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The Role of Early Maladaptive Schemas, Resilience, and Coping Styles in Predicting Intolerance of Uncertainty among Female Nurses

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1. Round 1

1.1. Reviewer 1

Reviewer:

The sentence "Early maladaptive schemas… shape individuals' responses to ambiguous or stressful situations" should reference specific schema domains most relevant for IU (e.g., disconnection/rejection, overvigilance/inhibition) to improve theoretical alignment with study variables.

The sentence "Assumptions of regression analysis—including normality, linearity, homoscedasticity, and absence of multicollinearity—were tested prior to conducting the regression and confirmed…" would benefit from reporting actual diagnostic values (e.g., skewness, kurtosis, or residual plots).

The model summary shows $R^2 = .38$, but the Abstract reports $R^2 = .41$. This inconsistency needs correction for internal coherence.

The linkage to "personal resources such as social intelligence and creativity" seems tangential. Clarify how these variables relate to the current study, or remove to maintain focus.

Authors revised the manuscript and uploaded the document.

1.2.   Reviewer 2

Reviewer:

When discussing interventions, the statement "Schema therapy… has been found effective in reducing IU, cognitive distortions, and generalized anxiety" would benefit from distinguishing between Iranian and non-Iranian populations to highlight cultural generalizability.

The sentence "Despite the extensive international and Iranian evidence base, there remains a gap in research directly examining the combined predictive role…" should be more precise. Clarify whether this study is the first of its kind in Iranian nurses or builds on limited prior work.

The claim "Regression analyses further demonstrated that early maladaptive schemas and resilience together accounted for a substantial proportion of the variance in IU" should quantify "substantial" with the reported R^2 = .38 to avoid subjective phrasing.

The sentence "Coping styles emerged as another important correlate of IU in this study" should address potential bidirectionality (e.g., IU influencing coping choices) to reflect limitations of cross-sectional design.

When writing "These findings suggest that IU among nurses may be mitigated through targeted interventions…", please specify which interventions (schema therapy, resilience-building, coping-skills workshops) are most evidence-based in Iranian nursing contexts.

Authors revised the manuscript and uploaded the document.

2.   Revised

Editor's decision: Accepted.
Editor in Chief's decision: Accepted.