

# Developing a Structural Model of Treatment Adherence Based on Resilience with the Mediation of Perceived Stress in Patients with Rheumatoid Arthritis

Fatemeh. Bakhshandeh<sup>1</sup>, Hassan. Rezaei Jamalooei<sup>1\*</sup>, Mansour. Salesi<sup>2</sup>

<sup>1</sup> Department of Health Psychology, Faculty of Medicine, Najafabad Branch, Islamic Azad University, Najafabad, Iran

<sup>2</sup> Immunodeficiency Disease Research Centre, Isfahan University of Medical Sciences, Isfahan, Iran

\* Corresponding author email address: h.rezayi@yahoo.com

E d i t o r	R e v i e w e r s
Trevor Archer  Professor Department of Psychology University of Gothenburg Sweden trevorcsarcher49@gmail.com	<b>Reviewer 1:</b> Sara Nejatifar Department of Psychology and Education of People with Special Needs, Faculty of Educational Sciences and Psychology, University of Isfahan, Isfahan, Iran. Email: s.nejatifar@edu.ui.ac.ir <b>Reviewer 2:</b> Ali Khodaei  Department of Psychology, Faculty of Educational Sciences and Psychology, Payam Noor University, Tehran, Iran. Email: alikhodaei@pnu.ac.ir

## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

The sentence, "Musculoskeletal disorders are among the most prevalent and costly diseases..." could benefit from citation updates to include recent data from 2023 to enhance relevance.

The explanation of the Connor-Davidson Resilience Scale is comprehensive. However, including its cultural validation for Iranian populations adds clarity for international readers.

Amos 26 was mentioned. Provide reasoning for using Amos over alternative software like Smart PLS, especially regarding data normality assumptions.

Skewness and kurtosis are well-reported. However, add confidence intervals for the means to provide readers with a better understanding of variability.

The correlation matrix is helpful but lacks effect size interpretation. Add commentary on whether the relationships observed are weak, moderate, or strong.

Clarify why RMSEA was considered acceptable at 0.078 when the threshold of <0.08 is often debated.

The findings are consistent with previous literature. However, the references are predominantly Iranian or regional. Broaden the scope by comparing with studies from Western contexts.

The psychological aspects of stress could be strengthened by discussing neurobiological mechanisms, particularly in rheumatoid arthritis patients.

The cross-sectional nature is noted, but its implications for causal inference are not sufficiently explored. Recommend a longitudinal follow-up study to validate the findings.

Authors revised and uploaded the document.

## 1.2. Reviewer 2

Reviewer:

The WHO definition of adherence is used effectively. Consider briefly contrasting "adherence" with "compliance" to provide more depth to this discussion.

The claim that "no research aimed at developing a model to improve the psychological challenges of these patients was found in the literature" should be supported with a systematic literature review to substantiate the uniqueness of the study.

The inclusion criteria (e.g., "minimum education level above high school") exclude potentially relevant participants. Please justify this choice in the context of the study's goals.

The link between resilience and adherence is compelling. Consider discussing how interventions can be tailored to enhance resilience in this population.

The study mentions geographic limitations (Isfahan) but omits cultural considerations. Add commentary on how cultural factors might influence generalizability.

Authors revised and uploaded the document.

## 2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.