



The Effectiveness of Acceptance and Commitment Therapy on Psychological Well-being, Resilience, and Hope for Life in Coronary Heart Disease Patients with High Blood Pressure Visiting Shahid Rajaei Hospital

Atena Naseri¹, Mahdieh Rahmanian^{2, 3*}, Amin Rafieipour^{2, 3}

¹ Department of Health Psychology, Kish International Branch, Islamic Azad University, Kish Island, Iran

² Associate Professor, Department of Health Psychology, Kish International Branch, Islamic Azad University, Kish Island, Iran

³ Adjunct Professor, Department of Psychology, Payame Noor University, Tehran, Iran

* Corresponding author email address: m.rahmanian@pnu.ac.ir

E d i t o r	R e v i e w e r s
Gholamreza Zourmand ¹ Department of Physical Education and Sport Science, Huanggang Normal University, Huanggang, China gh.zourmand@hgnu.edu.cn	Reviewer 1: Mohammad Hassan Ghanifar ¹ Assistant Professor, Department of Psychology, Birjand Branch, Islamic Azad University, Birjand, Iran. Email: ghanifar@iaubir.ac.ir Reviewer 2: Karim Afshariniya ¹ Assistant Professor, Department of Psychology, Kermanshah Branch, Islamic Azad University, Kermanshah, Iran Email: k.afsharineya@iauksh.ac.ir

1. Round 1

1.1 Reviewer 1

Date: 09 February 2024

Reviewer:

In the "Study Design and Participants" section, the age range and educational level inclusion criteria could be more specifically justified. Consider explaining why these specific age and educational levels are critical for the study's objectives to ensure the relevance and applicability of the results.

The method of purposive sampling is used, but the paper should address potential biases this method might introduce. A more detailed justification for choosing this sampling method over others that could potentially minimize selection bias would strengthen the study's validity.

It is mentioned that the control group received no intervention. The manuscript could benefit from a discussion on how this lack of engagement might have influenced the results, considering a placebo effect or the impact of non-intervention on the psychological state of control group participants.

The use of repeated measures ANOVA is appropriate; however, the paper should clarify why the Greenhouse-Geisser correction was necessary and how it impacts the interpretation of the study's results.

While the scales used (Ryff's Psychological Well-being Scale, Bond et al.'s Resilience Scale, Snyder et al.'s Life Hope Scale) are well-documented, the paper should discuss any cultural adaptations or validations that were necessary for the Iranian context to ensure the measurements' accuracy and relevance.

The results section would benefit from additional graphical representations of the data to help clarify the changes over time in the experimental vs. control groups. Visual aids such as line graphs or bar charts could provide an immediate, intuitive understanding of the data presented.

The paper mentions ethical adherence, but more detailed information about how participant confidentiality is guaranteed, especially considering the sensitive nature of psychological assessments, would enhance the credibility of the ethical considerations.

Authors revised the manuscript and uploaded the updated document.

1.2 Reviewer 2

Date: 15 February 2024

Reviewer:

The paper presents the use of ACT in a novel setting but does not discuss potential limitations or challenges in applying this therapy specifically to coronary heart disease patients with high blood pressure. A discussion on this would provide a balanced view and practical insights for future applications.

The paper measures the immediate post-treatment effects and at a three-month follow-up. It would be beneficial to include or suggest further long-term studies to observe the durability of the treatment effects beyond three months.

The discussion could be deepened by comparing the results with other psychological interventions used for similar patient groups. This would contextualize the efficacy of ACT relative to other available therapies.

Incorporating qualitative feedback from participants about their experiences with the ACT sessions could provide deeper insights into the therapy's impact and its practical aspects from the patient's perspective.

More detailed descriptions of what each ACT session involved could help replicate the study and apply the findings in clinical practice. It would be beneficial for practitioners reading the paper to have a clearer understanding of the therapeutic content.

The study should discuss potential confounding variables that might have influenced the outcomes, such as participants' medication use, other psychological therapies, or social support systems, to provide a clearer picture of what specifically contributed to the observed effects.

The conclusion could include specific, actionable recommendations for integrating ACT into routine clinical practice for patients with coronary heart disease and high blood pressure, including training requirements for therapists, session frequency, and integration with medical treatment plans.

Authors revised the manuscript and uploaded the updated document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.