

EXPLORING FACTORS AFFECTING EMPLOYEES' ORGANIZATIONAL COMMITMENT AND PERFORMANCE IN A HOSPITAL LOCATED IN SOUTHERN IRAN: A MIXED-METHOD STUDY

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ABSTRACT

BACKGROUND:

Organizational commitment, as a significant motivator, plays a crucial role in delivering high-quality healthcare services. This study was conducted to investigate the factors affecting the organizational commitment of hospital staff in the southern region of Iran and to evaluate its impact on employees' performance in delivering quality healthcare services.

METHODS:

This is mixed methods study (quantitative and qualitative) conducted in 2023. In the quantitative phase, 103 personnel with using census method selected. The Allen and Meyer questionnaire was distributed among them and analyzed using the Smart PLS-3 software. In the qualitative phase, 11 hospital employees were purposefully interviewed to investigate the factors influencing their organizational commitments. Qualitative data analysis was performed using a content analysis.

RESULTS:

The results indicate that emotional commitment with a path coefficient of 0.61 and a t-value of 80.5, continuous commitment with a path coefficient of 0.68, a t-value of 75.6, normative commitment with a path coefficient of 0.66, and a t-value of 6.32, have a positive and significant relationship with employee performance. Finally, participants mentioned individual, emotional, job-related, social, and economic factors as the most significant reasons for organizational commitment.

CONCLUSION:

Organizational commitment has a significant positive relationship with employee performance. Hospitals need to implement organizational reforms to fulfill employees' organizational commitment. It is suggested that hospital managers take effective steps towards improving employees' organizational commitment by creating communication networks and using motivational methods.

KEYWORDS

emotional commitment, continuance commitment, normative commitment, employee performance, hospital.

INTRODUCTION

Today, employees are recognized today as the most important stakeholders in organization. They can be the game-changers for the success or failure of their organizations [1]. Human resources play a crucial role in enhancing hospital performance to the extent that an organization cannot succeed without the efforts and commitments of its employees. Organizational commitment refers to employees' beliefs, values, and convictions regarding staying in an organization [2]. Any behavior that occurs in relation to others signifies an individual's commitment towards others. Without commitment, human behavior loses its meaning and significance. Therefore, commitment is a human characteristic that exists in everyone but not everyone adheres to it to the same extent [3]. Commitment is a fundamental characteristic of social life. They predict individuals' behaviors towards fluctuations in desires and interests, thereby facilitating the planning and coordination of joint actions with different factors [4]. Organizational commitment, as a global concept in human resource management and organizational development, has gained attention, and its enhancement is considered key to success and is a significant indicator of an organization's superiority [5]. They introduced organizational commitment into three dimensions: emotional, continuous, and normative commitment. Emotional commitment highlights an individual's emotional attachment to or sense of belonging to the organization. Continuous commitment emphasizes the costs imposed on employees of leaving the organization; in other words, individuals are compelled to stay in the organization because of personal benefits. Normative commitment refers to an individual's sense of obligation to remain in the organization or commitment to the investments made in them [6]. Organizational commitment leads to a significant enhancement in reducing turnover, absenteeism, and turnover intentions, which in turn results in a remarkable improvement in organizational performance, employee morale, better manifestation of organizational excellence goals, and the achievement of individual goals [7]. Ultimately, it enhances patient safety and improves quality of care [8]. Organizational commitment, as a major motivator, can play a significant role in providing quality health services, and motivated and committed employees can have a profound impact on service quality improvements [9-10]. While low organizational commitment weakens employees' creativity, growth opportunities, and innovation, it may impact on the organization's sustainability [11]. Organizational commitment is a key variable that influences employee performance, productivity, service delivery, and quality [12].

Employees in some organizations, such as hospitals, require a high level of job commitment due to the difficulty of their work to avoid leaving their jobs [13].

