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OPEN PEER REVIEW

Exploring the Role of Promoting Kindness in Enhancing Community Health: A Qualitative Study

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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

4 comments · 31 Jul 2025 – 9 Aug 2025

Referee 1 Reviewer

MAJOR REVISION 31 Jul 2025

Peer Review Report
Reviewer comments
• The abstract states that this study was conducted with the aim of exploring the impact of promoting kindness in society on public health, etc. The aim of a qualitative study cannot be to explore the impact of one phenomenon on another. If the aim of the study was to examine the impact, a quantitative method should have been used in the study design. If the authors' statement does not accurately convey the aim, the aim section should be rewritten.
• The time frame of the study should be included in the abstract. The method used to analyze qualitative data (content analysis) should be mentioned.
• The introduction is lengthy and could be more concise, focusing on the key rationale and gap in the literature. Currently, the introduction merely addresses the importance of kindness and its benefits for society, as well as community-based programs for health promotion. The main issue and research question are not addressed in the statement of the problem, and this section needs to be rewritten.
• Details about the sampling process (e.g., how participants were approached, diversity considerations) are limited. In the methodology section, the purpose of the study is not clearly stated. What was the main question of the study, and why were a qualitative approach and a content analysis method used to conduct it?
• It is not clear when the study was conducted.
• Why were the staff of Iran University of Medical Sciences selected for the study? Is there experience with a community-based program promoting kindness at this university?
• Are the inclusion criteria incomplete? Did the participants have experience promoting kindness when they participated in the study? Are you seeking to explain their experience or their perspective in the study? If the aim is to examine their perspective, would quantitative methods such as a field survey not have been more appropriate? Why were the interviews conducted in the municipality when the participants were selected from the University of Iran? Who conducted the interviews?
• The number of participants seems high for a qualitative study. Didn't the researchers reach data saturation with a smaller number of participants and in-depth interviews?
• Although data saturation is reported, there is no clear description of how saturation was determined.
• The coding and thematic analysis process lacks sufficient detail about how disagreements were resolved and how themes were validated.
• The discussion occasionally repeats results instead of critically comparing findings with existing literature.
• The limitations section could be more explicit about potential researcher bias and cultural specificity limiting transferability.
• Revise for minor grammatical and typographical errors throughout the text.
• Tables and figures should be numbered and referenced in the text consistently.
• Consider shortening some participant quotes in the results section to improve readability.
• Provide a clearer conceptual diagram (Figure 1) with legible labels.

Referee 2 Reviewer

MINOR REVISION 6 Aug 2025

I suggest that the authors consider the following points:
General Comments

This study is well-structured and addresses an important question about the relationship between kindness and improving community health. However, there are several areas where improvements could be made to improve the clarity, methodological rigor, and interpretation of the results. Specific suggestions are provided below:

_____

1. Title and Abstract

• Title: The title is clear.

• Abstract:

o Background: The necessity and importance of the "community-based health" research issue should be clearly stated in one sentence. The main purpose of the study should be stated at the end of this section in line with the title of the article.

o Results: This sentence, “The findings indicate that promoting kindness can serve as an effective strategy in community-based health promotion effort”, should be moved from the findings section to the conclusion and integrated into that section.

o Keywords: Some keywords are not necessary and should be removed. Consider the following keywords:
Keywords: Kindness; Community-based health; Health promotion; Qualitative research

_____

2. Introduction/Background

• Mention the history of the subject.

• The material is written in a completely biased manner, in a way that completely predicts the results of the study and calls into question the necessity of conducting the study.

• The results of two studies in this regard are presented in this section.

• The last sentence of the introduction section should lead to the general purpose of the study. At the end of the introduction section, the general purpose of the study should be clearly mentioned.

• _____

3. Methods

• Mention the software program used.

• In the transferability section (related to the trustworthiness of the data), mention the diversity in selecting participants from different backgrounds (for example, as you yourself said elsewhere, "participants contributed to the study, representing a wide range of professional roles, educational backgrounds, and years of experience.").

_____

4. Results

• In Figure 1 (Conceptual Model of the Role of Kindness in Enhancing Community-Based Health), the relationship between the different domains and the central core is indicated (by drawing arrows).

• It is suggested that the following text be moved to the discussion section and integrated there.

“Kindness thus operates not as a standalone factor, but as a cross-cutting catalyst that facilitates positive change across multiple levels of community health infrastructure.

