Measuring job satisfaction in residential aged care

SHU-CHIUNG CHOU1, DUNCAN P. BOLDY1,2 AND ANDY H. LEE1

1School of Public Health, Curtin University of Technology and 2Freemasons Centre for Research into Aged Care Services, Division of Health Sciences, Curtin University of Technology, Perth, Western Australia, Australia

Abstract

Background. Staff satisfaction has received increasing recognition as an important factor influencing service quality and in particular the quality of residents' lives in residential aged care facilities, where staff typically have a long-term and close relationship with residents. Consequently, a valid and reliable instrument is required to assess staff satisfaction in this particular context.

Objective. This paper aims to assess the factor structure, reliability, and validity of the Measure of Job Satisfaction (MJS) instrument when used in residential aged care facilities.

Design. A cross-sectional survey design was used to collect the required information, and a stratified random sampling method was utilized to select facilities. Exploratory and confirmatory factor analyses were conducted to assess the factor structure of staff satisfaction via the MJS.

Setting. Both high and low care residential aged care facilities in Western Australia.

Study participants. Nine hundred and eighty-three staff (including the Director of Nursing, manager, registered nurses, enrolled nurses, nursing assistants, and therapists) in 70 residential aged care facilities.

Results. An acceptable five-factor (22-item) measurement model was derived. The Cronbach's α reliability levels range from 0.86 to 0.95. Convergent and discriminant validity are also satisfactory.

Conclusion. This investigation has confirmed that a modified MJS is a reliable and valid instrument for assessing staff satisfaction in residential aged care settings.

Keywords: long-term care, quality, reliability, staff satisfaction, validity

Staff-perceived quality of care is influenced by staff satisfaction [1]. Employee perceptions of the working environment (such as satisfaction with their jobs, organizational rewards and supervisors, co-workers' levels of stress, and role conflict, etc.) have a positive impact on customer-perceived service quality (such as customer satisfaction) in health care services [2–4]. Such impact is particularly important in residential aged care settings, where residents have a long-term relationship with staff and are especially vulnerable to poor quality of care.

Based on the notion of equity, if an individual is perceiving negative outcomes from work, one way to maintain equity is to reduce inputs through some kind of withdrawal behaviour such as absenteeism and poor customer service quality [5]. It is, therefore, particularly important to ensure high levels of staff satisfaction in high care settings where a majority of residents are cognitively impaired and cannot voice their opinion [6–9]. In such a facility, achieving increased staff satisfaction is one way, together with other measures, of ensuring appropriate quality of care for residents.

The link between staff satisfaction and resident satisfaction, direct and indirect, implies the need for a holistic approach to organizational evaluation and intervention to improve service quality, including the regular monitoring of both resident and staff satisfaction.

A valid and reliable instrument is required to examine staff satisfaction in this particular setting. Staff satisfaction via the Measure of Job Satisfaction (MJS) instrument [10] is investigated to assess its appropriateness and the measurement properties of its constructs. Since the MJS was originally developed for community nurses, the dimensions of job satisfaction may vary when applied to care staff in residential aged care settings.
Methodology

Staff satisfaction questionnaire

Staff satisfaction was assessed using the MJS [10]. This comprises five subscales, which cover different aspects of job satisfaction, namely: personal satisfaction, satisfaction with workload, satisfaction with professional support, satisfaction with pay and prospects, and satisfaction with training. It includes 38 items preceded by a stem question, ‘How satisfied are you with this aspect of your job?’ Responses are on a five-point Likert scale ranging from ‘1 = very dissatisfied’ to ‘5 = very satisfied’. One item, which asks about ‘my clinical grading’, was omitted, because it is specific to the context of the original development of the MJS in the UK (where nurses had recently undergone a clinical grading exercise) and less relevant in the Australian residential aged care setting. Consequently, 37 of the 38 items of the MJS were included in the questionnaire.

Sample and procedure

The staff satisfaction survey was conducted using a cross-sectional survey design. The sampling frame included private, public, and charitable aged care facilities in Western Australia, a total population of 294 facilities. Stratified sampling was employed by first categorizing the sampling frame by size of facility, then by type, and location. The size of the aged care facilities was divided into the following categories: small (≤30 beds), medium (31–59 beds), and large (≥60 beds). Facilities were categorized as ‘high care’ (nursing home) and ‘low care’ and location according to ‘metro’ and ‘non-metro’. When a refusal occurred, a replacement facility was selected randomly from the same stratum.