The hardship of personnel in hospitals for various reasons, such as direct and constant exposure to patients' pain and suffering, staff shortages, multiple duties, high workload, and rotating work shifts, has created concerns about employee turnover, posing a challenge for healthcare system managers in recent years [14-15]. In a review, results showed that 12% of the studies reported high levels of organizational commitment among nurses [2]. The investigations conducted indicate a direct relationship between organizational commitment and job performance [16]. Given that hospital employees provide services to save lives, healthcare institutions and governments must have a mutual commitment to ensure employee well-being [17]. Additionally, hospitals need employees who demonstrate commitment to achieving strategic goals [18]. The ultimate goal of all hospitals is to improve community health; therefore, without committed employees, problems arise in providing effective performance and quality services to patients [19]. The current study aims to connect employee performance with factors related to organizational commitment, which is a key challenge for providing quality care in hospitals. Since no study has been conducted in the southern Iran on employee commitment in providing medical care, the present study aims to investigate the impact of affective commitment, normative commitment, and continuance commitment on the performance of hospital employees in the southern region of the country. As a result, this study seeks to identify and evaluate the factors affecting employee organizational commitment.

METHODS

STUDY DESIGN:

Current study was conducted in two phases, quantitative and qualitative, this study started on 2023/06/27 and ended on 2023/12/25.

STUDY SAMPLE:

The first phase included all staff members of Fatemeh Zahra Hospital in Hajji Abad, Hormozgan, with 103 individuals evaluated using a census method. For the second phase, all staff members of Fatemeh Zahra Hospital in Hajji Abad, Hormozgan were considered, and 11 semi-structured interviews until data saturation were conducted with purposefully selected participants, including doctors, nurses, and administrative staff serving in the hospital.

Inclusion and Exclusion Criteria

- Participants were required to have at least one year of work experience,
- Participants have no history of neurological or psychiatric illnesses.

Exclusion Criteria:

- incomplete filling up of the questionnaire
- Unwillingness to participate in the study

DATA COLLECTION

For quantitative data collection, a 23-item questionnaire, based on a five-point Likert scale, was used. The questionnaire consisted of two parts: the first part included demographic questions (age, sex, marital status, and education), and the second part comprised the main questions of the questionnaire based on the research hypotheses, which were validated for reliability and validity. The questionnaire covered four dimensions (affective commitment, continuous commitment, normative commitment, and employee performance) and was reviewed by professors in the field of healthcare management. Smart-PLS 3 software was used to assess the validity and reliability of the measurement model. For qualitative data collection, interviews were conducted according to guidelines. Data were collected through individual interview sessions, audio recordings, and note taking. Interviews were conducted face-to-face at the participants' workplace based on their preferences and prior coordination. Initially, the participants were asked to answer demographic questions regarding age, job position, work experience, and educational background. Guided interview questions were then posed, starting with an open-ended question, such as "How is the organizational commitment status in the hospital?" The discussion continued to explore participants' perspectives on the reasons for organizational commitment among hospital staff. Each interview lasted between 25 to 50 minutes. Participants were asked for consent to record the conversations before the session, and a code was assigned to each interview to maintain confidentiality of participants' perspectives.

ETHICAL CONSIDERATION

Following approval of the project implementation permit from the Research Ethics Committee of the Hormozgan University of Medical Sciences, (Number: [IR.HUMS.REC.1402.116](#)). (Ethics committee of Hormozgan University of Medical Sciences has approved the research).

The researchers in Iran visited all staff members of Fatemeh Zahra Hospital in Hajji Abad, Hormozgan, with 103 individuals and. For the second phase, 11 staff members of that were considered for sampling and data collection. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/ or national research committee. The current study was carried out in accordance with the 2013 version of the Helsinki Convention (and its 2020 extensions).

All the participants received verbal explanation about the study objectives and procedures and then signed written informed consents for taking part in the study. The participants were also reassured about the anonymity and confidentiality of their information. All procedures performed in studies involving human participants were in

accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments including informed consent and confidentiality of all personal information.