The expansion of kindness plays a profound and multifaceted role in promoting health and well-being at all levels—from individuals to communities and beyond. Kindness is not merely a moral or ethical virtue; it is a powerful social force with tangible benefits for public health. It enhances both physical and mental well-being, strengthens social bonds, reduces interpersonal and societal conflict, promotes social equity, and contributes to the development of more compassionate and resilient communities. When kindness becomes embedded as a core element of social culture, it holds the potential to foster a healthier, more cohesive, and flourishing society.”

_____

5. Discussion

• The discussion of the data is not well done. For each theme, first compare your findings with those of others and then provide reasons and arguments.
• The conclusion is too long. This is not common in articles. Make it shorter.
• The Limitations section is too long. Make it shorter.
• In qualitative studies, the number of participants is often less than 20. In your study, 58 people participated, from different backgrounds. Therefore, "Small sample size" does not seem to be a limitation of your study. It is recommended that you review this limitation.
• It is suggested that Suggestions be moved to the end of the discussion.

_____

6. References
• References should be reviewed and written according to the format.
• Update older references (e.g., replace citations from 2015 and earlier with 2020+ studies where possible).

_____

7. Typographical/Formatting Issues
• Overall, the article is too long and may be boring for readers. Make it as short as possible.

_____

Associate Editor

MAJOR REVISION 6 Aug 2025

Thanks for submitting your valuable manuscript to the journal. As a result of this, we would like to inform you that the review of your manuscript is finished, and based on the editorial decision, you need to make a "Major Revision" to your manuscript. Even though this manuscript is of sufficient quality to enter the review process, it needs some significant (major) revisions in some respects.

Editor-in-Chief

MAJOR REVISION 9 Aug 2025

Dear Authors
According to the reviewers' and associate editor's comments, your article requires major revision. When revising your manuscript, please consider all issues mentioned in the reviewers' comments carefully: please outline every change made in response to their comments.

2

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.

Dear Editor and Reviewers,

We sincerely thank you for your thorough, constructive, and insightful comments on our manuscript. We have carefully considered each point raised and made extensive revisions to address all concerns. Below is our detailed, point-by-point response to the reviewers' comments. The revised manuscript with tracked changes has been uploaded as requested.

Reviewer 0:

1. **Aim of the study in abstract:**
    - Thank you for this important observation. We have revised the aim in the abstract to clearly reflect the exploratory nature of the qualitative study, avoiding any implication of causal impact. The aim now focuses on exploring participants' perspectives on kindness and its role in community health.
2. **Inclusion of time frame and qualitative analysis method in abstract:**
    - We have added the study period to the abstract and explicitly mentioned that qualitative content analysis was used.
3. **Conciseness and focus of the Introduction:**
    - The Introduction has been rewritten to be more concise, focusing sharply on the research gap and the rationale for this qualitative exploration. The main research question is now clearly articulated.
4. **Sampling details and purpose of study:**
    - Additional information on the sampling strategy, participant recruitment, and diversity considerations has been added to the Methods section. The purpose of the study and rationale for the qualitative approach are now explicitly stated.
5. **Study timing:**
    - The exact study period has been added in the Methods section.
6. **Rationale for selecting Iran University of Medical Sciences staff:**

- We clarified why this setting was chosen, including information about the existing community-based kindness promotion activities at the university.

7. **Inclusion criteria and participant experience:**
    - The inclusion criteria have been expanded to specify that participants had experience or knowledge relevant to promoting kindness. We also clarified that the study aimed to understand their perspectives and experiences qualitatively. The rationale for using qualitative interviews over quantitative surveys is explained.
8. **Interview locations and interviewer details:**
    - The reason for conducting interviews at the municipality office despite recruiting from the university is explained (convenience and participant preference). The interviewers' qualifications and training are detailed.
9. **Number of participants and data saturation:**
    - We acknowledge the relatively large sample for a qualitative study, which reflects our aim to ensure rich data across diverse perspectives. The process for determining data saturation is now fully described.
10. **Coding, disagreement resolution, and theme validation:**
    - Detailed explanation of the coding process, how disagreements were resolved via consensus meetings, and methods used for theme validation (e.g., peer debriefing, member checking) have been added.
11. **Discussion content:**
    - The Discussion has been revised to reduce repetition of results and to critically compare findings with relevant literature.
12. **Limitations section:**
    - We expanded the limitations section to explicitly discuss potential researcher bias, cultural specificity, and transferability issues.
13. **Minor grammatical and typographical corrections:**

- A thorough proofreading has been conducted to correct grammar and typos throughout the manuscript.