All Directors of Nursing or managers were approached by mail with a letter inviting them to participate, together with an information sheet, an overview of the proposed research, and an agreement form with a reply paid envelope. On the agreement form, facilities were asked to nominate a co-ordinator to facilitate the distribution and return of the questionnaire. All respondents had the choice to return the completed questionnaire directly via mail or place it into a centrally located box for later collection by the researchers. This way, confidentiality and anonymity were preserved, hopefully leading to more accurate responses. To encourage participation, a facility-specific report of the survey findings was provided to the participating facilities on request.

Overall, 70 aged care facilities participated in this study (30 high care and 40 low care). All staff including the Director of Nursing, manager, registered nurses, enrolled nurses, nursing assistants, and therapists within a selected facility were invited to participate. A passive consent approach was adopted, i.e. the receipt of a completed questionnaire was taken to imply consent. All participants were informed that they were at liberty to refuse answering any particular question.

Exploratory factor analysis

EFA was conducted on staff satisfaction items. This enabled a large number of observed variables (items) to be reduced to a smaller set of factors that summarize the structure of staff satisfaction in the residential aged care setting. The analysis was performed based on the principal axis factoring method with varimax rotation on the correlations of the observed variables, using the SPSS for Windows [11].

Items with loadings <0.3 were considered to be weak and were deleted from further analysis. If an item cross-loaded on two different factors with a loading of >0.3 on the second factor, it was also removed. However, the context and meaning of items was also taken into account during the process.

Confirmatory factor analysis

CFA allows the testing of the viability of a hypothesized structure that was formulated via theory, previous experience, or research [12,13]. CFA was conducted using LISREL [14].

The assessment of model adequacy was based on the following goodness of fit criteria: normed Chi-square ($\chi^2$/df) < 3, root mean square error of approximation (RMSEA) < 0.05, non-normed fit index (NNFI) > 0.90, comparative fit index (CFI) > 0.90, goodness of fit index (GFI) > 0.90 and adjusted goodness of fit index (AGFI) > 0.90 [12–15].

Results

Response rate

In total, 1731 staff questionnaires were distributed within 70 facilities. Twenty-two staff (1.3%) refused to participate, and 722 (42%) did not return their questionnaires. Four questionnaires had missing data amounting to >50% and were discarded. The final total of 983 questionnaires represents an overall response rate of 57%. Due to confidentiality assurances, no demographic information is available about staff who did not return the questionnaire, and hence it is not known whether they differed in any systematic way from participants. Response rates were improved by extensive follow-up procedures, e.g. reminder notices were given out by the survey co-ordinator at staff meetings, also via communication books and notice boards, about 10–14 days after the distribution of the questionnaires.
Measuring job satisfaction

