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## REVIEWER'S REPORT

Manuscript No.: IJAR-56241

Title: The Effect of Self-Care Guidelines on the Quality of Life for Patients with Leukemia and Undergoing Chemotherapy

### 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

### Overall Assessment

This manuscript investigates the effect of structured self-care guidelines on knowledge, practice, and quality of life (QoL) among leukemia patients receiving chemotherapy. The topic is clinically relevant and aligns with global efforts to enhance patient-centered oncology care, particularly in low- and middle-income settings such as Egypt.

The study demonstrates statistically significant improvements in knowledge, self-care practices, and QoL among the intervention group. However, while the research question is important, several methodological, structural, and scientific writing issues require attention before the manuscript can be considered for publication.

### Strengths

#### 1. Clinical Relevance

Leukemia remains a significant global health problem, as reported by the National Cancer Institute and global cancer statistics.

Addressing chemotherapy side effects through self-care education is highly relevant to oncology nursing practice.

#### 2. Clear Aim and Hypotheses

The study objective and hypotheses are clearly stated.

## REVIEWER'S REPORT

Research questions address physical, psychological, social, and spiritual dimensions of QoL.

### 3. Quasi-Experimental Design

Inclusion of control and intervention groups improves internal validity.

Pre-, post-, and 3-month follow-up assessments strengthen outcome evaluation.

### 4. Validity and Reliability Reporting

Tools underwent expert validation.

Cronbach's alpha values (Knowledge=0.798, Practice=0.867, QoL=0.835) indicate acceptable internal consistency.

### 5. Statistical Analysis

Appropriate tests used (Chi-square, t-test, ANOVA, correlation).

Significant improvements demonstrated ( $p < 0.001$ ).

## Weaknesses

### *Major Methodological Issues*

#### 1. Inconsistency in Sampling Method

The study states “**purposive sample**” but also states patients were “allocated randomly.”

This creates confusion regarding randomization and potential selection bias.

#### 2. Sample Size Justification

Sample size formula is included but poorly formatted and not clearly explained.

No power analysis interpretation provided.

#### 3. Extremely Long Knowledge Tool (131 items)

The self-care knowledge section includes 131 yes/no items.

This raises concerns about:

Response fatigue

Measurement validity

Overestimation of knowledge improvement

## REVIEWER'S REPORT

### 4. Lack of Blinding

No mention of assessor blinding.

High risk of performance and detection bias.

### 5. No Effect Size Reporting

Only p-values reported.

No Cohen's d or confidence intervals provided.

### 6. Limited External Validity

Single-center study in Fayoum.

Small sample (n=60) limits generalizability.

### *Scientific Writing Issues*

### 7. Numerous Grammar and Formatting Errors

Examples:

“evaluatetheeffectofself-careguidelines” (spacing errors)

Repetition of literature

Inconsistent referencing style

Some 2025 references appear questionable/future-dated

### 8. Overly Long Discussion

Discussion repeats demographic results unnecessarily.

Lacks critical interpretation.

Does not sufficiently compare effect size with previous studies.

## REVIEWER'S REPORT

### 9. Causation Language

Statements imply causality despite quasi-experimental design.

### Significance of the Study

This study contributes to:

Oncology nursing practice

Patient education strategies

QoL enhancement in chemotherapy patients

Evidence-based supportive cancer care in resource-limited settings

If revised properly, it may provide practical implications for:

Structured self-care educational protocols

Standardized nursing guidelines in oncology wards

Improving adherence and symptom management

However, novelty is **moderate**, as similar self-care interventions have been previously studied.

### Key Points for Authors to Address

#### Methodology

Clarify sampling and randomization method.

Provide power analysis details.

Justify large questionnaire size.

Report effect size and confidence intervals.

#### Statistical Reporting

Provide means and SD for QoL domain scores.

## REVIEWER'S REPORT

Include effect size (Cohen's d).

Clarify whether assumptions for parametric tests were tested.

### Discussion

Shorten demographic repetition.

Focus on clinical implications.

Discuss limitations more critically.

### Language and Formatting

Major English editing required.

Standardize referencing format.

Correct spacing and formatting errors.

### Ethical Section

Add ethical approval number.

Mention clinical trial registration (if applicable).

### Recommendation

**Final Recommendation:** Major Revision

The study has clinical relevance and promising findings, but substantial revisions are required in:

Methodological clarity

Statistical reporting

Scientific writing

Structural organization

After major revision and language editing, the manuscript may be reconsidered for publication in a mid-tier nursing or multidisciplinary journal.

## REVIEWER'S REPORT

### JUSTIFICATION FOR MAJOR REVISION

**Manuscript:** *The Effect of Self-Care Guidelines on the Quality of Life for Patients with Leukemia and Undergoing Chemotherapy*

#### *TITLE*

Issue 1:

**“The Effect of Self-Care Guidelines...”**

The phrase implies **causation**.

The study is quasi-experimental, not a fully randomized controlled trial.

#### **Why Major Revision?**

Causal wording is scientifically inaccurate. Should be revised to:

“Effectiveness of a Self-Care Guideline Program...” or

“Impact of Self-Care Guidelines...”

