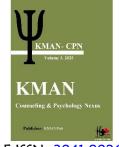


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Effectiveness of Acceptance and Commitment Therapy (ACT)–Based Intervention on Job Burnout and Quality of Care among Psychiatric Ward Nurses

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1. Round 1

1.1. Reviewer 1

Reviewer:

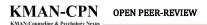
The paragraph "In Iran, as in many other healthcare systems, nursing burnout remains a pressing concern..." would benefit from quantitative national data (e.g., prevalence percentages or recent surveys among psychiatric nurses in Iran) to strengthen the local justification for conducting this study.

In Measures, the Caring Behaviors Inventory (CBI) is described as "validated ethical version," but the exact Persian or local validated version should be referenced. Provide details on its psychometric properties in Iranian populations (e.g., Cronbach's alpha, factor structure).

In Data Analysis, you report Cohen's d values but do not provide interpretive guidance. Consider adding descriptors (e.g., "large effect") and briefly justify why Cohen's d was chosen over alternative effect size measures for ANCOVA.

The explanation accompanying Table 1 states "This relative equivalence between groups is important." Consider adding a short note on statistical testing (e.g., chi-square or t-tests) to confirm no significant demographic differences existed between groups at baseline.

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In Table 2, categories like "Severe burnout 37%" appear, but the denominator is unclear. Indicate whether percentages are out of total nurses or out of each group separately. This will improve interpretability for readers comparing pre-intervention

In Findings, the statement "though it remained significantly lower than baseline" after one month is important. Recommend adding a brief discussion of whether a longer follow-up was considered and what would be needed to assess durability beyond one month.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

In the Introduction, the sentence "Existing research has primarily focused on traditional cognitive-behavioral or supportive approaches, while the evidence base for ACT in this population is still emerging" should be supported by at least one citation comparing ACT with these other approaches in similar Iranian or Middle Eastern contexts.

In the same section, you mention "assessors/data collectors... were blinded." Specify how blinding was maintained given the obvious nature of group ACT participation, and whether patients were aware of their nurse's participation to reduce expectancy bias.

In Discussion, the phrase "These values are consistent with, or even exceed, effect sizes reported in international ACT workplace studies" should cite one or two benchmark studies or meta-analyses to strengthen the comparative claim.

In the Limitations section, you acknowledge small sample size and single-site design. Recommend quantifying the potential generalizability issue (e.g., Farabi Hospital's patient load or staffing pattern differences from other psychiatric centers).

In Future studies, you mention "objective clinical performance indicators." Suggest providing examples such as medication error rates, patient incidents, or length of stay to illustrate actionable future research metrics.

Response: Revised and uploaded the manuscript.

Revised 2.

Editor's decision after revisions: Accepted. Editor in Chief's decision: Accepted.

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