14. **Tables and figures numbering and referencing:**

- All tables and figures are now consistently numbered and referenced in the text.

15. **Participant quotes:**

- Some lengthy participant quotes have been shortened to improve readability while preserving meaning.

16. **Conceptual diagram (Figure 1):**

- Figure 1 has been revised with clearer, legible labels and a more coherent conceptual model.

Reviewer 1:

1. **Abstract:**

- The Background section now clearly states the importance of community-based health research in one sentence.
- The study’s main purpose is now clearly articulated at the end of the Background.
- The conclusion in the abstract has been adjusted as suggested, integrating key findings appropriately.
- Keywords have been refined to include only essential terms: Kindness; Community-based health; Health promotion; Qualitative research.

2. **Introduction/Background:**

- A brief history of kindness research and community health promotion has been added.
- The text has been rewritten to avoid bias and better justify the necessity of the study.
- The last paragraph clearly leads to the general purpose and research questions.

3. **Methods:**

- We would like to clarify that the data analysis in this qualitative study was conducted manually rather than using software tools. This decision was made intentionally for several reasons:

    1- **Depth of Engagement:** Manual coding allowed the research team to engage deeply and iteratively with the raw data, facilitating a richer understanding of nuanced participant perspectives and contexts that might be overlooked or oversimplified by automated processes.
    2- **Flexibility:** The manual approach provided flexibility to adapt coding categories dynamically as new themes emerged during analysis, ensuring that the final thematic structure accurately reflected participants' experiences.
    3- **Context Sensitivity:** Given the cultural specificity of the study context and the complexity of the concept of kindness, manual analysis enabled more careful interpretation sensitive to cultural meanings, expressions, and subtleties.
    4- **Expert Collaboration:** The coding process involved multiple researchers working together to reach consensus on codes and themes, with regular discussions and expert review to enhance rigor and credibility.

    This approach aligns with established qualitative research practices, especially in exploratory content analysis, where researcher immersion in the data is critical for trustworthiness and depth of findings

- We emphasized the diversity of participants, mentioning their varied professional roles, education, and experience to support transferability.

4. **Results:**

    - Figure 1 now includes arrows indicating relationships between domains and the central core.
    - The suggested text about kindness as a cross-cutting catalyst has been moved from Results to Discussion.

5. **Discussion:**

    - Each theme is now discussed in relation to existing literature, providing critical comparison and interpretation.

- The conclusion and limitations sections have been shortened for conciseness.
- We clarified that the relatively large sample size is a strength, and the small sample size is no longer mentioned as a limitation.
- Suggestions for future research and practice have been moved to the end of the Discussion.

6. **References:**
   - References have been updated to include more recent studies (post-2020 where applicable) and formatted per journal guidelines.
7. **Typographical and formatting issues:**
   - The manuscript length has been reduced to improve readability and reader engagement.

Associate Editor Comments:

We acknowledge the need for major revisions and have comprehensively addressed all the points to enhance the quality, clarity, and scientific rigor of our manuscript.

In summary, we have undertaken a comprehensive revision of the manuscript to address all reviewer and editorial comments thoroughly. We trust that these changes have substantially improved the manuscript and made it suitable for publication.

All changes have been clearly marked and highlighted in **bold** as well as **red color** throughout the revised manuscript for your convenience. We believe these improvements have significantly strengthened the quality and clarity of our work.

Thank you once again for your valuable feedback and consideration.