DATA ANALYSIS

After collecting the data in the quantitative phase, they were analyzed using the Partial Least Squares (PLS) software version 3. PLS is used for structural equation modeling and allows users to visualize graphical indicators instead of writing complex commands. It is important to note that the second generation of structural equation modeling, known as Partial Least Squares Structural Equation Modeling (PLS-SEM) or the variance-based approach, was employed to analyze the gathered data. This approach shares similarities with, but is distinct from, the covariance-based approach, which emphasizes constraints based on covariance.

The capabilities of the PLS approach include working with small datasets, insensitivity to data normality, predictive abilities, support for highly complex models, the capability for composite and reflective measurement modeling. This approach has gained popularity among researchers because of its versatility.

The PLS software utilizes central statistical indicators to describe the sample data and generalize the results obtained from the sample to the hypothetical statistical population of the study. Cronbach's alpha coefficients for all constructs in the study were above (0.70), indicating good reliability and validity of the research measures.

TABLE 1. FINAL RESULTS AND SOURCES OF ASSESSMENT SCALES

Research Variables	Scale Source	Number of Questions	Cronbach's Alpha Coefficient
Emotional Commitment	Meyer, Allen & Smith (1993)	6	0.813
Continuous Commitment	Meyer, Allen & Smith (1993)	5	0.825
Normative Commitment	Meyer, Allen & Smith (1993)	5	0.818
Employee Performance	Koopmans et al (2015)	7	0.891

In the qualitative data analysis section, following each interview, the recorded data were transcribed on the same day. At the same time as the initial interview. The transcripts were first type and read line-by-line, and the important paragraphs were marked, and then independently coded the interviews by researchers, to address the primary reasons for organizational commitments. All themes were finalized and approved by all the researchers at the end of the analysis. Subsequently, coding was performed using MAXQDA 2020 software. Furthermore, after coding all data, codes that shared conceptual similarities were classified into unified categories with more precise meanings.

RESULTS

QUANTITATIVE PHASE

As shown in Table 2, 73.8% of the participants were female and 77.7% were married. The majority of participants (around 67%) held a bachelor's degree compared to other educational backgrounds. The highest occurrence was observed in the age group of 25 to 30 years.

TABLE 2: DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE POPULATION

Demographic Characteristics		Frequency	Percent (%) of frequency
Gender	Female	76	8/73
	Male	27	2/26
Age	18-24	2	09/1
	25-30	34	33
	31-36	26	2/25
	37-42	27	2/26
	+43	14	6/13
Marital Status	Married	23	3/22
	Single	80	7/77
Education	Diploma and Sub-diploma	16	5/15
	Post-diploma	13	06/12
	Bachelor's degree	69	67
	Master's degree	5	09/4

The evaluation of the external model fits in a two-stage Partial Least Squares (PLS) path modeling process involves two key steps. Initially, the measurement model (external model) was scrutinized through confirmatory factor analysis, validity and reliability assessments, and confirmatory factor analysis. Subsequently, the structural model (internal model) was analyzed by estimating the relationships between the variables. Two types of validity assessments were used to confirm the validity of the measurement tool: content validity and convergent validity. Content validity was established based on expert opinions. Additionally, two criteria, namely, Cronbach's alpha coefficient and composite reliability coefficient, were employed to ascertain the questionnaire's reliability. All variables in this study exhibited Cronbach's alpha coefficients that surpassed the minimum threshold of (0.70). Table 3 presents the comprehensive results and convergent validity of the measurement instrument in detail. The measurement tool demonstrated sound content validity, convergent validity, and reliability based on the information provided and the results outlined in Table 3. Factor loadings exceeding (0.40) indicate that the variance between constructs and their indicators surpasses the measurement error variance, implying acceptable reliability of the measurement model. In the current research model, as delineated in Table 3, all factor loading coefficients exceed (0.40), indicating that the variances of the indicators with their respective constructs are adequate, substantiating the appropriateness of this criterion.

