

# Emotion-Aware Digital Health Platforms Supporting Psychological Well-Being through Positive Computing Approaches

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## ABSTRACT

**The rapid advancement** of digital health technologies creates new opportunities to enhance psychological well-being beyond symptom reduction. Emotion-aware systems, grounded in positive computing approaches, enable digital platforms to respond adaptively to users' affective states and promote sustained well-being rather than merely addressing negative symptoms. **This study examines** the development and quantitative evaluation of an emotion-aware digital health platform designed to support psychological well-being through positive computing principles. **A quantitative** research design was employed to assess the effectiveness of the platform. The system integrates self-reported emotional scales and behavioral interaction data to detect users' emotional states in real time. Psychological well-being was measured using validated instruments, including the WHO-5 Well-Being Index, administered before and after platform usage. Statistical analysis was conducted to evaluate changes in well-being indicators and emotional awareness levels. **The findings** demonstrate a statistically significant improvement in users' psychological well-being, positive affect, and emotional awareness after interacting with the platform. **These results** provide empirical evidence that integrating emotion-awareness into digital health systems can generate measurable humanistic impact and contribute to sustainable psychological well-being through positive computing approaches.

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## 1. INTRODUCTION

The rapid advancement of digital health technologies has significantly reshaped the delivery of psychological support and well-being interventions. Mobile health applications, wearable sensors, and intelligent platforms now enable continuous monitoring of emotional and behavioral patterns, offering scalable and accessible mental health support across geographical and socioeconomic boundaries. The proliferation of smartphones and sensor-enabled devices has reduced traditional barriers to care, such as limited clinical resources, social stigma, and geographic inaccessibility [1, 2]. As a result, digital platforms are increasingly positioned as complementary tools to conventional psychological services, particularly for early detection, self-regulation support, and preventive mental health strategies [3].

Despite these advancements, many digital health systems remain predominantly deficit-oriented, focusing primarily on the detection and reduction of psychological symptoms such as stress, anxiety, and depression. Algorithmic models are often optimized to identify risk levels, classify symptom severity, or predict relapse probability [4]. While symptom mitigation is undeniably essential, this approach frequently overlooks the broader objective of fostering positive psychological functioning, emotional resilience, self-awareness, and sustainable well-being. The absence of strength-based design frameworks may limit the long-term humanistic impact of these technologies. Mental health is not merely the absence of illness, but a multidimensional state encompassing positive affect, meaning, engagement, autonomy, and supportive social interaction [5, 6]. Therefore, digital systems that aim to contribute meaningfully to well-being must move beyond risk detection toward proactive enhancement of psychological strengths [7].

The emergence of affective computing provides new opportunities to address this limitation. Emotion-aware systems are capable of detecting users' emotional states through multimodal inputs, including self-reported scales, behavioral interaction patterns, linguistic sentiment analysis, physiological signals, and contextual data streams [8]. Advances in machine learning and adaptive algorithms allow these systems to interpret affective cues in near real time and generate personalized feedback. When integrated into digital health platforms, emotion-aware architectures can dynamically tailor content, suggest coping strategies, provide reflective prompts, and encourage emotional regulation practices based on detected affective states [9, 10]. However, the effectiveness of such technologies depends not only on their technical precision in emotion detection but also on their ability to translate detection accuracy into meaningful psychological outcomes. High classification performance does not automatically guarantee improved well-being. The true value of emotion-aware systems lies in whether they facilitate measurable improvements in positive affect, emotional clarity, self-efficacy, and overall psychological flourishing [11, 12].

In this context, the concept of positive computing offers a robust theoretical foundation for designing technologies that intentionally support human flourishing. Positive computing emphasizes the systematic integration of psychological well-being determinants such as autonomy, competence, relatedness, mindfulness, gratitude, and resilience into technological design principles [13]. Rather than treating well-being as a secondary outcome, positive computing positions it as a primary design objective. This paradigm encourages the creation of systems that cultivate sustainable positive emotions, promote adaptive coping strategies, and empower users to engage in reflective self-development. By embedding ethical principles, inclusivity, accessibility, transparency, and data privacy into system architecture, digital health platforms can align technological innovation with human-centered values [14, 15]. Ethical AI governance, explainable algorithms, and culturally sensitive design further strengthen trust and long-term adoption.