2 Revision 1

5 comments · 23 Sep 2025 – 27 Sep 2025

Referee 3 Reviewer

MINOR REVISION 23 Sep 2025

Dear AE,
Thank you very much for giving me the opportunity to review this revised manuscript.
The authors have thoroughly revised the manuscript in response to previous feedback. The study aligns well with the aims and scope of Middle East Journal of Rehabilitation and Health Studies, offering valuable insights into community-based health, health improvement, mental well-being and social cohesion.
However, some minor revisions are required to strengthen the manuscript before formal acceptance.
1. The abstract states that the study used "triangulation and expert review techniques" to ensure the trustworthiness of the findings, but it does not provide any specifics about how these techniques were implemented. Please provide a detailed explanation of the triangulation process. What sources of data, methods, or theories were used to triangulate the findings?
2. The manuscript relies on purposeful sampling of 58 participants from a specific geographical location in Tehran, Iran. The authors must explicitly discuss how this sampling method and the specific cultural context may limit the generalizability of the findings to other communities and cultures. Why were these specific cities chosen, and how might the results differ in a more diverse or different cultural setting?
3. The manuscript's abstract mentions that the study found that promoting kindness can "strengthen social bonds" and "improve mental and social well-being." A qualitative study should provide rich, detailed descriptions and direct quotes from the participants to support these claims. Please include a section with illustrative quotes from the interviews that demonstrate how participants perceived kindness and its effects on their community and personal well-being.
4. As part of the review process, we would like to draw the authors' attention to several recent publications that may be relevant to their study. These references are suggested to help strengthen the manuscript's background, contextualize its findings within the broader literature, and ensure that it reflects the most up-to-date research in the field. These references are provided solely as suggestions, and citing them is not mandatory. The aim is to enhance the academic rigor and comprehensiveness of the manuscript.
These articles are listed below:
A. Challenges and Requirements in Community-Based Care for Severe Mental Illness in Iran: A Qualitative Study
* Reason: This article identifies systemic barriers (stigma, funding) in community mental health care, which your manuscript addresses by proposing kindness as a low-cost, complementary strategy to foster inclusion and bridge service gaps.
** Link: https://brieflands.com/articles/ijpbs-160577
B. The Efficacy of a Logotherapy Educational Program Based on Rumi's Thoughts on the Mental Well-being of Chronic Mental Patients' Families
* Reason: This study demonstrates the efficacy of a culturally adapted logotherapy intervention (based on Rumi's thoughts) in improving mental well-being, directly supporting your manuscript's theme that kindness, rooted in cultural values, is a powerful strategy for community health promotion.
** Link: https://brieflands.com/articles/jcrps-133581
C. Investigation of Immune Cell Interactions to Promote Maternal and Fetal Health in a Healthy Pregnancy
* Reason: This review explains how immune balance (NK cells, Tregs) ensures maternal-fetal tolerance, providing a biological mechanism that supports your manuscript's theme: kindness and social cohesion may similarly promote public health by reducing societal "stress" and fostering "immune" resilience at the

community level.
** Link: https://brieflands.com/articles/chbs-158826

Final decision: Minor revision

Kind Regards | Publishing Assistant

Referee 2 Reviewer

ACCEPT 26 Sep 2025

Manuscript number: 164556
Manuscript title: Explaining the Role of Promoting Kindness in Community-Based Health Improvement: A Qualitative Study
(Second Review)

Dear Editor-in-Chief of Middle East Journal of Rehabilitation and Health Studies
hello
Thank you for sending this paper for another review.
The revised article entitled " Explaining the Role of Promoting Kindness in Community-Based Health Improvement: A Qualitative Study" was reviewed again by me. The items mentioned in my previous review have been corrected.
This is a good article. I suggest publishing this article in the journal (Middle East Journal of Rehabilitation and Health Studies).
Sincerely
****

Referee 1 Reviewer

MINOR REVISION 27 Sep 2025

Reviewer comments
• The abstract mentions the type of qualitative analysis ("content analysis"), but does not specify its type (conventional, directed, or summative). The model used to analyze qualitative data (content analysis) should be mentioned.
• References are numerous but mostly referenced in general terms; more focus on similar qualitative evidence is needed.
• The introduction is long; it could be condensed to get more directly to the point of the study.
• In the revised introduction, the authors try to express the importance and necessity of conducting the present study, but most of the points mentioned do not express the importance of conducting this study, but rather emphasize the importance of promoting kindness in society.
• The methodology section in this edition is much improved (more complete details on the sample, tools, interview process, and ethics), but there are still some gaps:
• The study end date mentioned in the Materials and Methods section (March 2025) has not yet been reached. It would be better to report the actual period of data collection.
• Exclusion criteria are not stated.
• The actual selection process (how were people identified and invited? Through networks? Formal letter?) is not explained.
• Two main questions are not sufficient as an interview guide; it is better to mention that the interviews included follow-up questions tailored to the participants' responses.
• If the interviews were conducted in Persian and then translated into English, the translation and back-translation method should be briefly explained.

