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 after major revision ………………

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

Reviewer Name: Dr. Sudheer Aluru

Detailed Reviewer's Report

The manuscript addresses a clinically relevant nursing and oncology topic: the effect of self-care guidelines on quality of life among patients with leukemia undergoing chemotherapy. The quasi-experimental design, use of pre-, post-, and follow-up assessments, and statistically significant findings suggest potential value for nursing practice. However, the manuscript, in its current form, falls short of journal standards due to **methodological ambiguities, excessive instrument burden, statistical and temporal inconsistencies, and substantial language and presentation issues**. Major revision is required before the manuscript can be reconsidered.

Major Comments (Authors' Response Required)

1. Study Design and Methodology

1. The study is described as *quasi-experimental*, yet patients are reported to be "allocated randomly."

    o   Please clarify:

    - What specific randomization method was used?
    - If true randomization was applied, why was the study not classified as a randomized controlled trial?

2. The sample size calculation includes **N = 100**, yet only **60 participants** were enrolled.

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- o Please explain this discrepancy.
- o Was a power analysis conducted to confirm that 30 patients per group was sufficient to detect meaningful differences in QoL?

3. Were outcome assessors blinded to group allocation?

- o If not, please discuss the potential impact of detection bias, especially for subjective outcomes such as QoL.

4. The control group received "routine nursing care."

- o Please provide a detailed description of what routine nursing care included during the study period.

2. Instruments and Measurement

7. The self-care knowledge assessment includes **131 items**, which is unusually lengthy.

- o How was respondent fatigue addressed?
- o Were any psychometric analyses conducted to justify retaining all items?

8. The binary (yes/no) scoring system for knowledge assessment may oversimplify patient understanding.

- o Please justify this approach or discuss its limitations.

9. The categorization of QoL scores into poor, average, and good using <50%, 50–75%, and >75% cutoffs appears arbitrary.

- o Please provide a theoretical or empirical justification for these thresholds.

10. Several tools were adapted, modified, and translated.

- o Please clarify:
  - The extent of modification,
  - Whether re-validation was conducted after translation,
  - Whether permission was obtained for using copyrighted instruments.

3. Statistical Analysis

11. Multiple comparisons were performed across outcomes and time points.

- o Please clarify whether any adjustment for Type I error was considered.

12. Results are reported mainly using p-values.

- o Please consider reporting effect sizes and/or confidence intervals to enhance clinical interpretability.

13. Correlation analyses are presented extensively.

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- o Please avoid causal interpretation and explicitly acknowledge this limitation in the discussion.

14. Did you consider adjusting for potential confounders (e.g., age, education, income) using multivariable analysis?

4. Results Presentation

15. Several tables are dense and difficult to interpret.

- o Please consider simplifying or splitting complex tables.

16. Figure 1 lacks adequate labeling and a clear legend.

- o Please revise to improve clarity and interpretability.

17. Some tables and figures present overlapping information.

- o Please consolidate where appropriate to reduce redundancy.

5. Discussion and Interpretation

18. The discussion section is lengthy and largely descriptive.

- o Please reduce repetition and focus on:
  - ▪ Key findings,
  - ▪ Possible mechanisms,
  - ▪ Comparison with contrasting studies.

19. Study limitations (e.g., sample size, single-center setting, lack of blinding, self-reported outcomes) are not explicitly discussed.

- o Please add a dedicated limitations subsection.

20. Clinical and nursing practice implications should be strengthened.

- o Please clarify how the findings could realistically inform oncology nursing practice or patient education programs.

6. Language and Presentation

21. The manuscript contains numerous grammatical, typographical, and formatting errors.

- o Professional language editing is strongly recommended.

22. Please standardize terminology (e.g., "self-care guidelines" vs. "self-care education program").

23. Ensure consistency between in-text citations and the reference list.

The manuscript has the potential to contribute to nursing practice and supportive oncology care. However, substantial clarification, restructuring, and methodological strengthening are required. The authors are encouraged to address each comment point-by-point in a detailed response to reviewers.