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OPEN PEER REVIEW

The Relationship Between Happiness and Caring Behaviors in Nurses: A Descriptive-Analytical Study

Seyed Ali Rasooli, Sima Babaei, Vajihe Atashi, Safoura Dorri

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

1 comment · 27 Oct 2024

Referee 1 Reviewer

MAJOR REVISION 27 Oct 2024

Reference 16 on the CBI in Iran, cited in the manuscript draft to support the validity and reliability of the 16-item questionnaire, is by Ghafouri et al., as the author stated:
1-Ghafouri R, Nasiri M, Atashzadeh-Shoorideh F, Tayyar-Iravanlou F, Rahmaty Z. Translation and validation of caring behaviors inventory among nurses in Iran. PLoS One. 2021 Jul 9;16(7):e0254317. doi: 10.1371/journal.pone.0254317. PMID: 34242322; PMCID: PMC8270114.
In Ghafouri's article, the psychometric properties of the 16-item questionnaire developed by Wolf (1998) were examined in five hundred and three patients. Ghafouri's article, which is in English, explicitly states the following in its introduction, indicating that the CBI measures patients' perceptions of the quality of nurses' care:
“patients’ perceptions of caregiving Several instruments have been developed to examinebehaviors. One of them is the Caring Behaviors Inventory (CBI), which was proposed by Wolf et al. (1998) to measure nurses’ caring behaviors [1, 6, 7]. The CBI is a reflective instrument to
assess nurses’ caring behaviors from the patients’ perspective. Behaviors is one of the most
essential aspects in the evaluation of nursing care quality [4, 7].”
Therefore, the validity and reliability of this questionnaire have not been assessed in the nursing population in Iran. Furthermore, in the article by Wolf et al. (1998), the 24-item CBI was reduced to the 16-item CBI, and there is no mention of the 42-item questionnaire referred to in the manuscript author's email. Thus, validity and reliability must be established in a population of nurses, which has not been done.
Nevertheless, as a concession and to help the student, the author may make the following revisions in the Methods section of the manuscript draft:
1- State, with a reference, that the Wolf questionnaire has been used with nurses as well as patients, with the third-person pronouns in the questionnaire items changed to first-person pronouns, for example, in the following article:
Alikari V, Gerogianni G, Fradelos EC, Kelesi M, Kaba E, Zyga S. Perceptions of Caring Behaviors among Patients and Nurses. Int J Environ Res Public Health. 2022 Dec 27;20(1):396. doi: 10.3390/ijerph20010396. PMID: 36612719; PMCID: PMC9819105.
2- State that first-person pronouns were used in the questionnaire administered in this study and that its face validity was confirmed, and report the questionnaire's Cronbach's alpha in this study in the Methods section.
3- The article requires English language editing; the issues are noted in the attached file. (The certificate confirming language editing submitted by the author lacks the signature of the person responsible and the translation company's stamp.)
4- In the Discussion section, use studies conducted among nurses when discussing the CBI results.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

With greetings and respect to the Editor-in-Chief, the reviewers and the respected and learned professors,

With appreciation for the efforts of the respected reviewers and professors, I extend my utmost thanks to the professors for their rich and scientific comments. The professors' comments, with the author's responses, are presented to you in this file. In addition, all corrections have been highlighted in the main file of the article. The author mentions to the professors that, since in the files sent by the professors it was not specified which file belonged to which reviewer, the author made every effort to identify the files related to each of the reviewers, but this was not possible. Therefore, the comments were answered. It is hoped that my responses are worthy of and appropriate to the comments of the esteemed professors.

Reviewer1:

Comment 1: The question sentence at the beginning of the title should be removed.

Response: The question sentence at the beginning of the title was removed, and it was corrected as follows:

Title of the article: The relationship between happiness and caring behaviors in nurses: a descriptive-analytical study

Comment 2: The process of selecting the 4 hospitals should be written.

Response:The 4 hospitals Al-Zahra, Khorshid, Feiz and Chamran were selected for sampling because these 4 centres are 4 large and important teaching hospitals with the largest number of nurses in the city of Isfahan. And it was corrected as follows:

A sample of 220 clinical nurses from four major teaching hospitals affiliated to Isfahan University of Medical Sciences: Al-Zahra, Khorshid, Chamran, and Feiz was selected randomly using Cochran’s formula.

