





Comparison of the Effectiveness of Online Narrative Therapy and Cognitive Behavioral Therapy on Mental Health and Adherence to Treatment in Cancer Patients with Low Psychological Hardiness

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1. Round 1

1.1. Reviewer 1

Reviewer:

The study design is described as quasi-experimental with a pre-test-post-test control group. For enhanced clarity, explicitly state whether random assignment was used for group allocation. If so, detail the randomization procedure to strengthen the study's validity.

Provide a statistical power analysis or sample size calculation to justify the number of participants (n=45). This will strengthen the argument that the sample size was sufficient to detect significant differences between groups.

Confirm that ethical approval was obtained from a recognized institutional review board or ethics committee. Additionally, mention whether participants provided written informed consent, enhancing the ethical rigor of the study.

Place the findings within the broader context of existing literature. This could involve a more detailed comparison with similar studies on narrative therapy and CBT in cancer patients, highlighting what is new or different about the current study's findings.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

Expand on the criteria used to determine low psychological hardiness, including the specific cutoff scores or thresholds. This precision will help in replicating the study and understanding the population studied.

Expand on the demographic information of the participants, including gender distribution, cancer type, and stages. This detail will enhance the understanding of the study's applicability to diverse cancer patient populations.

Discuss any limitations encountered with the online delivery of therapies, such as technical issues, participant engagement, and session attendance. Addressing these challenges will provide a more comprehensive view of the intervention's feasibility.

The study appears to lack a long-term follow-up to assess the durability of therapy effects. Suggest conducting follow-up assessments at future intervals (e.g., 6 months, 1 year) to evaluate lasting impacts.

Mention is made of potential bias due to medication use. Include a description of how medication usage was controlled for or monitored during the study. This would address potential confounding variables.

Elaborate on the validity and reliability of the Treatment Adherence Scale by Madanloo (2018) within the context of cancer patients. Providing psychometric properties specific to this population enhances the measure's credibility.

Authors revised and uploaded the document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.