

Modeling the Structural Relationships of Post-Traumatic Growth Based on Perceived Social Support and Emotion Regulation with the Mediating Role of Self-Care Behaviors in Women with Breast Cancer

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1. Round 1

1.1. Reviewer 1

Reviewer:

The statement “PTG in this population is shaped by multiple factors such as perceived social support, coping strategies, emotion regulation, and individual differences in meaning-making processes” would benefit from clarifying conceptual boundaries between coping and emotion regulation, which are overlapping but not identical constructs.

The authors cite multiple studies, but the section reads like a summary rather than a critical synthesis. Please highlight gaps or inconsistencies in prior findings to justify the research problem more sharply.

The heading “Perceived Self-Efficacy” likely refers to “Perceived Social Support.” Please correct this labeling inconsistency to prevent confusion about constructs.

The results section reports β values but lacks an interpretation of their magnitude (e.g., small, medium, large effect) according to Cohen’s conventions. Add practical interpretations to enhance clarity.

When discussing the mediating role of self-care, the statement “From a theoretical standpoint, self-care may represent an applied form of resilience...” is insightful but could be expanded by relating it to existing resilience or self-regulation theories (e.g., Bandura’s self-efficacy framework).

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The paragraph “In societies with strong collectivist orientations, such as Iran...” is highly relevant but would be strengthened by citing specific Iranian studies on PTG or social support among cancer patients to contextualize cultural claims empirically.

The use of convenience sampling is acceptable in clinical contexts, but the authors should discuss potential biases—such as overrepresentation of patients with higher treatment adherence or social support—and how these were mitigated.

The restriction to ages 45–55 years excludes younger survivors; please explain why this range was chosen and whether it affects generalizability.

In “The Cronbach’s alpha coefficient was .91”, specify whether this value refers to the total scale or to subscales combined, as interpretation differs.

The PTGI, MSPSS, and ACQ subsections cite the same validation sources multiple times. Consider consolidating and focusing on the most relevant psychometric evidence for conciseness and coherence.

The authors write “The Mardia coefficient for the current study data was 2.80...” but do not provide the sample covariance matrix’s skewness value or explain the test’s significance threshold. A short note on why 2.80 was acceptable would strengthen methodological transparency.

Although the authors report excellent fit indices, they do not discuss the χ^2 significance value. A non-significant χ^2 or its interpretation should be briefly stated to complete the fit assessment.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.