Reviewer4:

Comment 3: State that in the questionnaire used in your study the first-person pronoun has been used and its face validity has been confirmed, and write the Cronbach's alpha of the questionnaire in your study in the method .section. For example, in the study of Alikari et al

Response: It was corrected as follows, and the Cronbach's alpha was also :added

The verbs in this questionnaire were phrased in the first person for nurses. This tool is not specifically designed for either nurses or patients, meaning both groups can complete it (15-17). In the study by Alikari et al. (2023), the first-person pronoun was used for nurses in the questionnaire, and its face and content validity were confirmed, with a Cronbach's alpha coefficient reported at 0.96 (15).

Comment 4: The article needs English editing; the items are mentioned in the attached file.(The editing approval certificate that the author sent lacks the signature of the responsible person and the stamp of the translation .company)

Response: The corrections were made as the respected professor said and were highlighted in the text. Also, a certificate of authenticity with a stamp and signature was .uploaded

Comment5: In the discussion section, regarding the CBI result, articles in which research has been done on nurses .should be used

Response: As the respected professor instructed, in the discussion section articles were used in which research :has been done on nurses

Similarly, Gheybi and Zeinali (2019), Hosseinzadeh et al. (2017), Barkhordari-Sharifabad et al (2019) and Fered et al (2022) found that nurses demonstrated caring behaviors above average (2, 39-41).

Reviewer 3:

:Comment6

Unfortunately, the introduction lacks the necessary continuity. You should give a general definition of "happier nurses" and "better caring behaviors. " Then, you should discuss the relationship between the two, referring to past studies and the gap between past and present studies, and finally, explain the importance and necessity of the subject.

The introduction was corrected as follows, as the respected professor instructed; the necessity of conducting the work was corrected, and the continuity was corrected in accordance with the comment of the respected reviewer.

Nursing care, founded on the multifaceted concept of caring, is central to positive patient outcomes. Caring encompasses both physical and psychosocial dimensions (1), manifesting in behaviors that provide holistic support—physical, emotional, spiritual, social, and psychological—to expedite patient recovery and enhance comfort (2, 3). However, a discrepancy exists between nurses' perceptions of their caring behaviors and patients' reported experiences (4), highlighting the need to identify factors influencing the quality of care delivery.

Nurse happiness is a potentially significant factor, as it has been linked to improved organizational performance and, potentially, enhanced patient-centered care (5). Happiness, defined as a confluence of life satisfaction, positive emotions, and the absence of negative emotions (6), fosters positive attributes such as optimism, self-efficacy, and effective decision-making (7). Given nurses' extensive time commitment to their work environments, their happiness is intrinsically tied to workplace factors and may profoundly influence their performance (8, 9).

Studies indicate that Iranian nurses experience moderate to low levels of happiness (10, 11), attributable to factors including challenging work conditions, inadequate support, and limited career advancement opportunities (11). These factors contribute to negative emotions and potentially compromise the quality of care provided (11, 12). Therefore, understanding the determinants of happiness among Iranian nurses is crucial.

Considering the pivotal role nurses play in patient health, the demonstration of high-quality caring behaviors is paramount. Given the limited research in this

area within Iran, this descriptive-analytical study investigates the factors influencing Iranian nurses' happiness and examines the association between happiness and the quality of their caring behaviors.

Comment 7:

That’s too long for descriptive study. Data collection over 10 weeks may account for fluctuations in happiness and nursing behaviors. External factors may influence the results that are not known at the time of data collection

Response: As mentioned in the text of the article, the entire data collection process lasted from February to April 2024. The data collection process means the necessary coordination with the hospitals and the relevant officials, which took 10 weeks, but the process of completing the questionnaires by the nurses took 2 weeks. With the permission of the respected reviewer, in order to remove the ambiguities created, the author corrected the text as follows:

This descriptive, correlational-analytical study aimed to investigate The relationship between happiness and caring behaviors in nurses working in hospitals affiliated to Isfahan University of Medical Sciences in 2024. The sampling process lasted from February 2024 to April 2024.

Comment 8:

Discussion of the study: To interpret and compare their work with other studies, the authors have mostly used the concepts of social support and the existing economic situation, which is unrelated to the existing study. Respectfully, the discussion should be justified in the field of nursing and using the subscales of the measurement tool.