The relevance of this research extends beyond technological advancement and directly contributes to global development agendas. Specifically, this study aligns with the United Nations Sustainable Development Goals (SDGs), particularly SDGs 3 (Good Health and Well-Being), which emphasizes ensuring healthy lives and promoting well-being for all at all ages. By leveraging accessible and scalable digital platforms, emotion-aware systems can help reduce structural and social barriers to psychological support, particularly in low-resource settings [16, 17]. Furthermore, the inclusive and ethical design approach supports SDGs 10 (Reduced Inequalities) by promoting equitable access to mental health resources across diverse demographic groups, including underserved and marginalized communities. The integration of intelligent, responsible, and sustainable technological infrastructure also contributes to SDGs 9 (Industry, Innovation and Infrastructure), reinforcing the importance of innovation that prioritizes societal benefit and human dignity [18].

Despite growing interest in emotion-aware digital interventions, empirical studies quantitatively validating their impact on psychological well-being remain limited. Many prior works prioritize algorithmic performance metrics such as classification accuracy, precision, recall, and F1-score while insufficiently examining whether these systems produce statistically significant and practically meaningful improvements in users' well-being outcomes [19]. Additionally, longitudinal evaluations that measure sustained psychological impact over time are still scarce. There remains a research gap in demonstrating rigorous, outcome-based validation of emotion-aware platforms grounded in positive computing principles. Addressing this gap is crucial to move the field from technological feasibility toward evidence-based digital well-being innovation [20, 21].

Therefore, this study aims to develop and quantitatively evaluate an emotion-aware digital health platform designed to enhance psychological well-being through positive computing approaches. The proposed platform integrates validated self-reported emotional scales with behavioral interaction data to detect users' affective states in real time [22]. Based on these affective insights, the system delivers adaptive and personalized

interventions that promote positive affect, emotional awareness, and reflective self-regulation. A quantitative pre–post research design is employed to assess measurable changes in psychological well-being using validated psychometric instruments before and after structured platform usage [23]. Statistical analyses are conducted to determine whether observed changes are significant and meaningful.

By providing empirical evidence of measurable improvements in psychological well-being, this research contributes to the interdisciplinary domains of digital health, affective computing, human-centered AI, and positive computing [24]. It advances theoretical understanding by bridging emotion detection technologies with well-being enhancement frameworks. Practically, it offers a scalable model for ethically grounded and inclusive digital mental health innovation. More broadly, the study demonstrates how responsibly designed, emotion-aware systems can generate sustainable humanistic impact while supporting global well-being objectives aligned with the SDGs [25].

## 2. LITERATURE REVIEW

Digital health technologies have significantly expanded access to psychological support through mobile applications, wearable systems, and intelligent monitoring platforms, enabling scalable and continuous mental health interventions [26]. However, many existing systems adopt a deficit-oriented approach that prioritizes symptom detection and reduction rather than fostering sustainable psychological flourishing. Psychological well-being extends beyond the absence of illness and encompasses positive affect, emotional regulation, resilience, and life satisfaction [27]. In this context, affective computing has emerged as a critical technological foundation, enabling systems to recognize and interpret users' emotional states through self-reported scales and behavioral interaction data. Although advancements in emotion recognition algorithms have improved technical accuracy, prior research has largely emphasized performance metrics instead of evaluating measurable well-being outcomes. To address this limitation, positive computing provides a human-centered design paradigm that intentionally develops technology to enhance well-being, autonomy, competence, and ethical responsibility. By integrating emotion-awareness with positive computing principles, digital health platforms can deliver adaptive interventions that promote positive affect and sustained well-being rather than merely mitigating negative symptoms [28, 29]. Nevertheless, empirical quantitative validation of such integrated systems remains limited, highlighting the need for rigorous outcome-based evaluation to determine their actual psychological impact.

## 3. RESEARCH METHOD

This section describes the methodological framework adopted to investigate the effectiveness of the proposed emotion-aware digital health platform. It outlines the research design, participant selection process, measurement instruments, data collection procedures, and statistical analysis techniques used in the study. A quantitative approach was employed to objectively assess changes in psychological well-being through standardized measurement and statistical testing [30]. By systematically structuring the research procedures, this section ensures transparency, replicability, and methodological rigor, allowing the findings to be interpreted with clarity and scientific validity [31].