TABLE 3. STATISTICAL COEFFICIENTS OF THE RESEARCH

Structure	Title in the model	Index	Cronbach's Alpha Coefficient (Alpha>0.7)	Composite reliability coefficient (Alpha>0.7)	Extracted average variance (AVE>0.5)	factor load (>0.4)	T -value (t>1.96)
affective commitment	affective commitment	A1	0.813	0.802	0.552	0.724	11.5
		A2				0.852	4.62
		A3				0.651	8.78
		A4				0.508	4.24
		A5				0.408	7.17
		A6				0.511	14.8
Continuance commitment	Continuance commitment	C1	0.825	0.811	0.614	0.619	7.10
		C2				0.588	18.2
		C3				0.704	7.19

		C4				0.713	9.09
		C5				0.682	5.51
normative commitment	normative commitment	N1	0.891	0.857	0.575	0.691	8.23
		N2				0.401	15.2
		N3				0.631	8.26
		N4				0.421	8.31
		N5				0.713	6.01
Personnel performance	Personnel performance	P1	0.818	0.806	0.543	0.741	6.95
		P2				0.606	10.4
		P3				0.887	14.5
		P4				0.437	4.06
		P5				0.851	8.36
		P6				0.571	5.73
		P7				0.927	8.16

Internal model fit assessment" refers to the evaluation of the relationship between the variables in a research study. Using an internal model, the research hypotheses can be investigated. The criterion for confirming the research hypotheses is for path coefficients to be positive and t-statistics greater than (1.96). The results of the hypothesis testing are presented in Table 4.

TABLE 4. INTERNAL MODEL FITTING RESULTS

H	Path	Path coefficient	Statistics T	Results
H1	Emotional commitment → personnel performance	0.612	5.801	Accept
H2	Continuous commitment → personnel performance	0.684	6.755	Accept
H3	Normative commitment → personnel performance	0.661	6.324	Accept

The validated conceptual model is shown in Figures 1 and 2. The numbers on the lines represent the beta coefficients resulting from the regression equation between variables, which are the path coefficients. The numbers within each circle indicate R-squared values corresponding to the latent variables within the model. For the path coefficient to be significant, the t-value for each path should exceed (1.96).

FIGURE 1: TESTED RESEARCH MODEL (PATH COEFFICIENTS AND FACTOR LOADING)

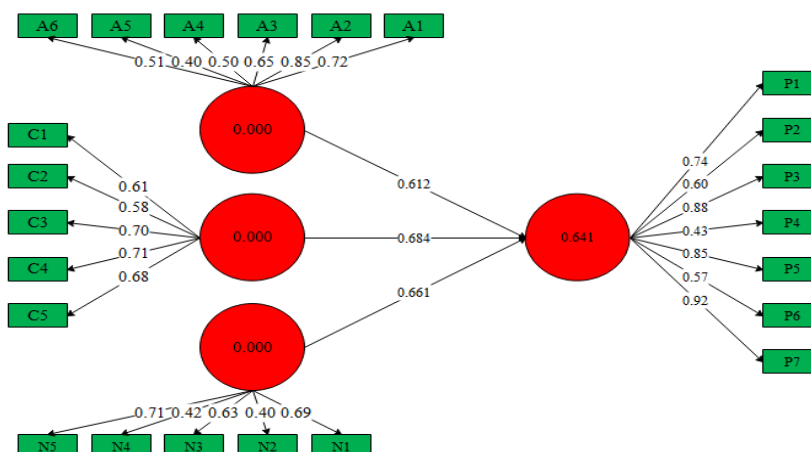
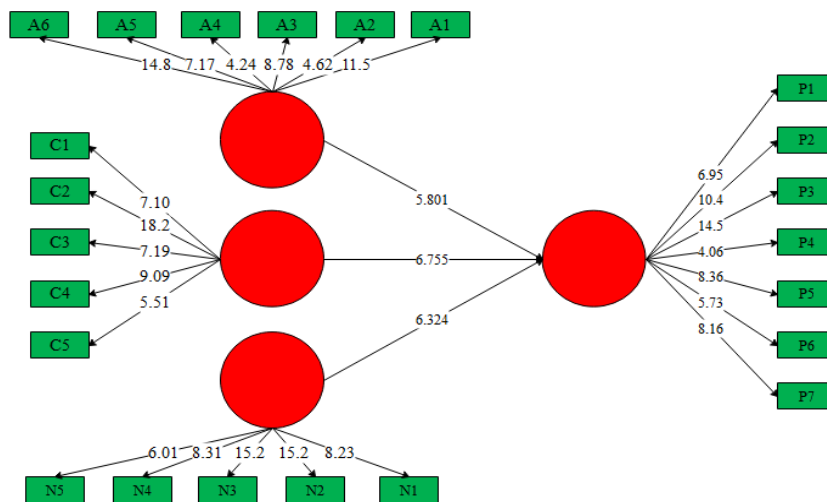


