




Investigating the Effectiveness of the Integrated Intervention Model Based on Acceptance, Compassion, and Mindfulness on Psychological Distress and Intolerance of Uncertainty in Nurses with Anxiety in the Emergency Department

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1. Round 1

1.1. Reviewer 1

Reviewer:

Consider expanding the explanation of why nurses are particularly susceptible to psychological distress and anxiety beyond referencing general stressors. Integrating more specific statistics or studies could strengthen this section.

The description of the sample size rationale cites Gall, Borg, and Gall (2003), but it might help to explain why the chosen sample size is considered optimal, specifically in the context of interventions for nurses.

The inclusion and exclusion criteria could be more detailed. For example, specifying why "at least three years of work experience" was selected as a criterion would provide clarity on the study's design.

The section on the Kessler Psychological Distress Scale could benefit from a brief discussion on why this specific scale was chosen over other available instruments.

The statement about adhering to the Helsinki Declaration could be more detailed, explaining how specific ethical principles were applied in practice, such as participant confidentiality or informed consent.

The explanation following Table 2 could be expanded to discuss the clinical significance of the findings, not just their statistical significance, to give readers a sense of the intervention's practical impact.

The comparison of the findings with prior studies is helpful. However, mentioning any limitations of those studies or differences in methodology that might explain any discrepancies would enrich the analysis.

The statement "Nurses are more susceptible to psychological distress than others" could be supported with comparative data or studies to substantiate this claim further.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

The sentence "Psychological distress encompasses unpleasant mental states of stress and anxiety" could be elaborated with examples or real-world scenarios to illustrate the impact on nurses in emergency departments.

The statement "One of the treatments whose effectiveness has been clearly demonstrated is cognitive-behavioral therapy" should include a brief explanation of what makes CBT successful in this context, especially concerning nurses.

The section about acceptance-based models mentions third-wave therapies. It would be beneficial to briefly clarify how these differ from first- and second-wave therapies for readers unfamiliar with these distinctions.

The duration of the sessions (120 minutes) might seem long to some readers. Explaining the rationale for this duration, perhaps citing literature on the effectiveness of longer mindfulness sessions, could add context.

For Session 3, where gentle yoga movements are introduced, consider providing more detail on how these movements were selected and their intended impact on anxiety and distress.

When discussing psychological flexibility, provide a concrete example of how this might manifest in a nurse's behavior or decision-making in a stressful situation.

The conclusion emphasizes the intervention's effectiveness but could be strengthened by discussing potential barriers to implementation in other healthcare settings.

Consider discussing how hospital administrators or policymakers might apply these findings to improve workplace mental health initiatives.

Authors revised and uploaded the document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.