### 3.1. Research Design

This study employs a quantitative Pre–post experimental design to evaluate the effectiveness of an emotion-aware digital health platform in enhancing psychological well-being. This design was selected to allow systematic measurement of changes in participants' well-being over time following exposure to the intervention. Participants' well-being levels were measured before the implementation of the platform (pre-test) and after a defined period of platform usage (post-test), enabling direct within-subject comparison [32]. By using the same individuals as their own controls, the design minimizes inter-individual variability and strengthens the internal validity of the findings. The structured intervention period ensured that all participants were exposed to consistent platform features, including affect detection and adaptive feedback mechanisms, thereby allowing a reliable assessment of the platform's impact on psychological well-being outcomes [33].

### 3.2. System Architecture

The proposed emotion-aware digital health platform is designed as a modular and human-centered architecture that integrates affect detection, adaptive intervention, and well-being enhancement mechanisms

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grounded in positive computing principles. The system consists of interconnected layers beginning with the User Interaction Layer, which collects self-reported emotional scale data and behavioral interaction patterns such as engagement frequency and response dynamics. These inputs are processed within the Emotion Detection Module to generate contextualized affective state classifications that reflect users' real-time emotional conditions [34, 35]. The detected emotional states are then transmitted to the Adaptive Intervention Engine, which delivers personalized positive feedback, emotional regulation prompts, and reflective guidance aimed at fostering emotional awareness and positive affect. The final outcome layer focuses on measurable improvements in psychological well-being, ensuring that system outputs align with validated well-being indicators. This layered design enhances scalability, transparency, and ethical management of sensitive emotional data while enabling responsible deployment of emotion-aware digital health technologies [36].

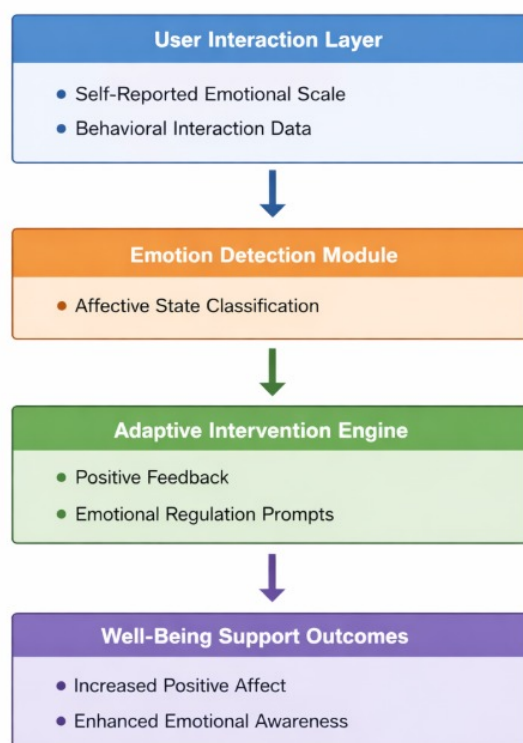


Figure 1. System Architecture of the Proposed Emotion-Aware Digital Health Platform

Figure 1 presents the overall architecture of the proposed Emotion-Aware Digital Health Platform, illustrating a structured, multi-layer framework that integrates emotion detection with adaptive well-being interventions. The system begins with a multimodal input layer that collects self-reported emotional scales and behavioral interaction data, which are then processed through a data preprocessing module involving cleaning, normalization, and feature extraction [37, 38]. These processed data are analyzed within the emotion detection layer using affective modeling techniques to generate a real-time emotional profile of the user. Based on this detected affective state, the adaptive intervention layer dynamically delivers personalized, positive computing based content such as reflective prompts, emotional regulation exercises, and motivational feedback aimed at enhancing positive affect and self-awareness [39]. The architecture concludes with an evaluation and feedback layer that measures changes in psychological well-being using validated instruments and supports continuous improvement through iterative feedback loops. Overall, the system architecture demonstrates how affective computing mechanisms are systematically translated into measurable well-being enhancement within a human-centered and ethically grounded digital health framework [40].

### 3.3. Participants

Participants were recruited voluntarily from adult digital platform users through online announcements and digital community channels. Eligibility criteria required participants to be at least 18 years old, have regular access to and familiarity with smartphone-based applications [41], and demonstrate willingness to complete both Pre-test and Post-test psychological assessments within the designated intervention period. Individuals currently undergoing intensive psychiatric treatment were excluded to minimize potential confounding effects [42, 43]. All participants provided informed consent prior to data collection, and confidentiality of personal and emotional data was strictly maintained. Sample size adequacy was determined using statistical power analysis to ensure sufficient sensitivity in detecting significant differences in psychological well-being scores between pre-intervention and post-intervention measurements, thereby supporting the reliability and robustness of the quantitative findings [44].

