Reviewer's report

Title: Mediation and moderation analyses: exploring the complex pathways between hope and quality of life among patients with schizophrenia

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Reviewer: OCISKOVÁ MARIE

Reviewer's report:

Dear authors,

It was a pleasure to read your paper. Here are several suggestions that could further increase the quality of your text:

- Title: I suggest changing the title to be a bit simpler. It is easy to get lost during reading.

- Introduction:

  a) It was not just the patient movement that showed that people with mental disorders can lead a good life. Apart from other factors, a number of studies pointed that out as well.

  b) "Over the last decades, with advances in pharmacological treatment of acute psychiatric symptoms of schizophrenia, as a patient-based measurement, quality of life (QOL) has become an important way to assess the treatment and care in patients with schizophrenia." - How these relate to one another? QoL is an important concept in schizophrenia because of various reasons - it’s often unfavorable prognosis, the risk of chronicity, or the significant disability that schizophrenia usually brings. Also, the QoL research mostly relates to the WHO definition of health. This is why you should either broaden the connection between schizophrenia treatment and QoL or at least explain more the one presented connection.

  c) The part about hope is very clear and concise.

  d) Depression has many causes and triggers. It is not balanced to mention just antipsychotics and the here hypothesized core of schizophrenia.

  e) The part about resilience needs to be approached more in-depth. How does resilience help patients? Why is it important for them? I suggest putting things into perspective.

  f) Schizophrenia is not a disease. It is a disorder or (arguably) an illness.

  g) Hypotheses - It should be explained why depression and resilience are mediators and not independent variables. A person can be depressed first and through their (secondary) hopelessness experience lower QoL. The same goes for resilience. What is the basis for these causal assumptions? This one-sided approach is a major limitation of the study.
Sample: The sample size is remarkably large for this kind of study. It is great that you thought of potential cognitive deficits in your inclusion criteria. Furthermore, why did you prefer this definition of clinical (in)stability? 50 % increase in the last 3 months is a lot. It is not a usual definition of stability. Here are some examples of clinical stability that one can come across:


Tools: I appreciate using measures created for the studied population and the calculated alphas.

To my statistical knowledge, the analyses were appropriately planned. I also value the provided explanation of mediation and moderation.

Results are concisely described.

Discussion:

a) "In female patients with a high level of hope, the intervention for improving QOL should focus on repairing resilience and relieving depression; however, in male patients and female patients with a low level of hope, enhancing the hope of patients should be considered before another intervention is conducted." - Unfortunately, this cannot be said. First, depressed individuals generally tend to not be hopeful. When a person is depressed, it is depression, that is being treated, not hope. Hope usually catches up as depression recedes. Second, individuals completed a scale measuring severity of depressive symptoms. It is not clear how many of them were really depressed. There may not be much to relieve them from, then. Third, it is a question how much one can repair resilience in hopeful individuals (these two phenomena correlate with each other) and how much it can be simply reinforced.

b) The explanations between men and women should be re-thought a bit. If most men supposedly have more social needs and women are more fearful, it does not make much sense writing that Chinese women tend to have poor social support systems. So, the women tend to be socially deprived, but it is the men who have bigger social needs? This does not make much sense. Also, if women are more fearful why should they rely more on hope than men who supposedly have more social needs? Hope (in Snyder’s theory that is cited in the text) focuses on having goals in life and finding ways and motivation to reach them. Why then should be hope more important for the need of safety and less for the social needs? The results are currently not well interpreted.

c) Limitations should include the one-sided causality that was evaluated (see my comment above). This is especially significant in this case where the chosen causality was not sufficiently argued in the introduction.

English needs polishing.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

No

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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