Response: With the utmost respect to the respected professor, social support and economic conditions have been used for the happiness variable, because, according to the Gallup organization, social and economic support are used to examine the factors related to and affecting happiness, and social and economic indicators are among the indicators affecting happiness; in the discussion of this article, these indicators have been used to examine the factors affecting nurses' happiness. And references number 33, 34, 35 and 36 support this statement.

Comment 9:

In this article," respect for others, ensuring human presence, communication and positive attitude, and professional knowledge and skills" are examined, not empathy and patience

.Response:It was corrected according to the comment of the respected reviewer

:Comment 10

There is no mention of limitation in this study**.**

Response: It was corrected and added according to the opinion of the respected .reviewer

2. Limitation

this study did not account for variables such as work environment, support systems, and personal life factors that could impact happiness and caring behaviors. Incorporating these factors in future studies would enhance the contextual depth of findings and potentially identify actionable areas to improve happiness and caring behaviors in nurses.

:Comment 11

Summarize this text as: Caring behaviors refer to the supportive actions that nurses undertake to assist patients, with the ultimate goal of reducing the duration of illness. Enhanced happiness may positively influence these behaviors, which are essential for nurses in maintaining and promoting patient health. This study examines the factors that affect the happiness of Iranian nurses and explores whether increased happiness correlates with improved caring behaviors.

.Response: It was corrected

Caring behaviors refer to the supportive actions that nurses undertake to assist patients, with the ultimate goal of reducing the duration of illness. Enhanced happiness may positively influence these behaviors, which are essential for nurses in maintaining and promoting patient health. This study examines the factors that

affect the happiness of Iranian nurses and explores whether increased happiness correlates with improved caring behaviors.

:Comment12

Revise this text as: This descriptive-correlational study employed random sampling to survey 220 nurses in Isfahan, Iran. Data were collected through questionnaires assessing demographics, happiness (as measured by the Oxford Happiness Questionnaire-Short Form), and caring behaviors. The analysis was conducted using SPSS version 23.

.Response:It was corrected

This descriptive-correlational study employed random sampling to survey 220 nurses in Isfahan, Iran in 2024. Data were collected through questionnaires assessing demographics, happiness (as measured by the Oxford Happiness Questionnaire-Short Form), and caring behaviors. Data analysis was conducted using descriptive statistics, independent t-test, ANOVA, and Pearson correlation coefficient in SPSS V.23.

:Comment 13

Revise this text as: Iranian nurses in this study exhibited above-average happiness (mean score 34.48 ± 5.82). Happiness significantly correlated with caring behaviors ($p < 0.05$), as well as gender, work experience, and income level. Age, marital status, education, employment type, and department showed no significant association with happiness ($p > 0.05$).

.Response:It was corrected

Iranian nurses in this study exhibited above-average happiness (mean score 34.48 ± 5.82). Happiness significantly correlated with caring behaviors ($p < 0.05$), as well as gender, work experience, and income level. Age, marital status, education, employment type, and department showed no significant association with happiness ($p > 0.05$).

:Comment14

Revise this text as: Higher levels of nurse satisfaction are associated with improved caring behaviors, indicating that interventions aimed at enhancing nurse well-being may lead to an increase in the quality of patient care. It is essential for government and healthcare organizations to prioritize these initiatives.

.Response:It was corrected

Higher levels of nurse satisfaction are associated with improved caring behaviors, indicating that interventions aimed at enhancing nurse happiness can lead to an increase in the quality of patient care. It is essential for government and healthcare organizations to prioritize these initiatives.

:Comment15

Revise keywords as: Nurses, Job Satisfaction, Patient Care ,Quality of Health Care, Happiness,

.Response:It was corrected

Keywords: Nurses, Job Satisfaction, Patient Care, Quality of Health Care, Happiness

:Comment 16

Edit and revise the Introduction as:
Nursing care, founded on the multifaceted concept of caring, is central to positive patient outcomes. Caring encompasses both physical and psychosocial dimensions [1], manifesting in behaviors that provide holistic support—physical, emotional, spiritual, social, and psychological—to expedite patient recovery and enhance comfort [2, 3]. However, a discrepancy exists between nurses' perceptions of their caring behaviors and patients' reported experiences [4], highlighting the need to identify factors influencing the quality of care delivery.