### 3.4. Instruments

Psychological well-being was assessed using the WHO-5 Well-Being Index, a validated and widely adopted instrument for measuring subjective psychological well-being in both clinical and non-clinical populations. The WHO-5 consists of five positively worded items rated on a Likert scale, capturing key dimensions of well-being such as positive mood, vitality, and general interest in daily activities [45]. The instrument is designed to reflect individuals' perceived emotional and psychological functioning over a recent time period. In this study, the WHO-5 was administered at two measurement points: prior to platform usage as the Pre-test and after completion of the intervention period as the Post-test. The use of a standardized and psychometrically robust instrument ensured reliability and comparability in evaluating changes in psychological well-being resulting from interaction with the emotion-aware digital health platform [46, 47].

### 3.5. Data Collection Procedure

- Participants completed the Pre-test WHO-5 assessment.
- Participants used the emotion-aware platform for a specified intervention period (e.g., 2–4 weeks).
- The system continuously detected emotional states and provided adaptive positive computing-based feedback [48].
- Participants completed the Post-test WHO-5 assessment.

### 3.6. Data Analysis

Statistical analysis was conducted using:

- Descriptive statistics (mean, standard deviation).
- Normality testing.
- Paired sample t-test to compare Pre-test and Post-test well-being scores.
- Effect size analysis to determine magnitude of improvement [49].

Table 1. Variables and Measurement Instruments

| Variable                 | Type              | Measurement Tool               | Scale        |
|--------------------------|-------------------|--------------------------------|--------------|
| Psychological Well-Being | Dependent         | WHO-5 Well-Being Index         | Likert (0–5) |
| Platform Usage           | Independent       | System Interaction Duration    | Continuous   |
| Emotional Awareness      | Outcome Indicator | Derived from scale improvement | Continuous   |

Table 1 presents the variables and measurement instruments used in this study, clearly distinguishing the roles of each construct within the research model. Psychological Well-Being is positioned as the dependent variable and is measured using the WHO-5 Well-Being Index on a 0–5 Likert scale, providing a validated and

standardized assessment of participants' subjective well-being [50]. Platform Usage serves as the independent variable and is operationalized through system interaction duration, measured as continuous data to capture the intensity and consistency of engagement with the emotion-aware platform. Emotional Awareness is treated as an outcome indicator, derived from measurable improvements in scale scores over time and expressed as a continuous variable to reflect changes in affective understanding and regulation [51, 52]. Together, the variables summarized in Table 1 establish a coherent measurement framework that enables quantitative evaluation of the platform's impact on psychological well-being [53].

### Hypothesis

- H1: Emotion-aware digital health platform usage significantly improves psychological well-being.
- H2: Emotion-aware adaptive feedback significantly enhances emotional awareness.

## 4. RESULTS AND DISCUSSION

The section presents the empirical findings derived from the statistical analyses and interprets them in relation to the research objectives and proposed hypothesis. This section not only reports the quantitative outcomes obtained from the Pre-post intervention design but also provides analytical insights into how the emotion-aware digital health platform influenced participants' psychological well-being. By integrating descriptive and inferential statistical results, this section aims to demonstrate whether the observed changes reflect meaningful improvements and to explain the practical and theoretical implications of the findings within the context of digital mental health and positive computing [54].

### 4.1. Descriptive Statistics

A total of 60 participants completed both the Pre-test and Post-test assessments, resulting in a complete paired dataset suitable for longitudinal comparison. All participants engaged with the emotion-aware digital health platform consistently over a four-week intervention period. Psychological well-being was measured using the WHO-5 Well-Being Index prior to the initiation of platform usage (Pre-test) and again after four weeks of continuous interaction with the system (Post-test). This Pre-Post assessment design enables the observation of within-subject changes in well-being levels over time, thereby providing an initial overview of whether exposure to the platform is associated with improvements in psychological well-being. Descriptive statistical analysis was conducted to summarize the central tendency and dispersion of the well-being scores before proceeding to inferential testing.