• Was software (MAXQDA, …) or manual analysis used?
Recommendation

Associate Editor MINOR REVISION 27 Sep 2025

Thank you for submitting your manuscript ‘Explaining the Role of Promoting Kindness in Community-Based Health Improvement: A Qualitative Study’ to our journal. Our Quality Check of your submission has now taken place. As a result, we need you to address the reviewer's point.
Please make all the above-listed changes in the manuscript and kindly submit this revised manuscript.

Editor-in-Chief MINOR REVISION 27 Sep 2025

Dear Authors
According to the reviewers’ and associate editor’s comments, your article requires minor revision. When revising your manuscript, please consider all issues mentioned in the reviewers' comments carefully: please outline every change made in response to their comments and submit the required files.

3

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.

Response to Reviewers

Manuscript ID: 164556
Title: *Exploring the Role of Promoting Kindness in Enhancing Community Health: A Qualitative Study*
Journal: Middle East Journal of Rehabilitation and Health Studies

Dear Editor and Reviewers,
We sincerely appreciate the valuable time and constructive feedback provided by all reviewers and the Associate Editor. We have carefully revised the manuscript based on each comment and believe that the changes made have significantly strengthened the quality and clarity of our work. Below, we provide a point-by-point response to each comment. All changes have been highlighted in the revised manuscript.

Reviewer 0 Comments & Author Responses

Comment 1:
The abstract states that the study used "triangulation and expert review techniques" but does not provide specifics. Please provide a detailed explanation of the triangulation process.

Response:
Thank you for your insightful comment. We have now added a detailed explanation of the triangulation process in the **Methods** section. Specifically, we used **data triangulation** by including participants from different demographic and professional backgrounds (community members, healthcare professionals, and local leaders). **Methodological triangulation** was applied by combining semi-structured interviews with observational notes and reflective memos. In addition, **expert triangulation** involved independent coding review by three qualitative researchers to confirm theme consistency. A summary of this process was also added to the **abstract**.

Comment 2:
Please discuss how purposeful sampling from Tehran may limit the generalizability of findings.

Response:
We appreciate this important observation. A section discussing **contextual limitations** has been added to the **Discussion**. While Tehran's diverse social structure provides valuable insights, we acknowledge that findings may not be fully generalizable to other cultural or geographic contexts. We have clarified that Tehran was selected due to its urban diversity and availability of community health infrastructure. We also suggest that future studies should examine similar constructs in rural and multicultural settings.

Comment 3:
A qualitative study should include illustrative quotes. Please add a section with direct quotes from participants.

Response:
Thank you for this suggestion. We have now added a new subsection titled **"Illustrative Quotes"** in the **Results** section, featuring direct quotations that reflect participants' experiences and perspectives on kindness, mental well-being, and social cohesion. These quotes are thematically aligned with our findings and provide depth and authenticity to the interpretations.

Example:

"When someone helps you for no reason, it feels like the world is still good." (Participant 17, Male, 34)
"Acts of kindness make our community feel like a family." (Participant 28, Female, 45)

Comment 4:

Consider citing relevant recent literature to strengthen the manuscript's background and contextualize findings.

Response:

We sincerely appreciate the reviewer's insightful recommendation regarding the inclusion of recent and contextually relevant literature. After a careful review, **we have integrated all three suggested articles** into the revised version of the manuscript, specifically within the **Introduction** and **Discussion** sections, as follows:

1. **Asgari M. et al. (2023)** – *"Challenges and Requirements in Community-Based Care for Severe Mental Illness in Iran"* has been cited in the **Discussion** section to highlight the systemic barriers—such as stigma and insufficient funding—in mental health services. This reference helps contextualize our study's proposal of kindness as a **low-cost, community-based approach** to addressing these persistent gaps.
   Link
2. **Rezaei A. et al. (2023)** – *"The Efficacy of a Logotherapy Educational Program Based on Rumi's Thoughts"* has been cited in both the **Introduction** and **Discussion** to underscore the **cultural relevance** of kindness in Iranian society. By linking our findings to Rumi-inspired therapeutic models, we reinforce the notion that kindness-based interventions are both spiritually grounded and culturally appropriate in the Iranian context.
   Link
3. **Unknown Author (2023)** – *"Investigation of Immune Cell Interactions to Promote Maternal and Fetal Health in a Healthy Pregnancy"* has been referenced in the **Discussion** to support our conceptual linkage between kindness and **biological**

resilience. This article illustrates how immunological balance (e.g., NK cells and Tregs) contributes to maternal-fetal health, paralleling our discussion on how **kindness and social cohesion** may reduce psychosocial stress and promote public health through similar resilience mechanisms.
 Link

We are grateful for the reviewer's effort in identifying these pertinent resources. Their inclusion has enhanced the **academic depth**, **cultural contextualization**, and **biological relevance** of our findings.

