., 2022; Levine and Sher, 2020; Levitt et al., 2011; Mirick, 2020, 2024; Schmitz et al., 2012; Scott, 2015; Pryor et al., 2023; Osteen et al., 2014; Ruth et al., 2012). Training is especially required for chronic risk factors, acute warning signs, protective factors, and case management options (Kourgiantakis et al., 2022; Pisani et al., 2011; Sanders et al., 2008). Also, social workers must be aware of the nature and trends in suicidal behaviours, especially among youth (Joe, 2006).

In a study sample of 73 social work master's students, Osteen et al. (2014) found that the knowledge of suicide-related matters was average, attitudes to suicide prevention were generally neutral, and the use of suicide prevention skills was low. Thus, Mirick (2020, 2024) and Ruth et al. (2012) pointed out that content related to suicide in both bachelor's and master's level social work degree programs is minimal or absent, stressing the importance of the inclusion of suicide content across the curriculum, not only in advanced clinical social work courses (Kourgiantakis et al., 2022; Scheyett, 2020).

In an effort to increase the master's level teaching about suicide topics, Scott (2015) offered a semester-long course on suicide for second-year MSW students. Similarly, Almeida et al. (2017a) implemented and evaluated a semester-long course for the MSW program dedicated to suicide-related topics targeting clinical social workers, such as screening, assessment, managing suicidal clients, postvention, and public health approaches to preventing suicide. The evaluation test found that students' knowledge, confidence, and preparedness significantly increased in comparison to the pretest.

In contrast, inadequacy of training and education creates discomfort and negative attitudes in social workers, reducing their involvement (Almeida et al., 2017b; Ruth et al., 2012). Almeida et al. (2017a) described that this discomfort would lead to an unethical feeling in early career social workers. It means that improperly and ineffectively trained MSW students will encounter difficult predicaments about their obliga-

tion to practice following the code of ethics when they work as early-career social workers with suicidal clients.

Few studies found that clinical social workers' attitudes towards suicide have reduced their desire to work with clients with suicidal thoughts, suggesting the need for improved attitudes and confidence in social workers (Herron et al., 2001; Nadeem et al., 2011). In their study on suicide education at social work schools in Japan, Kodaka et al. (2018) found that 60% of the social work instructors sampled were concerned that teaching about suicide would have an adverse psychological impact on students.

Professional anxiety and social workers' mental health

The impact of client suicide on social workers has been discussed in the relevant literature. Jacobson et al. (2004) found that 33% ($n = 230$) of mental health social workers reported that they had experienced a client's suicide. Some evidence suggests that about 45% of those who died by suicide had contact with a primary care physician in the thirty days before they died (Ahmedani et al., 2014). 'Professional anxiety' is one of the common mental health impacts brought by a client's suicide death. In general, professional anxiety refers to a psychological phenomenon consisting of persistent worry, fear, or stress related to one's professional life and future endeavours. One significant element of professional anxiety is the fear of failure or not meeting personal or societal expectations. In the context of suicide, according to Ting et al. (2006), social workers may suffer from stress or post-traumatic symptoms after working with such clients, especially after associating with clients who later died by suicide, which create feelings of professional failure/incompetence and self-blame (Scott, 2015) or occupational hazard (Leaune et al., 2020) and compassion fatigue or secondary traumatic stress (Molnar et al., 2020). A phenomenological study by Hung et al. (2023) found that social workers who experience the death of clients face various emotions, including guilt, shock, panic, anger, shame, loss, sadness, helplessness, regret, fear, anxiousness, and flashbacks.

Given its significance to gender, Jacobson et al. (2004) found that male social workers showed denial and avoidant type of reactions to clients' suicidal behaviours, while female social workers showed higher levels of intrusive thoughts and reminders of the occurrence.

Therefore, practitioner-led postvention support, including that of colleagues, supervisors, and management, is required to recover from personal and professional stress (Gulfi et al., 2010; Leaune et al., 2020). They also need further education/training on suicide screenings and assessments for lethality (Sanders et al., 2006; Ting et al., 2006). Sherba et al. (2019) found that the agency/practice has not adequately supported social workers and counsellors during post-suicide management.

Discussion

This paper aimed to answer two specific research questions: (1) What is the potential role of social work in assessment, prevention, intervention, and postvention in dealing with suicide? (2) What factors limit social work involvement? Themes related to the first question indicated that social workers' theoretical and practical training can be used effectively in suicide prevention on multiple levels, including individual, family, organisational, and community. The themes related to the sec-

ond question highlighted how the lack of social work research, inadequate training and education, and professional anxiety have blocked social workers' involvement with this problem.

This review revealed that social workers are working in many settings where, they are engaged in suicide prevention, assessment, intervention, and postvention on a daily basis. The role of social work in suicide prevention has been primarily established as the duty of clinical social workers, mental health social workers, or psychiatric social workers (Ali et al., 2021; Sanders et al., 2008; Singer, 2019; Wang et al., 2016). Social workers are uniquely trained for suicide crisis support, across clinical and non-clinical settings (Pryor et al., 2023). Previous reviews by Joe and Niedermeier (2006) and Maple et al. (2017) found that social workers' scientific publications are primarily available in non-social work journals, indicating that medical or psychiatric approaches have widely shaped the social work contribution to suicidology. However, social work research into the topic is slowly growing.

