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# International Journal of Advanced Research

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## REVIEWER'S REPORT

Manuscript No.: IJAR-55409

**Title:** The Effect of Self- Care Program on the Quality of Life for Patients with Systemic Lupus Erythematosus

**Recommendation:**

Accept as it is .....

Accept after minor revision.....

**Accept after major revision .....** YES.....

Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality			✓	
Techn. Quality			✓	
Clarity		✓		
Significance		✓		

Reviewer Name: PROF. DR DILLIP KUMAR MOHAPATRA

## *Detailed Reviewer's Report*

### **Manuscript Title**

The Effect of Self-Care Program on the Quality of Life for Patients with Systemic Lupus Erythematosus

### **Overall Assessment**

The manuscript addresses an important chronic autoimmune condition—systemic lupus erythematosus (SLE)—and evaluates the impact of a structured self-care program on patients' quality of life. The topic is clinically relevant to nursing practice and patient education. The study is well organized and demonstrates positive outcomes following intervention. However, the manuscript shows **limited novelty**, methodological constraints, and language issues that should be addressed to improve scientific rigor and clarity.

### **Strengths of the Study**

Clinically Relevant Topic

**REVIEWER'S REPORT**

SLE is a chronic disabling disease with significant impact on quality of life, making self-care interventions highly relevant for nursing practice.

**Clear Aim and Hypothesis**

The study objectives and research hypothesis are clearly stated and logically aligned with the design and outcomes.

**Use of Validated Instruments**

The Lupus Quality of Life (LupusQoL) questionnaire is a well-validated, disease-specific tool.

Reliability testing (Cronbach's alpha) shows acceptable internal consistency.

**Structured Intervention**

The self-care program is well described, theory-based (Orem's Self-Care Theory), and delivered through multiple sessions with follow-up assessment.

**Follow-Up Evaluation**

Assessment at post-test and three-month follow-up strengthens the evidence of sustained improvement.

**Ethical Considerations**

**REVIEWER'S REPORT**

Ethical approval, informed consent, confidentiality, and voluntary participation are adequately addressed.

**Positive Clinical Outcomes**

Significant improvement in patients' knowledge and quality of life after the intervention.

Statistically significant positive correlation between knowledge and quality of life.

***Weaknesses of the Study*****Limited Novelty**

Similar quasi-experimental nursing studies evaluating self-care or educational programs in SLE patients have already been published, particularly in Egyptian nursing journals.

The manuscript provides confirmatory rather than innovative findings.

**Study Design Limitations**

Absence of a control or comparison group limits causal inference.

Quasi-experimental design increases the risk of bias.

**Sampling Issues**

Small sample size ( $n = 65$ ) from a single center reduces generalizability.

Purposive sampling may introduce selection bias.

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### Statistical Analysis

Analysis relies mainly on descriptive statistics and chi-square tests.

No multivariate analysis to control for confounding variables (e.g., disease duration, education level).

### Language and Writing Quality

Numerous grammatical, spelling, and typographical errors throughout the manuscript.

Some sentences are repetitive or unclear, particularly in the abstract and discussion.

### Overextended Discussion

The discussion section is excessively long and repetitive.

Several comparisons with previous studies are descriptive rather than analytical.

### Tool Modification

**REVIEWER'S REPORT**

The LupusQoL tool was modified by the researcher, but justification and psychometric validation of modifications are insufficiently explained.

***Significance of the Study***

The study reinforces the **importance of nurse-led self-care education** in improving quality of life among patients with SLE.

Findings support integrating structured self-care programs into routine rheumatology and nursing care.

Although not novel, the study contributes **local evidence** that may be valuable for institutional practice and nursing education.

Results highlight the strong link between **patient knowledge and quality of life**, emphasizing patient empowerment.

***Key Points / Reviewer Comments***

The manuscript addresses a meaningful clinical and nursing issue.

Results consistently demonstrate improvement in knowledge and quality of life after the self-care program.

Lack of a control group and limited novelty weaken the study's impact.

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## **REVIEWER'S REPORT**

Language editing and reduction of repetition are strongly recommended.

The manuscript is more suitable for local, institutional, or regional nursing journals rather than high-impact or indexed international journals.

Authors should clearly acknowledge the confirmatory nature of the study and avoid overstating originality.

### ***Final Recommendation***

#### **Major Revision Required**

The manuscript can be considered for publication **after substantial revision**, particularly addressing:

Language and grammatical corrections

Reduction of redundancy

Clear acknowledgment of limited novelty

Strengthening the methodological discussion

With revisions, the study may be appropriate for publication in local or regional nursing journals focusing on clinical education and patient care.

**If**

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## REVIEWER'S REPORT

- NO — it should NOT be recommended for publication in its present form
- It may be recommended only after MAJOR REVISION and reframing, and only for a low-impact or local journal

### *POINT-BY-POINT REVIEWER JUSTIFICATION*

#### 1. Originality

The study does not present sufficient novelty.

Similar hospital-based observational studies linking serum uric acid with ischemic stroke severity using NIHSS have already been published (Indian and international).

The current manuscript confirms existing evidence rather than adding new insights.

►  Reviewer conclusion: Limited originality

#### 2. Scientific Value

Association between SUA and stroke severity is already well documented.

No new biomarker, cutoff value, prognostic model, or therapeutic implication is proposed.

Reviewer conclusion: Incremental evidence only

**REVIEWER'S REPORT**

**3. Study Design**

Hospital-based observational design with **small sample size (n=110)**.

No multivariate regression analysis to adjust for confounders (HTN, DM, IHD).

Cannot establish causality.

**Reviewer conclusion:** Methodologically acceptable but weak

**4. Statistical Analysis**

Only chi-square and t-test used.

Lack of:

Logistic regression

Odds ratios

Adjustment for vascular risk factors

►  **Reviewer conclusion:** Statistical depth insufficient

**5. Results**

Results are **expected and predictable**.

Elevated SUA associated with higher NIHSS — already reported in prior studies.

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## REVIEWER'S REPORT

►□ **Reviewer conclusion:** Confirmatory findings only

### 6. Discussion

Discussion largely reiterates known mechanisms.

Limited critical comparison or explanation of conflicting literature.

No explanation of SUA's dual antioxidant vs pro-oxidant role in detail.

**Reviewer conclusion:** Needs strengthening □

### 7. Clinical Impact

SUA proposed as a "biomarker," but:

No cutoff value suggested

No guidance on management

No outcome (mortality / disability) assessed

►□ **Reviewer conclusion:** Limited clinical applicability

## FINAL REVIEWER RECOMMENDATION

Option 1: For Indexed / High-quality Journal

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## REVIEWER'S REPORT

NOT RECOMMENDED

Option 2: For Local / Institutional / Low-impact Journal

RECOMMENDED ONLY AFTER MAJOR REVISION

“The manuscript addresses an important clinical topic; however, the association between serum uric acid and ischemic stroke severity has been previously reported in multiple studies. The present work provides confirmatory findings with limited novelty and methodological depth. Therefore, the manuscript is not recommended for publication in its current form. Major revision is required to improve statistical analysis, emphasize unique contributions, and strengthen clinical relevance. ”

### *WHAT TO DO IF YOU WANT TO RECOMMEND IT*

You may recommend **conditionally** if authors:

Add multivariate regression analysis

Provide cutoff values for SUA

Clarify novel contribution

Improve discussion and limitations

Reduce overstated claims of novelty

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