FIGURE 2: TESTED RESEARCH MODEL (T-VALUES)



QUALITATIVE PHASE

The findings of the research on identifying the reasons for organizational commitment from the perspective of hospital employees are in five main themes, including personal, emotional, occupational, social and economic factors as described in Table 5.

TABLE5: REASONS FOR HAVING ORGANIZATIONAL COMMITMENTS FROM THE PERSPECTIVE OF HOSPITAL EMPLOYEES

Main them	Sub them
Economic factors	1- Timely receipt of salary 2- Fair distribution of benefits 3- The possibility of receiving loans and facilities 4- Existence of welfare facilities
Social factors	5- The social position of the job 6- Good reputation of the organization 7- The family's interest in working 8- The desire to have independence
Occupational factors	9- Employing a worker according to the field of study 10- Job security 11- Existence of fair shift 12- Job promotion 13- Job burnout 14- High work experience 15- Empowering work environment and work environment
Emotional factors	16- Existence of effective relationships in the hospital 17- Good morals and character of colleagues 18- The respectful treatment of the management team of the organization 19- Management support 20- Respect 21- Personnel satisfaction
Individual factors	22- Being interested in the job 23- Sense of responsibility and commitment to work 24- Duties 25- sense of being useful 26- Quality of personal life 27- Increasing age

Individual Factors:

One of the reasons for organizational commitment among employees is related to individual factors, which increase with job interest, sense of responsibility and commitment to work, increased age and work experience, sense of duty and usefulness, and likelihood of staying in the organization. *"Due to my love and interest in my job, I tried to improve my skills so that I could be useful in the hospital."* (Participant 1) *"One of the reasons that make me committed to the hospital is that I consider it my human duty to do the work as best as possible and the satisfaction of patients is very valuable to me."* (Participant 6).

Emotional Factors:

The most influential factors affecting employees' organizational commitment are related to emotional factors, which create job satisfaction and commitment due to the presence of effective and intimate relationships, good ethics and attitudes of colleagues, respectful interactions with the hospital management team, and job satisfaction. *"In our department, one of our colleagues suffered from postpartum depression, we tried to make the atmosphere cheerful during our colleagues' presence and with guidance and counseling, we improved their condition."* (Participant 3)

Job Factors:

Job factors are another important factor in organizational commitment: employing a job that matches their field of study, job security, having programs to prevent job burnout, fair shift scheduling, and having a job promotion system increase employees' commitment to the hospital. *"One of our colleagues was a caregiver and was being used as a secretary in the department; they requested to resign several times which eventually led to their relocation."* (Participant 5) *"The head nurse of our department has lower educational qualifications and less work experience than me which sometimes makes me feel disillusioned in my job."* (Participant 2).

Social Factors:

Some participants stated that social factors play an important role in organizational commitment. The social status of the job, good reputation of the organization, and desire for personal independence are among the important factors in retaining the workforce in the organization. *"I take pride in being an employee of the hospital."* (Participant 6) *"Well, we receive monthly salaries and in terms of finances, I have almost financial independence, this is one of the reasons why I stay in the hospital."* (Participant 10)

Economic Factors:

One of the goals of working in an organization is to meet its material needs. Obtaining financial resources such as receiving fair wages and benefits, the possibility of obtaining facilities and welfare amenities are among the factors that retain the workforce in the organization. *"Our hospital has contracts with sports clubs and recreational places, well, this is comforting for me."* (Participant 1) *"In my opinion, dividing rewards based on the number of shifts and working hours and the individual's qualifications can be fairer."* (Participant 9).