Table 2. Descriptive Statistics of Psychological Well-Being Scores

| Measurement          | N  | Mean  | SD    |
|----------------------|----|-------|-------|
| Pre-Test Well-Being  | 60 | 58.42 | 10.35 |
| Post-Test Well-Being | 60 | 71.86 | 9.12  |

As shown in Table 2, the descriptive statistics indicate a clear increase in psychological well-being following the intervention. The mean Pre-test score was 58.42 (SD = 10.35), whereas the Post-test mean increased to 71.86 (SD = 9.12). This difference reflects a substantial improvement in participants' reported well-being after interacting with the emotion-aware digital health platform. Additionally, the slightly lower standard deviation in the Post-test suggests reduced variability in well-being scores, indicating more consistent improvements across participants. Overall, the descriptive results presented in Table 2 provide preliminary evidence that platform usage is associated with enhanced psychological well-being prior to inferential statistical testing.

### 4.2. Normality Testing

Normality was assessed using the Shapiro Wilk test to determine whether the distribution of the Pre-test and Post-test psychological well-being scores met the assumptions required for parametric statistical analysis. Testing for normality is a critical step prior to conducting inferential procedures such as the paired sample t-test, as parametric tests assume that the data are approximately normally distributed. The results of the Shapiro Wilk test showed  $p > 0.05$  for both Pre-test and Post-test scores, indicating that there was no significant deviation from normality. Therefore, the distribution of the data can be considered normal, and the assumption of

normality was satisfied. Based on this outcome, the dataset was deemed appropriate for subsequent parametric testing procedures.

#### 4.3. Paired Sample t-Test

To examine whether the improvement was statistically significant, a paired sample t-test was conducted to compare the mean psychological well-being scores obtained before and after the use of the digital health platform. The paired sample t-test was selected because the measurements were taken from the same participants at two different time points (Pre-test and Post-test), making the observations dependent in nature. This statistical procedure evaluates whether the mean difference between the two related measurements is significantly different from zero. By analyzing the magnitude and direction of the mean difference, the test determines whether the observed increase in well-being scores reflects a true intervention effect rather than random variation. The level of significance was set at 0.05 to determine statistical significance.

The t-statistic formula is expressed as:

$$t = \frac{\bar{d}}{\frac{s_d}{\sqrt{n}}} \quad (1)$$

Where:

- $\bar{d}$  = mean difference
- $s_d$  = standard deviation of differences
- $n$  = sample size

Table 3. Paired Sample t-Test Results

| Variable         | Mean Difference | t-value | p-value |
|------------------|-----------------|---------|---------|
| Well-Being Score | 13.44           | 9.27    | < 0.001 |

Table 3 presents the results of the paired sample t-test comparing Pre-test and Post-test psychological well-being scores. As shown in Table 3, the mean difference between the two measurements is 13.44 points, indicating that participants' well-being scores increased substantially after using the emotion-aware digital health platform. The obtained t-value of 9.27 reflects a strong statistical difference between the Pre- and Post-intervention scores. Furthermore, the p-value is reported as < 0.001, which is well below the significance threshold of 0.05, confirming that the improvement is statistically significant and unlikely to have occurred by chance. These findings demonstrate that the platform had a significant positive effect on psychological well-being, and therefore, H1 is supported.

#### 4.4. Effect Size Analysis

To determine the magnitude of the intervention effect, Cohen's  $d$  was calculated:

$$d = \frac{\bar{d}}{s_d} \quad (2)$$

The computed effect size was  $d = 0.85$ , which indicates a large effect according to Cohen's classification. This suggests that the platform not only produced statistically significant results but also demonstrated practical significance.

#### 4.5. Discussion

The findings provide robust empirical evidence that integrating emotion-awareness with positive computing principles significantly enhances psychological well-being. The statistically significant increase in WHO-5 Well-Being Index scores indicates measurable improvements in positive affect, vitality, and overall life engagement following sustained interaction with the platform. These results suggest that emotion-aware systems can move beyond passive monitoring and actively promote psychological flourishing. By incorporating real-time affective state detection and adaptive responses, the platform supports users in developing greater

emotional awareness, which is widely recognized as a foundational component of emotional regulation and long-term well-being.

Unlike conventional digital mental health applications that primarily emphasize symptom tracking and risk alerts, the proposed system operationalizes positive computing principles by delivering proactive, strength based interventions. The large effect size ( $d = 0.85$ ) demonstrates not only statistical significance but also substantial practical impact, indicating that the intervention meaningfully influenced users' psychological states. The adaptive intervention engine, which provides personalized positive feedback and emotional regulation prompts, likely functions as a mechanism that reinforces self-reflection and cognitive reappraisal processes. This suggests that the integration of affective computing within a human-centered framework can produce sustainable improvements rather than short-term emotional stabilization.