Nurse happiness is a potentially significant factor, as it has been linked to improved organizational performance and, potentially, enhanced patient-centered care [6]. Happiness, defined as a confluence of life satisfaction, positive emotions, and the absence of negative emotions [7], fosters positive attributes such as optimism, self-efficacy, and effective decision-making [8]. Given nurses' extensive time commitment to their work environments, their happiness is intrinsically tied to workplace factors and may profoundly influence their performance [9, 10].

Studies indicate that Iranian nurses experience moderate to low levels of happiness [11-13], attributable to factors including challenging work conditions, inadequate support, and limited career advancement opportunities [12]. These factors contribute to negative emotions and potentially compromise the quality of care provided [12, 14]. Therefore, understanding the determinants of happiness among Iranian nurses is crucial.

Considering the pivotal role nurses play in patient health, the demonstration of high-quality caring behaviors is paramount. Given the limited research in this area within Iran, this descriptive-analytical study investigates the factors influencing Iranian nurses' happiness and examines the association between happiness and the quality of their caring behaviors.

.Response:It was corrected

Nursing care, founded on the multifaceted concept of caring, is central to positive patient outcomes. Caring encompasses both physical and psychosocial dimensions (1), manifesting in behaviors that provide holistic support—physical, emotional, spiritual, social, and psychological—to expedite patient recovery and enhance comfort (2, 3). However, a discrepancy exists between nurses' perceptions of their caring behaviors and patients' reported experiences (4), highlighting the need to identify factors influencing the quality of care delivery.

Nurse happiness is a potentially significant factor, as it has been linked to improved organizational performance and, potentially, enhanced patient-centered care (5). Happiness, defined as a confluence of life satisfaction, positive emotions, and the absence of negative emotions (6), fosters positive attributes such as optimism, self-efficacy, and effective decision-making (7). Given nurses' extensive time commitment to their work environments, their happiness is

intrinsically tied to workplace factors and may profoundly influence their performance (8, 9).

Studies indicate that Iranian nurses experience moderate to low levels of happiness (10, 11), attributable to factors including challenging work conditions, inadequate support, and limited career advancement opportunities (11). These factors contribute to negative emotions and potentially compromise the quality of care provided (11, 12). Therefore, understanding the determinants of happiness among Iranian nurses is crucial.

Considering the pivotal role nurses play in patient health, the demonstration of high-quality caring behaviors is paramount. Given the limited research in this area within Iran, this descriptive-analytical study investigates the factors influencing Iranian nurses' happiness and examines the association between happiness and the quality of their caring behaviors.

:Comment17

The methods section should describe how you conducted your study in enough detail to allow others to replicate it. You should include the following subsections:

- **Study design:** Explain the type of study you performed, such as a randomized controlled trial, a cohort study, a case-control study, a cross-sectional study, etc. Specify the main objective and hypothesis of your study, and the primary and secondary outcomes you measured. When the study was done and its duration.
- **Study setting and participants:** Describe the setting where you conducted your study, such as a hospital, a clinic, a community, etc. Sample size formula. Indicate the inclusion criteria for selecting and excluding participants, and how many participants were enrolled and completed the study. Provide demographic and clinical characteristics of the participants, such as age, sex, diagnosis, etc.

- **Data collection and measurement:** Describe the instruments and procedures you used to collect and measure data, such as questionnaires, interviews, observations, laboratory tests, etc. Provide information on the validity and reliability of the instruments, and how they were administered and scored. Indicate how you ensured the quality and accuracy of the data collection and measurement process.
- **Data analysis:** Describe the statistical methods and software you used to analyze the data. Specify the level of significance and confidence intervals you used for hypothesis testing and estimation. Report how you handled missing data, outliers, and assumptions of the statistical methods. Explain how you performed any subgroup or sensitivity analyses.
- **Ethical considerations:** Including Ethical approvals (Ethical committee registration code), getting informed consent and ensuring privacy, and confidentiality.

.Response:It was corrected

3. Methods

3.1. Study design

This descriptive, correlational-analytical study aimed to investigate The relationship between happiness and caring behaviors in nurses working in hospitals affiliated to Isfahan University of Medical Sciences in 2024. The sampling process lasted from February 2024 to April 2024.