Table 1  Factor structure of staff satisfaction—exploratory factor analysis

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>h^2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3. The contribution I make to resident care</td>
<td>0.67*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.50</td>
</tr>
<tr>
<td>Q1. The feeling of worthwhile accomplishment I get from my work</td>
<td>0.67*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.60</td>
</tr>
<tr>
<td>Q4. The amount of challenge in my job</td>
<td>0.65*</td>
<td>0.41</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.66</td>
</tr>
<tr>
<td>Q6. What I have accomplished when I go home at the end of the day</td>
<td>0.62*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.49</td>
</tr>
<tr>
<td>Q9. The quality of my work with residents</td>
<td>0.59*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.40</td>
</tr>
<tr>
<td>Q8. The amount of personal growth and development I get from my work</td>
<td>0.58*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.57</td>
</tr>
<tr>
<td>Q3. The extent to which my job is varied and interesting</td>
<td>0.58*</td>
<td>0.39</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.59</td>
</tr>
<tr>
<td>Q2. The extent to which I can use my skills</td>
<td>0.56*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.51</td>
</tr>
<tr>
<td>Q7. The standard of care given to residents</td>
<td>0.50*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.43</td>
</tr>
<tr>
<td>Q10. The amount of independent thought and action I can exercise in my work</td>
<td>0.47*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.44</td>
</tr>
<tr>
<td>Q11. The time available to get through my work</td>
<td>0.89*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.85</td>
</tr>
<tr>
<td>Q12. The amount of time available to finish everything I have to do</td>
<td>0.89*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.83</td>
</tr>
<tr>
<td>Q13. The time available for resident care</td>
<td>0.73*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.66</td>
</tr>
<tr>
<td>Q14. My workload</td>
<td>0.70*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.64</td>
</tr>
<tr>
<td>Q15. Overall staffing levels</td>
<td>0.57*</td>
<td>0.52</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.52</td>
</tr>
<tr>
<td>Q16. The way that I am able to care for residents</td>
<td>0.41</td>
<td>0.47</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.51</td>
</tr>
<tr>
<td>Q17. The amount of time spent on administration</td>
<td>0.42</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.32</td>
</tr>
<tr>
<td>Q31. The match between my job description and what I do</td>
<td>0.35</td>
<td>0.30</td>
<td>0.31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.51</td>
</tr>
<tr>
<td>Q19. The opportunities I have to discuss my concerns</td>
<td>0.80*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.82</td>
</tr>
<tr>
<td>Q20. The support available to me in my job</td>
<td>0.76*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.80</td>
</tr>
<tr>
<td>Q18. The amount of support and guidance I receive</td>
<td>0.75*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.77</td>
</tr>
<tr>
<td>Q21. The overall quality of the supervision I receive in my work</td>
<td>0.63*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.63</td>
</tr>
<tr>
<td>Q22. The degree of respect and fair treatment I receive from my boss</td>
<td>0.61*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.59</td>
</tr>
<tr>
<td>Q35. Time off to attend courses</td>
<td>0.84*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.84</td>
</tr>
<tr>
<td>Q34. The opportunity to attend courses</td>
<td>0.78*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.74</td>
</tr>
<tr>
<td>Q36. Being funded for courses</td>
<td>0.72*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.66</td>
</tr>
<tr>
<td>Q37. The extent to which I have adequate training for what I do</td>
<td>0.45*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.38</td>
</tr>
<tr>
<td>Q25. The contact I have with colleagues</td>
<td>0.81</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.74</td>
</tr>
<tr>
<td>Q24. The people I talk to and work with</td>
<td>0.79</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.70</td>
</tr>
<tr>
<td>Q26. The value placed on my work by my colleagues</td>
<td>0.62</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.52</td>
</tr>
<tr>
<td>Q23. The degree to which I feel part of a team</td>
<td>0.39</td>
<td>0.61</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.64</td>
</tr>
<tr>
<td>Q29. My prospects for promotion</td>
<td>0.74</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.76</td>
</tr>
<tr>
<td>Q30. The opportunities I have to advance my career</td>
<td>0.73</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.76</td>
</tr>
<tr>
<td>Q27. The amount of pay I receive</td>
<td>0.87</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.93</td>
</tr>
<tr>
<td>Q28. The degree to which I am fairly paid for what I contribute to this organization</td>
<td>0.31</td>
<td>0.79</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.83</td>
</tr>
<tr>
<td>Q32. How secure things look for me in the future of this organization</td>
<td>0.76</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.81</td>
</tr>
<tr>
<td>Q33. The amount of job security I have</td>
<td>0.76</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.79</td>
</tr>
</tbody>
</table>

Initial eigenvalue (before rotation)                                    | 13.95 | 2.70  | 2.40  | 1.95  | 1.48  | 1.45  | 1.19  | 1.01  |
Variance explained                                                       | 4.59  | 4.42  | 3.76  | 2.83  | 2.61  | 2.08  | 1.74  | 1.72  |
% of variance                                                             | 12.41 | 11.95 | 10.17 | 7.63  | 7.05  | 5.63  | 4.69  | 4.66  |
Cumulative %                                                              | 12.41 | 24.35 | 34.52 | 42.15 | 49.19 | 54.82 | 59.51 | 64.17 |

Factor 1 = personal satisfaction; factor 2 = workload; factor 3 = professional support; factor 4 = training; factor 5 = team spirit/co-workers; h^2 = communality. * indicates that factor structure is consistent with previous research [10]. Bold entries indicate items included for CFA.

The majority of respondents were female (94%). Although 41% were not born in Australia, only a small proportion (5%) had English as their second language. Forty-three percent of respondents were carers or nursing assistants, with 16% being registered nurses, mainly working in nursing homes. The mean age of staff responding was 44 years.

