



REVIEWER'S REPORT

Manuscript No.: IJAR- 58090

Title: Training and Development in Cooperative Hospitals: A Path toward SDG Compliance

Recommendation:

Accept after minor revision

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

Reviewer's ID: JPR 228

Detailed Reviewer's Report

The manuscript titled "Training and Development in Cooperative Hospitals: A Path toward SDG Compliance" explores a timely intersection between strategic human resource interventions and international development mandates within the healthcare sector. By compiling contemporary literature surrounding continuing professional development (CPD), workforce training, simulation-based learning, and electronic education, the review aims to establish how structured capacity-building frameworks reinforce institutional resilience and progress toward Sustainable Development Goal (SDG) compliance. Cooperative hospitals present a highly distinct organizational model where participant equity, community involvement, and localized governance alter traditional human capital management dynamics, making a dedicated framework for their workforce planning clinically and managerially valuable.

Methodologically, the review evaluates various educational approaches—ranging from medium-to-high fidelity clinical simulations and workplace apprenticeships to digital eLearning systems—and maps their individual inputs against institutional enablers. The text incorporates a comprehensive conceptual model (Figure 1) that traces inputs, such as strategic human resource management practices and knowledge management systems, through mediating variables like emotional intelligence, leadership skills, and professional well-being. These pathways are shown to impact both individual employee outcomes (job satisfaction and retention intentions) and institutional metrics (patient safety and universal health coverage). Ultimately, the paper seeks to provide healthcare administrators and policymakers with an

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adaptive, context-responsive template to sustain workforce competencies amidst evolving digital transformations and global health challenges.

Improvements and Suggestions

- **Clarify the Cooperative Context in the Narrative:** While the title and abstract explicitly target cooperative hospitals, the body text consists primarily of generic healthcare workforce, nursing, and general medical training literature. The authors need to explicitly integrate literature or theoretical perspectives detailing what makes training *within a cooperative hospital* structurally distinct from standard public or commercial healthcare facilities, such as employee-ownership dynamics, democratic decision-making, or localized profit-sharing mechanisms.
- **Provide Critical Synthesis Over Pure Summaries:** The text frequently acts as an annotated summary of separate studies (e.g., repeating "This study explores...", "The results indicate...", "The study emphasizes...") rather than synthesized thematic paragraphs. The narrative should be restructured to group concepts together by theme—such as technological barriers, pedagogical strategies, or specific SDG indicators—critically comparing the findings of different authors instead of listing them sequentially.
- **Address Methodological Selection and Search Criteria:** As a literature review, the manuscript completely lacks a methodology section explaining how the reviewed papers were identified, screened, or selected. To meet standard academic review protocols, the authors must insert a brief description detailing the targeted databases, specific search strings used, inclusion/exclusion criteria, and the precise timeline of the evaluated publications.
- **Reconcile Discrepancies in the Numbered Bibliography:** The reference list contains erratic numbering skips and structural anomalies. For instance, the references transition directly from Billett (2016) to Boet et al. (2013) and skip indexing digits between other citations, which undermines the formatting integrity of the submission. The bibliography must be meticulously audited and cross-checked for linear numeric sequencing.
- **Correct Incomplete and Truncated Citations:** Multiple citations within the reference section are severely truncated. Reference 5 (Boet et al., 2013) lists only the publisher name "LWW" without journal volume, issue, or page metrics, and Reference 15 (Grigorovica et al., 2022) names the venue as "SOCIETY. INTEGRATION. EDUCATION" without clearing up the specific publisher or volume details. These must be updated to complete APA or standard journal citation formats.
- **Resolve Stray Formatting Artifacts and Editorial Watermarks:** The manuscript contains lingering internal layout text and draft markers that degrade its professional quality. Notable

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examples include the text "UNDER PEER REVIEWIN" at the very end of the document, "EW" near the conceptual diagram header, and random metadata tags inserted within the text column lines. These tracking notes must be completely expunged.

- **Fix In-Text Citation Errors and Placeholders:** In section 1, an in-text citation is written as "(Pathinettampadiyan et al., n.d.)", yet the corresponding bibliography lists two different papers by this author from 2025 and an undated co-authored piece. The authors must resolve these placeholders and verify that every in-text citation perfectly matches a complete, unique bibliographic entry.
- **Expand the Discussion on SDG Assessment Metrics:** The conclusion rightly notes that current assessment systems fail to capture long-term sustainability results and SDG-integrated priorities. The paper would be significantly improved if the authors suggested specific, actionable indicators or evaluation methodologies (e.g., social return on investment or explicit SDG 3 and SDG 8 target tracking matrices) that cooperative hospitals can utilize to capture these qualitative dimensions.

Editorial Decision

Decision: RESUBMIT AFTER REVISION

Justification

The conceptual framework connecting human capital investments to SDG compliance within healthcare settings is highly relevant and theoretically sound. However, the manuscript cannot be accepted for publication in its current form due to its lack of explicit focus on cooperative hospital operational structures, the absence of clear search methodology criteria, and extensive bibliographic formatting issues. The text reads more like a sequence of individual paper summaries than a synthesized critical review, and it contains multiple draft remnants and broken reference strings. The authors are strongly encouraged to restructure the narrative into synthesized thematic sections, clarify their selection methodology, clean up the citation indices, and resubmit the revised work for further evaluation.

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