DISCUSSION

Organizational commitment is considered an important factor in organizational behavior discussions and plays a significant role in guiding human resource management and professional health policies. If hospital staff lacks commitment to the organization, the organization will not achieve its goals. It is evident that all processes and investments in an organization are tools that require educated, interested, and committed employees dedicated to their work. This study aimed to investigate the relationship between organizational commitment in terms of emotional, continuous, and normative commitment on the performance of staff in the southern hospitals of the country and identify the factors that affect organizational commitment.

In the present study, it was shown that organizational commitment has a positive relationship with staff performance, as demonstrated by Moradi et.al, indicating that organizational commitment is at a moderate level among 67.3% of nurses [20]. Rafiee et.al highlighted that all three dimensions of organizational commitment - emotional, continuous, and

normative commitment have a positive and significant effect on job performance [21]. A study by Princy et al. showed that organizational commitment has a significant impact on a work system with high performance [22]. In 2018, Visanh et al. demonstrated in a study titled "Factors Affecting Organizational Commitment of Employees in Lao Development Bank" that the level of organizational commitment of employees in Lao Development Bank is high, with normative commitment and emotional commitment considered from the highest to the lowest level [23]. Estiningtyas and Darmanto showed in a study titled "Organizational Commitment in Improving the Performance of Employees in Indonesia" that control sources and self-efficacy have a positive and significant impact on organizational commitment [24]. Additionally, Aiwazi stated that there is a significant relationship between performance evaluation and organizational commitment among employees of the General Office of Sports and Youth in Alborz Province [25].

In this study, emotional commitment was found to have a positive and significant relationship with staff performance in the hospital, with an indicative path coefficient of 0.612 and a significant coefficient of 5.801. It is expected that employees will perform their job every day when their managers have guaranteed a valid commitment to pay them at the end of the month. Therefore, hospital staff's emotional commitment can be strengthened through strategies such as emotional attachment, identification, and participation in the organization. If the job at the hospital meets individuals' needs, fosters good relationships with colleagues, and increases job performance and productivity, managers will be able to make more professional decisions in critical situations. Ouyang et al. showed that job satisfaction in nurses has a positive and significant correlation with psychological empowerment and organizational commitment [26]. In a study by Aiwazi et.al, mentioned that employees who emotionally commit to their work integrate their identity with the organization and develop a sense of belonging and commitment, thus not leaving the organization [25].

In this study, continuous commitment was found to have a positive and significant relationship with staff performance, with a path coefficient of (0.684) and statistics of (6.755). Overall, employee output and performance are considered important factors for evaluation: thus, it is believed that with an increase in continuous commitment, hospital staff performance should increase. Therefore, considering the factors affecting continuous commitment in hospitals, employees feel that they should continue their service in the hospital and see the costs of leaving the workplace to be very high.

The results showed that normative commitment also has a positive and significant relationship with hospital staff performance, with a path coefficient of (0.661) and a significant coefficient of (6.324). By creating this type of commitment, a sense of interest and dedication is formed, guiding employees to remain loyal to the organization and continue their activities within it. Government hospital managers should teach their employees how to commit to their organization and job duties according to different commitment styles. In line with the results of this study, Fantahun mentioned that respectful team behavior and management support styles play an effective role in creating employee commitment [27]. It seems that when the management team deals respectfully with employees and supports them, employees establish a strong relationship with the management team and have internal motivation to fulfill organizational commitments.

Bigi et.al revealed that nursing staff have a desirable level of organizational commitment, with the highest level of commitment related to normative commitment. Additionally, there is a study indicating that normative commitment, along with improved quality of work, are good strategies to reduce turnover intentions of employees [28].

In the present study, job factors were identified as a known reason for staff commitment to the hospital. Older and more experienced staff members are more inclined to stay in the organization. In line with the present findings, Eleswed et.al stated that highly experienced staff members are more likely to stay in the organization than those with less work experience [29]. Also, in the study by Negussie and colleagues, organizational commitment, job satisfaction, and work experience were identified as important predictors of job performance among nursing professionals [30].