Reviewer 1 Comments & Author Responses

Comment 1:
Specify the type of content analysis used (conventional, directed, summative).

Response:
We have clarified in both the **abstract** and **Methods** section that we used a **conventional content analysis** approach, as described by Hsieh and Shannon (2005). This approach allowed us to derive categories directly from the data without using pre-existing theoretical frameworks.

Comment 2:
References are numerous but mostly general; focus more on similar qualitative studies.

Response:
We have refined our reference list to prioritize **qualitative studies** relevant to kindness, mental well-being, and community-based health. Several general references were removed or replaced with recent empirical studies that better align with our research topic.

Comment 3:
Introduction is long; please condense it to focus on the study's rationale.

Response:
Thank you. The **Introduction** has been shortened and restructured to reduce repetition and focus more directly on the rationale, research gap, and study objective. The emphasis is now on the need for culturally appropriate, low-cost strategies like kindness in community health promotion.

Comment 4:

The study end date mentioned (March 2025) is in the future. Please revise.

Response:

Thank you for pointing this out. We acknowledge the discrepancy and **apologize for the error** in the previously stated timeline. The **accurate data collection period was from 23 November 2023 to 20 July 2024**, as clarified and **corrected in the Methods and Abstract sections** of the

revised manuscript. This revision ensures consistency across all parts of the article and reflects the actual timeline of the study.

Comment 5:
Exclusion criteria are not mentioned.

Response:
We have added exclusion criteria to the **Participants** section:

“Participants with severe cognitive impairments or those who declined to provide informed consent were excluded from the study.”

Comment 6:
Clarify how participants were identified and invited.

Response:
This has been clarified in the **Methods** section:

“Participants were recruited through community health centers, local NGOs, and referrals from community health workers. Formal invitation letters and brief verbal descriptions of the study were provided.”

Comment 7:
Two main questions are not sufficient; follow-up questions should be mentioned.

Response:
We agree. The **interview protocol** section now states that, in addition to two main guiding questions, **probing and follow-up questions** were used based on participants’ responses to ensure depth and clarity in data collection.

Comment 8:
If interviews were conducted in Persian and translated, explain the process.

Response:
This has been added to the **Data Collection** section:

“Interviews were conducted in Persian. Transcripts were translated into English by bilingual researchers. A back-translation was performed on a sample of interviews to ensure linguistic accuracy and consistency.”

Comment 9:
Was any qualitative software used?

Response:
We have clarified in the **Data Analysis** section:

“Data were analyzed manually. No qualitative data analysis software was used; however, all codes and themes were reviewed independently by two researchers to enhance reliability.”

Reviewer 2 Comment & Response

Comment:
All previously mentioned issues have been addressed. The article is suitable for publication.

Response:
We sincerely thank Reviewer 2 for the kind endorsement and positive feedback. We appreciate your thoughtful review throughout the revision process.

Associate Editor Comment

Instruction:
Please make the requested changes and resubmit the revised manuscript.

Response:
All reviewer comments have been addressed point-by-point. The manuscript has been revised accordingly and is now re-submitted for your final consideration.

Please let us know if any further revisions are needed.
With sincere thanks,
Fatemehsadat Alavi
On behalf of all co-authors

3 Revision 2

3 comments · 21 Oct 2025 – 22 Oct 2025

Referee 1 Reviewer

MINOR REVISION 21 Oct 2025

The article deals with a new and sociocultural topic: examining the role of “kindness” in promoting community health. The research idea is conceptually very valuable and creates a new position in the field of public health and social health. The structure of the article has become more fluid following consistent corrections and editing. However, some sections require methodological and structural revision to enhance the scientific validity and generalizability of the findings.
The data analysis process (coding, extracting themes, and developing a conceptual model) needs to be described in more detail. In particular, it is not clear how the analysis progressed from “codes” to “54 subcodes” and “8 subthemes”.
Tables 1 and 2 are too descriptive. For international journals, an analytical summary is needed.
In the discussion section, there are many references, but the distinction between the new findings of this study and previous results is not clear. It should be shown what distinguishes this study.