Exploring the factor structure of staff satisfaction

The majority of items were only minimally skewed or kurtotic. An examination of the correlation matrix shows that most correlations exceed 0.3 and thus the matrix is appropriate for factoring. The Bartlett test of sphericity (χ^2 = 23,397, df = 666, p = 0.00) is significant, and the Kaiser–Meyer–Olkin measure of sampling adequacy yielded a value of 0.94, which justifies proceeding with factor analysis.

Eight factors were initially extracted with eigenvalues ≥ 1. The factor structure generated through the orthogonal varimax rotation of factors is presented in Table 1, with loadings <0.3 omitted for ease of interpretation.

The extraction of eight factors together explained 64% of the variance (see Table 1). They are:
Factor 1: personal satisfaction (Q1–10), which accounts for 12.41% of the variance;  
Factor 2: satisfaction with workload (Q11–17 and Q31), which accounts for 11.95% of the variance;  
Factor 3: satisfaction with professional support (Q18–22), which accounts for 10.17% of the variance;  
Factor 4: satisfaction with training (Q34–37), which accounts for 7.63% of the variance;  
Factor 5: satisfaction with team spirit (Q23–26), which accounts for 7.05% of the variance.

The last three factors contain only two items each, i.e. factor 6 (Q29 & Q30), factor 7 (Q27 & Q28), and factor 8 (Q32 & Q33).

Only the first five factors, which account for about half of the variability, were used for the subsequent CFA. For these factors, items that cross-loaded on two different factors with loadings >0.3 on the second factor were excluded, namely items Q16, Q23, and Q31. Item Q28 was included in factor 2 (workload), as it also cross-loaded on this factor.

### Five-factor staff satisfaction measurement model

Two different models were tested using CFA. An initial attempt was made to impose the 37 items into five factors as suggested by previous research [10]. However, the results of CFA indicated that this model did not fit the data well, based on the goodness of fit statistics (see Table 2). Specifically, the $\chi^2$/df ratio and the value of the RMSEA are >3 and >0.05, respectively.

The factor structure derived from the above EFA provided a guideline for specifying an empirically based factor structure for subsequent CFA testing. In order to keep the measurement model simple, only four or five items per factor were retained. Items with low item reliability were deleted. Also, when fitting separate one-factor cognate measurement models for each factor, items were excluded on the basis of relatively large measurement errors, weak factor loadings, high correlation with other items, and large modification index or residual. CFA was then conducted to test a reduced set of 22 items.

The best-fitting solution yielded five correlated first-order factors, namely personal satisfaction, workload, professional support, training, and team spirit/co-workers. As shown in Table 2, the 22 items of the five-factor staff satisfaction model yielded an adequate fit, which met all six criteria. This model is presented pictorially in Figure 1.

### Convergent and discriminant validity

Convergent validity refers to observed variables specified to measure a common underlying factor, which all have relatively high loadings on that factor, while discriminant validity refers to the distinctiveness of the factors measured by different sets of indicators [15].

The goodness of fit indices provide some initial overall evidence of the validity of the staff satisfaction survey. Also, all standardized parameters (factor loadings) are >0.50 and significant at the 0.001 level, suggesting that convergent validity is supported.

Regarding discriminant validity, the estimated correlations between the different factors are moderate, ranging from 0.50 to 0.74 (see Figure 1). None of the estimated correlations between the factors exceeds 0.85, suggesting that discriminant validity was applicable in this study [15].

### Reliability

The reliability of the MJSS was assessed via Cronbach’s $\alpha$ coefficients. As a rule of thumb, the $\alpha$ coefficient should be at least 0.70 for a scale to demonstrate internal consistency [16]. The values obtained from this survey are satisfactory (see Table 3). All item reliabilities are >0.5, except for items Q17, Q28, and Q37, the lowest of which is 0.46. All measurement errors are either <0.5 or only slightly above.

The results demonstrate that the item reliabilities, composite reliability (Cronbach’s $\alpha$) and overall goodness of fit statistics are satisfactory. The analyses support the appropriateness of computing satisfaction scores for each factor by summing the proportionally weighted (i.e. using factor score regressions) staff satisfaction item scores within each dimension.