#### *ABSTRACT*

**Line: “evaluatetheeffectofself-careguidelines”**

Formatting/spacing error.

**Line: “patients were allocated randomly”**

Conflicts with “purposive sample” in methods.

#### **Why Major Revision?**

Abstract must reflect accurate methodology. Inconsistent sampling description raises serious internal validity concerns.

#### *INTRODUCTION*

**Repetitive Epidemiological Data**

Global leukemia statistics repeated multiple times.

## REVIEWER'S REPORT

Lacks updated reference from authoritative bodies such as the World Health Organization.

### Weak Problem Statement

Does not clearly explain the *gap* in Egyptian oncology nursing practice.

No clear rationale why this study is different from previous self-care interventions.

### Why Major Revision?

Introduction does not establish strong novelty or research gap.

## SIGNIFICANCE OF THE STUDY

### Issue:

Mostly descriptive.

No citation of national oncology guidelines.

No linkage to health policy or nursing protocols.

### Why Major Revision?

Needs stronger theoretical and practical justification.

## RESEARCH DESIGN SECTION

### Line: "Quasi experimental research design"

No explanation of:

Allocation method

Sequence generation

Allocation concealment

### Why Major Revision?

Design clarity is essential for internal validity. Random allocation cannot coexist with purposive sampling without explanation.

## SAMPLE SECTION

## REVIEWER'S REPORT

**Line: "Purposive sample of 60 patients"**

Non-probability sampling increases bias.

**Line: Sample size formula included**

Formula poorly formatted.

No power calculation output.

No effect size assumption mentioned.

**Why Major Revision?**

Sample size justification is scientifically incomplete.

### *TOOLS SECTION*

**Tool I – 131 Knowledge Items**

Extremely long.

Yes/No format inflates correct response probability (50% guessing chance).

No evidence of construct validity.

**Tool II – Practice Checklist**

No inter-rater reliability reported.

No observational bias control.

**Tool III – QoL Scale**

No mention whether standardized validated leukemia-specific tool was used (e.g., EORTC-QLQ).

**Why Major Revision?**

Measurement validity concerns threaten reliability of conclusions.

### *VALIDITY & RELIABILITY*

**Line: "Reviewed by 5 experts"**

## **REVIEWER'S REPORT**

No content validity index (CVI) reported.

Cronbach alpha reported but:

No subscale alpha

No test-retest reliability

### **Why Major Revision?**

Psychometric evaluation incomplete.

### ***FIELD WORK***

#### **Issue:**

No description of:

Duration of educational sessions

Educational materials used

Standardization across participants

### **Why Major Revision?**

Intervention reproducibility is unclear.

### ***ETHICAL CONSIDERATIONS***

#### **Issue:**

Ethical approval number missing.

No IRB reference.

No clinical trial registration.

### **Why Major Revision?**

Ethical transparency mandatory for publication.

### ***RESULTS SECTION***

## REVIEWER'S REPORT

### Issue 1:

Overuse of p-values ( $p < 0.001$ ) without:

Effect size (Cohen's  $d$ )

Confidence intervals

### Issue 2:

Tables overcrowded.

Repetition of demographic percentages in text.

### Issue 3:

No normality testing mentioned before using parametric tests.

### Why Major Revision?

Statistical reporting incomplete and non-transparent.

## *DISCUSSION SECTION*

### Problem 1:

Repeats demographic findings rather than interpreting intervention impact.

### Problem 2:

Does not critically compare findings with high-quality international literature.

### Problem 3:

Overstates conclusions ("self-care guidelines improved quality of life significantly") without discussing limitations.

### Why Major Revision?

Discussion lacks depth, critical analysis, and scientific balance.

## *LIMITATIONS*

### Issue:

Mentions small sample size.

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## REVIEWER'S REPORT

Does NOT mention:

Selection bias

Hawthorne effect

Self-report bias

Lack of blinding

### Why Major Revision?

Incomplete limitation reporting affects transparency.

### CONCLUSION

#### Issue:

Strong causal language.

No recommendation for multicenter RCT.

No cost-effectiveness or implementation strategy.

### Why Major Revision?

Conclusion overgeneralizes findings.

### OVERALL SCIENTIFIC CONCERNS

Domain	Problem	Severity
Design	Sampling contradiction	Major
Measurement	131 yes/no tool validity issue	Major
Statistics	No effect size, no CI	Major
Ethics	Approval number missing	Major
Writing	Extensive grammar errors	Major
Novelty	Moderate, not strong	Moderate

### WHY NOT MINOR REVISION?

Minor revision applies when

Only language polishing needed

No methodological flaws

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## REVIEWER'S REPORT

No major statistical gaps

In this manuscript:

Internal validity is unclear

Measurement tool credibility questionable

Statistical reporting incomplete

Ethical documentation incomplete

Therefore, it meets criteria for **MAJOR REVISION**.

## FINAL JUSTIFICATION

The manuscript is clinically relevant and promising but requires:

Methodological clarification

Statistical strengthening

Psychometric justification

Ethical transparency

Substantial language editing

Only after these corrections can it be reconsidered for publication.