While accepting clinical social workers' expertise in dealing with suicide, this review highlighted that family, community, and generalist social workers could also effectively contribute to combating suicide as they acquire the necessary skills to deal with people with suicidal thoughts through primary and secondary social work education. This finding corresponds with the shared view by several studies that 'it is time for all of us to step forward, irrespective of our practice setting, and use our social work skills to address this human tragedy' (Heckert, 2022; Levine and Sher, 2020; Scheyett, 2020).

The question that arises from this discussion is how social work can be effectively used in dealing with suicide. In answering this question, this study agrees with the suggestion made by several previous studies (Levine and Sher, 2019, 2020; Mirick, 2020; Mirick et al., 2016; Ruth et al., 2012; Scheyett, 2020; Scott, 2015), that it is necessary to incorporate suicide content into social work degree programmes at both bachelor's and master's levels to increase the research interest of students and to prevent professional anxiety and negative attitudes toward the topic of suicide. Social workers' education on risk and protective factors, risk assessment, case management, suicide crisis intervention, evidence-based prevention strategies, and postvention can be identified as knowledge gap areas. Empowering social work teachers is also necessary in this effort. In addition to classroom studies, field components and training can be arranged with relevant professionals who are directly involved in suicide problems at various levels to provide social work students with the necessary knowledge and skills.

Previous studies have stressed the importance of training on topics including chronic risk factors, acute warning signs, protective factors, case management options, and universal and selective practices for clinical social workers to improve their contribution to dealing with suicide (Pisani et al., 2011; Sanders et al., 2008). While agreeing with this suggestion, this study recognises the importance of training components on these topics for both clinical and nonclinical social workers. Since most social workers work outside the clinical space, such as schools, prisons, colleges, media, correctional institutions, and families, training programmes would help them to deal with suicide. For example, in the US in 2021, 41.2% (292,329) out of 708,000 (total) social workers were clinical social workers (Zippia, 2023). In England, the total number of social workers was 124,400, of which only 8.7% worked in adult mental health, while 51.1% worked with children and families (BASW, 2023). These statistics indicate that providing formal training and education on suicide to nonclinical social workers would

also be effective in facing this severe challenge. Although the global age-standardized suicide rate decreased by 36% from 2000 to 2019 (WHO, 2019), the rate continues to grow in some regions of the globe. For example, the rate has increased by nearly 40% (2000–2021) in regions in the Americas between 2000–2021 (Cedars Sinai, 2023). The age-standardized suicide rate in Australia has also increased from 16.2 deaths per 100,000 (male) and 5.1 deaths per 100,000 (female) in 2011, to 18.6 (male) and 5.8 (female) in 2020 (Pryor et al., 2023). However, in many countries there is a shortage of qualified professionals (including social workers) to address this crisis. For example, by 2030, America will have a total shortfall of over 195,000 social workers (Lin et al., 2016). Thus, increasing demands on social work professionals with specialized training present a substantial challenge for the field.

The underlying effort of most previous studies has been to identify the social worker's contribution to suicide assessment, intervention, prevention, and postvention, concluding that social work is yet to fully utilise its potential in combating suicide. Perhaps in some contexts, like the USA, social work may be a well-established profession in dealing with suicide. While supporting this well-established conclusion, this study highlighted the theoretical and practical potential of the social work profession in dealing with this serious public health problem, which has been a relatively under-researched topic in the relevant literature. Accordingly, all social workers, whether clinical or nonclinical, acquire fundamental skills such as conducting risk assessments, developing intervention plans, providing advocacy and case management, crisis intervention, evaluation, and follow-up through their training, and these are instrumental in suicide prevention. However, nonclinical social workers' skills remain underutilised. Therefore, stakeholders must reconsider how to mobilise all social workers' underutilised skills in the battle against suicide.

Similar to the findings of Maple et al. (2017), this review found that the postvention role of social work is not well discussed in the literature. Two relatively unanswered questions related to the postvention role of social work were found in the relevant literature. (1) How can social workers support persons who survived a nonfatal attempt (and their families) to improve their social functioning and prevent future attempts? (2) In this sense, what type of social work practice theory and methods are effective? Thus, future studies are required to fill these knowledge gaps.

Conclusion

This review results indicated that the role of social work in suicide prevention, intervention and postvention has been primarily established as a clinical or mental health social worker's task. However, generalist social workers can also effectively use their training in this effort at individual, family, organisational, and community levels. Concerning the global rise in suicide rates, incorporating suicide content into social work education, increasing social workers' training, and utilising generalist social workers' potential are required to increase social workers' contribution in dealing with this human tragedy.

Limitations of the review

We acknowledge that excluding articles published before 2000 articles published in various local sources and in languages other than English is a limitation.

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Ethical aspects and conflict of interest

The authors have no conflict of interest to declare.

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