### Discussion

The results derived from the EFA and CFA indicate that the measure of staff satisfaction is a multidimensional construct. Previous research for community nurses [10] using principal component analysis with varimax rotation on 38 items explained less variance (56% in total) than the present study (64% in total).

Based on the EFA, our study indicates that items Q27–32 did not load on only one factor. In addition, items Q23–26 shifted away from the factor ‘satisfaction with professional support’ to form a new factor called ‘team spirit’ (see Table 1). Item Q16 cross-loaded on two different factors, as in previous research on community nurses [10]. Items Q23 and Q31 also had cross-loading problems and were therefore excluded from further analysis. While some similarities were found between the two studies, the differences are substantial to the extent that factors generated from community nurses...
are not applicable to residential aged care. Although both settings are chronic care orientated, client characteristics, service pattern, and staff requirements are quite different. Staff in different care settings are likely to have different job components, reward systems, and career opportunities. Thus, the difference found in factor structure may be because staff in various settings have different job experiences and components and hence do not evaluate their job in the same way.

The study conducted by Traynor and Wade [10] did not address the relative importance of the various items to the composites. Their study only adopted EFA, implying an equal weighting for each item within a factor. The current study represents an improvement in methodology in terms of identifying the underlying factor structure of the MJS, creating composite variables based on proportionally weighted factor score regressions, and assessing convergent and discriminate validity.

Figure 1 Five-factor model of staff satisfaction.
The process of data analysis has demonstrated that CFA is a useful approach for rigorously assessing the measurement properties of staff satisfaction constructs and assessing measurement errors. It allows the researchers to test the viability of an a priori structure that has been identified based on theory or previous research. Importantly, previous studies have generally ignored measurement errors, implicitly assuming that satisfaction constructs are perfectly measured.

As mentioned earlier, the result confirms that staff satisfaction is a multidimensional construct. In addition, the satisfaction component scores can be derived from factor score regression analysis rather than by simply using additive or average scores. This approach is considered to be superior to the unit-weight approach because it recognizes the possibility that some items may contribute more to the measurement of the underlying latent trait than others.

Although factor score regression coefficients derived from CFA are recommended as proportional weights when computing subscale scores, the procedure does require advanced statistical skills. Alternatively, based on the five-factor 22-item measurement model, simply summing the item scores, or using averaged item scores for computing subscale scores, might also be considered when advanced statistical support is not available.

In this study, staff satisfaction in residential aged care was found to consist of the following five dimensions: personal satisfaction, workload, team spirit, training, and professional support. Of these, the lowest level of satisfaction overall applied to workload and the highest to team spirit (see Table 3).

The resulting five-factor 22-item version of the MJS should be beneficial in multiple ways to organizations and researchers. Firstly, it has been confirmed to be a reliable, valid, context-relevant, and easy to use instrument for assessing staff satisfaction in residential aged care. It can be used as a tool for the regular monitoring of staff satisfaction and to identify areas of concern without being too burdensome on staff. It can also be used as a research tool to examine the link between staff satisfaction and quality outcomes such as resident satisfaction.

### Acknowledgements

The authors wish to thank two anonymous referees for their thoughtful and constructive suggestions.

### References


Accepted for publication 25 September 2001

---

**Table 3** Staff satisfaction factors and composite reliability (n=983)

<table>
<thead>
<tr>
<th>Factor</th>
<th>No. of items</th>
<th>Mean</th>
<th>SD</th>
<th>Cronbach’s α</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal satisfaction</td>
<td>5</td>
<td>3.842</td>
<td>0.728</td>
<td>0.880</td>
</tr>
<tr>
<td>Workload</td>
<td>5</td>
<td>3.077</td>
<td>0.867</td>
<td>0.857</td>
</tr>
<tr>
<td>Professional support</td>
<td>5</td>
<td>3.768</td>
<td>0.914</td>
<td>0.899</td>
</tr>
<tr>
<td>Team spirit</td>
<td>3</td>
<td>4.196</td>
<td>0.701</td>
<td>0.880</td>
</tr>
<tr>
<td>Training</td>
<td>4</td>
<td>3.443</td>
<td>0.922</td>
<td>0.950</td>
</tr>
</tbody>
</table>

---

The authors wish to thank two anonymous referees for their thoughtful and constructive suggestions.