3.2. Study setting and participants

A sample of 220 clinical nurses from four major teaching hospitals affiliated to Isfahan University of Medical Sciences: Al-Zahra, Khorshid, Chamran, and Feiz was selected randomly using Cochran's formula. The inclusion criteria included willingness and informed consent to participate in the study, at least one year of clinical experience, no recent crisis such as the death of a close relative, divorce, or a serious illness in the past six months (self-reported), no known psychological disorders (self-reported), and no use of psychotropic or narcotic drugs (self-reported). The exclusion criterion was incomplete questionnaire responses.

Based on random sampling, A list of nurses who met the inclusion criteria in the four hospitals was prepared, and 220 individuals were randomly selected using a random number table. The researcher visited the nurses during suitable times in morning, afternoon, and night shifts. After introducing themselves and providing

sufficient explanation about the study, a written informed consent was obtained from the nurses. The demographic, happiness, and caring behaviors questionnaires were distributed.

3.3. Data collection and measurement

Data collection was carried out using three questionnaires including a demographic information (nine questions), the short form of the Oxford Happiness Questionnaire (eight questions), and the Caring Behaviors Inventory (CBI-16). The face and content validity of the demographic questionnaire were confirmed by ten faculty members. The short form of the Oxford Happiness Questionnaire by Hills and Argyle (2002) is based on a six-point Likert scale (strongly disagree to strongly agree) with three items being reverse-scored (items 1, 4, and 8). Scores range from 8 to 48, with higher scores indicating greater happiness (13). This questionnaire was translated into Persian by Dehshiri et al. in 2015, with its face, content validity, and reliability confirmed, and a Cronbach's alpha of 0.71 reported in that study (13).

The Caring Behaviors Inventory (CBI-16), developed by Wolf in 2017, consists of 16 items scored on a 6-point Likert scale, with a total score ranging from 16 to 96. The questionnaire includes four subscales: respect for others, ensuring human presence, communication and positive attitude, and professional knowledge and skills (14). The Cronbach's alpha for this questionnaire was reported as greater than 0.7 in the study by Atashzadeh Shorideh et al (14). The verbs in this questionnaire were phrased in the first person for nurses. This tool is not specifically designed for either nurses or patients, meaning both groups can complete it (15-17). In the study by Alikari et al. (2023), the first-person pronoun was used for nurses in the questionnaire, and its face and content validity were confirmed, with a Cronbach's alpha coefficient reported at 0.96 (15).

3.4. Data analysis

Statistical analysis was conducted using SPSS version 23. Descriptive statistics were utilized to compute the mean scores for happiness and caring behaviors. The relationship between happiness and demographic information was evaluated through independent t-test and ANOVA, while the association between happiness and caring behaviors was analyzed using the Pearson correlation coefficient ($p < 0.05$).

3.5. Ethical considerations

The necessary approvals and ethics code IR.MUI.NUREMA.REC.1402.045 were received from the Ethics Committee of Isfahan University of Medical Sciences. Informed consent was obtained from the participating nurses after explaining the study's objectives and procedures. Participants were assured that their

participation was voluntary, their information would remain confidential, and they would be informed of the results.

Comment 18: The statistical tests in the method part should be presented in the abstract.

Response: It was corrected.

This descriptive-correlational study employed random sampling to survey 220 nurses in Isfahan, Iran in 2024. Data were collected through questionnaires assessing demographics, happiness (as measured by the Oxford Happiness Questionnaire-Short Form), and caring behaviors. Data analysis was conducted using descriptive statistics, independent t-test, ANOVA, and Pearson correlation coefficient in SPSS V.23.

Comment 19: The statistical formula for the sample size should be stated.

Response: It was corrected:

A sample of 220 clinical nurses from four major teaching hospitals affiliated to Isfahan University of Medical Sciences: Al-Zahra, Khorshid, Chamran, and Feiz was selected randomly using Cochran’s formula.

2 Revision 1

1 comment · 23 Nov 2024

Referee 1 Reviewer

MINOR REVISION 23 Nov 2024

Dear Author,
Thank you for your revised manuscript and for addressing the previous review comments. However, it still requires minor revisions, as noted in the attached file.
With regards,

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Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

The authors did not provide a point-by-point response to the reviewers' comments in this round.

3 Revision 2

0 comments

No public comments in this round.