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Development of a Structural Model of Quality of Life Based on Resilience with the Mediation of Perceived Stress in Women with Rheumatoid Arthritis


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1. Round 1

1.1. Reviewer 1

Reviewer:

The description of the Varni-Kazisnki and Keller Quality of Life Questionnaire is comprehensive, but the method for scoring and interpreting the subscales should be detailed for better understanding.

The table of descriptive statistics should include a brief explanation of why skewness and kurtosis are relevant to the data's normality, providing context for readers unfamiliar with these concepts.

The correlation matrix is presented clearly, but it would benefit from a brief discussion on the implications of these correlations for the study's hypotheses.

The fit indices are reported, but the text should include thresholds for each index to help readers interpret the model's adequacy (e.g., RMSEA < 0.08 indicates a good fit).

The section on direct and indirect effects could be enhanced by providing a conceptual diagram of the structural model, which would aid in visualizing the relationships between variables.

The suggestions for future research should include the need for longitudinal studies to assess changes over time and the potential benefits of interventions based on resilience and stress management.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The validation studies mentioned are somewhat outdated. Consider referencing more recent studies validating the Connor-Davidson Resilience Scale to ensure the tool's current relevance.

The description of the Perceived Stress Scale includes reliability coefficients but lacks information on its cultural adaptation for the Iranian population, which is essential for contextual relevance.

The data analysis section mentions the use of AMOS-26 software but does not describe the specific model fit indices used to evaluate the structural model. Including these details would enhance the methodological rigor.

The discussion section effectively relates findings to previous research but should also critically address any limitations or unexpected results that were encountered.

There is a need to explicitly state the theoretical implications of the study's findings for the broader field of health psychology and chronic illness management.

The practical applications for healthcare providers are somewhat implicit. More concrete recommendations for clinical practice would increase the study's applied value.

The limitations are well articulated but could be expanded to include potential biases in self-reported data and the cross-sectional nature of the study.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.