

# Testing the Correlation Model of Psychological Well-Being, Self-Compassion, and Mindfulness in Married Nurses with the Mediating Role of Alexithymia


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### Reviewers

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## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

In the "Study Design and Participants" section, justify why Ilam County was chosen for this study. Was it representative of a broader population of married nurses?

Clarify why the age range of 22 to 45 years was selected and how this range impacts generalizability to older or younger nurses.

Provide a more detailed explanation of how the reported fit indices (e.g., GFI = .99, RMSEA = .06) support the validity of the structural model compared to standard benchmarks.

Expand on how cultural factors, specific to Ilam County or nursing in the region, may influence the relationship between self-compassion, mindfulness, alexithymia, and psychological well-being.

The limitations section is absent. Add a subsection to address potential biases, such as the convenience sampling method and the study's focus on married nurses only.

Response: Revised and uploaded the manuscript.

1.2. *Reviewer 2*

Reviewer:

In the "Psychological Well-Being" subsection, the Cronbach's alpha for Ryff's scale is reported as low (.40 to .52). Explain why this scale was still considered suitable, or discuss adjustments made for this limitation.

The introduction states that mindfulness and self-compassion are predictors of well-being. Expand on why alexithymia was chosen as the mediating variable over other psychological constructs.

In Table 1, the reported mean for mindfulness (18.98, SD = 7.10) is relatively low compared to its possible range (14–56). Discuss this discrepancy and its implications in the discussion.

The discussion does not fully explore how alexithymia mediates the effects of mindfulness and self-compassion. Include specific examples or scenarios that illustrate this mediating role.

The discussion briefly aligns findings with past studies but lacks a critical comparison. How do these findings differ or align with studies in non-nursing populations?

The male-to-female ratio (33.75% male, 66.25% female) is imbalanced. Discuss how this may limit the generalizability of findings, especially to male nurses.

Response: Revised and uploaded the manuscript.

**2. Revised**

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.