The present study found that with increasing staff age, there is a higher likelihood that they will stay in the organization. A regression analysis by Al-Haroon et al. showed that age is the only demographic factor that affects the level of

organizational commitment [31]. However, this contradicts Timalcina's findings [32]. It seems that demographic factors depend on culture.

The present study mentioned that improving job satisfaction, especially improving the work environment, is an important variable in enhancing employees' organizational commitment. This finding is consistent with similar studies conducted in Ethiopia and Riyadh [33-34]. Also, a study by Ghardashi mentioned that organizational commitment causes a group of skilled and qualified and highly experienced staff to be gathered in their work and it is considered as the biggest treasure for the organization. In contrast, when there is no organizational commitment or loyalty, after gaining experience in the organization, staff will leave the organization as soon as they find another job. Nowadays, organizations need effective and efficient staff to achieve their goals. In general, the effectiveness and efficiency of organizations depend on the effectiveness and efficiency of the human resources [35].

It seems that hospitals with a conducive work environment give employees a sense of security and comfort, which may drive them to be committed to their organization.

The present study found that empowering employees is a factor in organizational commitment, in line with a study conducted in Egypt [36]. Additionally, in the study by Rezghi et al., efforts to enhance nurses' abilities can be a valuable strategy to improve organizational and professional commitment [37]. It seems that employees who acquire specific skills feel independent and strive to achieve their goals and those of the hospital.

In the present study, it was noted that individual factors play an important role in organizational commitment. Personal quality of life, individual sense of responsibility, and feeling useful at work are factors that influence organizational commitment. Based on the results of the present study, Zarei et al. concluded that there is a positive and significant correlation between organizational commitment and work-life quality among nurses [38].

It was stated in the present study that economic factors, such as fair distribution of wages and benefits and welfare amenities, play a role in organizational commitments. This was also mentioned in the study by Lee et al., suggesting that nursing institutions and hospitals should adopt more effective human resource management practices to improve perceived organizational justice [39]. Malik et.al states that the work motivation variable has a significant effect on organizational commitment [40].

LIMITATION

The fatigue of working personnel in the hospital might have an effect on how to respond to organizational commitments. In addition, the current research was conducted only in the environment of a government hospital; it cannot be generalized to other private medical centers, industries, and companies. It is suggested that this research can be conducted in other private, military, social security, and welfare hospitals.

CONCLUSION

Organizational commitment generally has a positive relationship with staff performance. Hospitals need organizational reforms to implement commitments that require young or long-serving employees to feel ownership of their profession within the organization. It is suggested that hospital managers, by holding discussion sessions and creating communication networks, use motivating methods to inspire employees to present salaries and ensure job security, which can take effective steps toward improving employees' organizational commitment and policymakers should employ effective motivational strategies to attract and retain human resources in hospitals. Moreover, future researchers should examine the relationship between job commitment and other behavioral dimensions within the organization for further analysis.

ETHICS APPROVAL

Ethics approval and consent to participate of the study received from the Hormozgan University of Medical Sciences, (Number: [IR.HUMS.REC.1402.116](#)). The study followed guidelines and regulations on research involving human subjects, and the collected data was used exclusively for the analyses of this study. All participants gave consent to participate and to publish data from this study.

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AUTHORS' CONTRIBUTION

MMK and NM have collected the data and interviewed the samples, NM and ZM have written the introduction and discussion, AM, NM and AGH analyzed the data and wrote the method and results. ZM, NM and AM have made comments and corrections in final analysis and preparing the final format of manuscript. All authors read and approved of the final manuscript.

CONFLICT OF INTERESTS

The authors declare that they have no competing interests.

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DATA AVAILABILITY STATEMENT

All data generated or analyzed during this study are included in this published article [and its supplementary information files].

HUMAN & ANIMAL RIGHTS

No animals were used for studies that are the basis of this research. This research was conducted on humans in accordance with the Helsinki Declaration of 1975, as revised in 2013 (<http://ethics.iit.edu/ecodes/node/3931>).

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