

The Effectiveness of the Chronic Care Model on Treatment Adherence Based on the ACT Approach on Personality Traits in Patients with Diabetes

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E d i t o r	R e v i e w e r s
Gholamreza Rajabi Professor of Counseling Department, Shahid Chamran University, Ahvaz, Iran rajabireza@scu.ac.ir	Reviewer 1: Mohammadreza Zarbakhsh Bahri Associate Professor (Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran. Email: M.Zarbakhsh@Toniau.ac.ir) Reviewer 2: Seyed Ali Darbani Assistant Professor, Department of Psychology and Counseling, South Tehran Branch, Islamic Azad University, Tehran, Iran. Email: Ali.darbani@iaau.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

In the introduction, the claim “Overall, 60% of all deaths before 2020 were due to chronic diseases” would benefit from adding more recent epidemiological data (2023–2024) to demonstrate currency and relevance.

The section stating “Personality traits may influence how individuals manage diabetes...” would benefit from a conceptual framework figure or diagram linking specific traits to behavioral outcomes (adherence, self-care), which is currently missing but would help guide the reader.

The paragraph ending “Therefore, investigating the Chronic Care Model of Treatment Adherence within the ACT framework is not only theoretically valuable but also practically relevant...” should explicitly state how this study differs from previous ACT studies (e.g., novelty of combining chronic care model with ACT targeting personality traits).

In the quantitative phase, the sentence “Thirty participants were selected through purposive sampling...” needs a rationale for why this sample size was sufficient (e.g., power analysis, effect size expectations).

The inclusion criteria state “age between 20 and 45 years” but give no rationale. Justify this age range (e.g., cognitive capacity, disease progression considerations).

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

The sentence “The Chronic Care Model of Treatment Adherence, particularly within the framework of Acceptance and Commitment Therapy (ACT), is of special importance for patients with diabetes” asserts importance but does not explain why ACT aligns with the chronic care model conceptually. Provide a clearer theoretical justification for integrating these two models.

The methods mention “the control group did not receive any intervention”. Consider clarifying whether they received standard care or no contact, as this influences the internal validity and ethical acceptability of the design.

In the section on the NEO-FFI, the sentence “In this study, only the subscales of neuroticism and conscientiousness were used” conflicts with later analysis tables showing all five traits. This inconsistency must be corrected or explained (were other traits exploratory?).

The section referencing “Other studies, such as Ebn Nasir et al. (2018), Alaei Shahmiri et al. (2021), and Ahmadian et al. (2022)...” should compare effect sizes or directionality of results from those studies to this study’s findings, not just list them. This would show the study’s contribution more analytically.

Authors uploaded the revised manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.