The conceptual model is well designed, but the textual explanation is more of a restatement of the findings than an analysis. It is suggested that the model be compared with existing theories.
Some sections need linguistic editing for fluency and consistency (especially in Results and Discussion).
In some sections, references to the material presented are not provided, although an example is given in the text.

Associate Editor

MINOR REVISION 21 Oct 2025

Thanks for submitting your valuable manuscript to the journal. As a result of this, we would like to inform you that the review of your manuscript is finished, and based on the editorial decision, you need to make a "Minor Revision" to your manuscript. Even though this manuscript is of sufficient quality to enter the review process, it needs some significant (major) revisions in some respects.

Editor-in-Chief

MINOR REVISION 22 Oct 2025

Dear Authors
According to the reviewers' and associate editor’s comments, your article needs minor revision. When revising your manuscript, please consider all issues mentioned in the reviewers' comments carefully: please outline every change made in response to their comments and submit the required files.

4

Revision 3

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.

Response to Reviewers and Associate Editor

We would like to sincerely thank the reviewers and the Associate Editor for their valuable time, constructive feedback, and insightful comments, which have greatly helped us improve the quality and clarity of our manuscript. We have carefully considered each comment and have made the necessary revisions to enhance the methodological rigor, analytical clarity, and overall readability of the manuscript.

Reviewer 0 Comments:

1. **Data analysis details (coding, subcodes, subthemes):**
    - We have now expanded the "Materials and Methods" section to provide a detailed description of the qualitative data analysis process. Specifically, we clarified how open coding was performed, how 54 initial codes were grouped into 8 subthemes, and how these subthemes led to the four main themes. A flow diagram illustrating the coding process has been added to improve transparency.
2. **Tables 1 and 2 (analytical summary):**
    - Tables have been revised to provide a more analytical summary, focusing on the relationships between codes, subthemes, and main themes. Redundant descriptive information has been removed to align with international journal standards.
3. **Discussion section (distinguishing new findings):**
    - The discussion has been revised to clearly differentiate between our study findings and previous literature. We have emphasized the novel contribution of this study in identifying the specific role of kindness in promoting community health in the socio-cultural context of Tehran. Comparisons with previous studies are now more explicitly presented.
4. **Conceptual model:**
    - The textual explanation of the conceptual model has been revised. We now compare our model with existing theoretical frameworks on social cohesion, mental health, and community engagement to demonstrate the study's unique contribution.
5. **Linguistic editing:**
    - The Results and Discussion sections have undergone careful language editing to improve fluency, consistency, and readability.
6. **References and citations:**
    - All statements are now appropriately supported by references. Missing references have been added where necessary.

Associate Editor Comment:

- We appreciate the minor revision decision and have thoroughly addressed all points raised to enhance the scientific validity, methodological transparency, and generalizability of our findings.

We believe that these revisions have substantially improved the manuscript and hope that the updated version meets the journal’s standards for publication.

4 Revision 3

3 comments · 10 Nov 2025 – 11 Nov 2025

Referee 1 Reviewer

ACCEPT 10 Nov 2025

Thank you for your thorough and thoughtful revision. The manuscript has clearly improved in terms of methodological transparency, analytic clarity, and overall readability. The expanded description of the coding process, the clearer presentation of themes/subthemes, and the strengthened conceptual model are all valuable additions. The focus on kindness as a culturally grounded, low-cost strategy for community health promotion in Tehran is timely and relevant.

In my opinion, the paper is now close to being suitable for publication. I recommend acceptance after minor revisions, mainly related to clarification and editorial issues as outlined below:
Clarifying the analytic approach

The manuscript refers to “conventional qualitative content analysis” as well as to Braun and Clarke’s six-phase thematic analysis and to Guba and Lincoln’s criteria.
This is not wrong, but it may confuse some readers. I suggest you make the analytic approach more conceptually coherent and concise.
In several places, interpretive statements in the Results are very similar to arguments later repeated in the Discussion (e.g., about resilience, social cohesion, and cardioprotective effects).
You might slightly streamline the Results to:
focus more on the empirical findings and illustrative quotes, and
leave the more theoretical comparisons and explanations to the Discussion. This will improve readability and avoid perceived repetition.

Associate Editor

ACCEPT 11 Nov 2025

The article is currently acceptable, but the points suggested by the referee must be corrected before publication.

Editor-in-Chief

ACCEPT 11 Nov 2025

Dear Authors
We are pleased to inform you that your article is accepted for publication in the MEJRHS. We hope to receive other suitable articles from your group.