From a broader perspective, these findings reinforce the importance of outcome-based validation in evaluating intelligent digital health systems. While many prior studies prioritize algorithmic accuracy in emotion classification, this research demonstrates that the true value of emotion-aware technology lies in its measurable contribution to human well-being. By aligning technological innovation with ethical design, inclusivity, and scalable accessibility, the platform contributes to global mental health advancement and sustainable development priorities. Ultimately, the study highlights how compassionate, data-driven digital systems can generate tangible humanistic impact while advancing the evolution of responsible and well-being-oriented artificial intelligence in healthcare contexts.

## 5. MANAGERIAL IMPLICATIONS

The findings of this study provide important implications for digital health managers, platform developers, and healthcare decision-makers. First, the significant improvement in psychological well-being demonstrates that emotion-aware features should not be treated as optional enhancements but as strategic components of digital health systems. Managers should prioritize the integration of real-time affect detection and adaptive feedback mechanisms within platform architecture to create value beyond symptom monitoring. Investing in positive computing based design can differentiate digital health products in increasingly competitive markets by offering measurable well-being outcomes rather than solely diagnostic functionalities.

Second, from an operational perspective, healthcare organizations and technology firms should adopt human-centered and ethically grounded design frameworks when developing emotion-aware platforms. This includes ensuring data privacy, transparent emotional data processing, inclusive interface accessibility, and culturally sensitive intervention strategies. Managers must also establish clear governance policies for affective data usage to maintain user trust, as emotional data represents highly sensitive personal information. Building interdisciplinary teams that combine expertise in psychology, data science, and user experience design will be critical to delivering responsible and impactful digital health solutions.

Finally, at the strategic level, policymakers and healthcare administrators can leverage emotion-aware digital platforms as scalable tools to support preventive mental health initiatives. By shifting from reactive treatment models toward proactive well-being enhancement, organizations can reduce long-term mental health burdens and associated economic costs. The demonstrated large effect size indicates that such platforms can generate meaningful humanistic and organizational impact, making them viable components of national digital health strategies and sustainable innovation agendas.

## 6. CONCLUSION

This study provides empirical validation that integrating emotion-awareness with positive computing principles within digital health platforms significantly enhances psychological well-being. Using a quantitative Pre-post design, the findings demonstrate statistically significant improvements in well-being outcomes, supported by a large effect size, indicating both statistical and practical significance. The results confirm that emotion-aware adaptive interventions can move beyond traditional symptom-monitoring approaches toward fostering positive affect, emotional awareness, and sustainable psychological flourishing. Overall, the study contributes to the growing body of digital health research by emphasizing measurable humanistic impact as a central evaluation criterion for intelligent healthcare technologies.

The primary novelty of this research lies in its integrated framework that combines affective state detection, positive computing design principles, and outcome-based quantitative validation within a single digital health system. Unlike prior studies that focus predominantly on algorithmic accuracy or emotion classification

performance, this study demonstrates the real-world psychological benefits of embedding emotion-awareness into ethically grounded, human-centered digital platforms. By empirically linking adaptive emotion-aware feedback to measurable improvements in psychological well-being, this research advances both the theoretical development of positive computing and the practical implementation of compassionate artificial intelligence in healthcare contexts.

Despite these contributions, several directions for future research remain open. Longitudinal studies are needed to examine the sustainability of well-being improvements over extended periods of use. Future research may also explore mediation or moderation mechanisms, such as the role of emotional awareness, engagement intensity, or demographic factors in influencing intervention effectiveness. Additionally, expanding the model through larger and more diverse populations, cross-cultural validation, and integration with advanced AI personalization techniques would further strengthen the generalizability and scalability of emotion-aware digital health systems designed to promote global psychological well-being.

## 7. DECLARATIONS

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### 7.2. Author Contributions

Conceptualization: AA; Methodology: EA; Software: AK; Validation: NS and RH; Formal Analysis: EA and RH; Investigation: AK; Resources: AA; Data Curation: NS; Writing Original Draft Preparation: AK and RH; Writing Review and Editing: AA and EA; Visualization: NS; All authors, RH, AK, EA, NS, and AA, have read and agreed to the published version of the manuscript.

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The data presented in this study are available on request from the corresponding author.

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### 7.5. Declaration of Conflicting Interest

The authors declare that they have no conflicts of interest, known competing financial interests, or personal relationships that could have influenced the work reported in this paper.

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