

Development of a Predictive Model of Psychosocial Adjustment to Illness Based on Health-Promoting Lifestyle with the Mediating Role of Illness Perception in Female Patients with Systemic Lupus Erythematosus

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the final paragraph of the introduction, the aim is stated as “to develop a predictive model of psychosocial adjustment to illness based on health-promoting lifestyle with the mediating role of illness perception.” This aim is acceptable, but the manuscript should also state the specific hypotheses immediately before or after the aim. For example, the authors should explicitly state that health-promoting lifestyle is expected to predict psychosocial adjustment directly, health-promoting lifestyle is expected to predict illness perception, illness perception is expected to predict psychosocial adjustment, and illness perception is expected to mediate the relationship between health-promoting lifestyle and psychosocial adjustment.

In the methods section, the sentence “The present study was a descriptive-correlational study using a structural equation modeling design” is methodologically appropriate but incomplete. The authors should specify whether the study was cross-sectional or longitudinal. Because the data appear to have been collected at one time point, the term “cross-sectional” should be added. This is important because mediation analysis in cross-sectional data cannot establish temporal ordering, even when the model is statistically significant.

In the methods paragraph describing the population, the phrase “during the first six months of 2025” should be checked carefully against the original Persian calendar date. The Persian text states “the first six months of 1404,” which corresponds approximately to March–September 2025. The manuscript should consistently use Gregorian calendar dates and avoid vague expressions such as “first six months” unless the exact Gregorian range is provided. A precise range such as “from March to September 2025” would improve clarity.

In the reliability paragraph, “Cronbach’s alpha coefficients... were 0.868, 0.884, and 0.765,” the values are acceptable, but the preliminary sample size of 15 participants is too small for a stable reliability estimate. The authors should report Cronbach’s alpha for the final sample of 280 participants as well. Reliability coefficients based on the full sample would provide a more robust estimate of internal consistency and would be more appropriate for publication.

In the data analysis paragraph, “structural equation modeling and the bootstrap method were tested and reported using SPSS version 27 and PLS version 4,” the authors should specify the exact analytical procedures used in SmartPLS. This should include the number of bootstrap resamples, whether bias-corrected confidence intervals were used, the estimation algorithm, criteria for outer model assessment, and whether reflective or formative measurement models were specified. These details are necessary for replication.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

In the sampling paragraph, “The research sample was selected through purposive sampling and assigned based on the inclusion and exclusion criteria,” the term “assigned” is not appropriate because this was not an experimental or group-based intervention study. The authors should replace “assigned” with “recruited” or “selected.” In addition, the manuscript should explain why purposive sampling was chosen and how eligible participants were approached in each hospital and at the Lupus Association.

In the participant criteria paragraph, the inclusion criterion “absence of psychiatric disorders based on self-report” needs further clarification. Since psychological adjustment is the main outcome, excluding psychiatric disorders only by self-report may be insufficient and may introduce measurement bias. The authors should clarify whether any screening tool, clinical interview, medical record review, or physician confirmation was used. If only self-report was used, this should be acknowledged as a methodological limitation.

In the same paragraph, the phrase “no concurrent psychotherapy during participation” is included as an inclusion criterion, but the rationale is not explained. The authors should clarify why concurrent psychotherapy was excluded and whether other psychosocial interventions, educational programs, or support group participation were also controlled. This is important because such services could influence illness perception, coping, and psychosocial adjustment, thereby confounding the mediation model.

In the measurement instruments paragraph, “The Psychosocial Adjustment to Illness Scale developed by Derogatis (1986) includes 46 items...” should include information on scoring, response scale, score interpretation, and whether higher scores indicate better or poorer psychosocial adjustment. This is particularly important because the reported mean for psychosocial adjustment is 1.50, but readers cannot interpret whether this reflects favorable or unfavorable adjustment without knowing the scoring direction.

In the instruments paragraph, “The Health-Promoting Lifestyle Profile developed by Walker (1990) includes 54 items...” requires more psychometric detail. The authors should specify whether they used the original HPLP, HPLP-II, or a translated/adapted Persian version. The response format, subscale structure, total score calculation, and interpretation of higher scores should be reported. If a Persian validation study was used, it should be cited.

In the instruments paragraph, “The Brief Illness Perception Questionnaire developed by Broadbent et al. (2006) includes 9 items...” should be revised to clarify how the ninth causal item was handled. In the standard Brief Illness Perception Questionnaire, the causal item is often open-ended and analyzed differently from the eight scaled items. The manuscript should



state whether all nine items were included in the total score, whether the causal item was omitted, or whether it was coded separately.

In the validity statement, “The validity of the instruments was confirmed through the opinions of professors and specialists in psychology,” the procedure is too vague for a scientific manuscript. The authors should specify the number of experts, their areas of expertise, the criteria used for content validity evaluation, and whether indices such as CVR or CVI were calculated. If only face/content validity was informally assessed, the wording should be softened and the limitation should be acknowledged.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.