

REVIEWER'S REPORT

Manuscript No.:IJAR-58184

Title: The Effect of Virtual Educational Program on the Quality of Life among Patients with Renal Failure

Recommendation:

- Accept as it is
- Accept after minor revision**.....
- Accept after major revision
- Do not accept (*Reasons below*)

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

Reviewer's ID: JPR- 160

Detailed Reviewer's Report

The manuscript, "*The Effect of Virtual Educational Program on the Quality of Life among Patients with Renal Failure*," investigates whether a virtual health education program can improve the quality of life of patients with stage III and IV chronic kidney disease. The topic is timely and relevant because chronic kidney disease is a growing global health challenge, and digital educational interventions have become increasingly important in improving patient self-management and treatment adherence. The introduction provides adequate background information, clearly explains the burden of renal failure on physical, psychological, and social well-being, and justifies the need for evaluating virtual educational programs. The study objective and research hypothesis are clearly stated and align well with the research problem.

The methodology is generally appropriate for the study objectives. The authors employed a quasi-experimental pre-post design involving patients attending nephrology outpatient and virtual clinics at King Saud Medical City, Riyadh. The inclusion criteria are clearly described, and the use of the KDQOL-36 quality-of-life scale provides an appropriate framework for measuring outcomes. Ethical approval, pilot testing, content validation, and reliability assessment are reported, which strengthens the credibility of the research. However, the manuscript would benefit from a clearer explanation of the virtual educational program itself, including the educational content, frequency, duration of sessions, delivery methods, participant engagement, and monitoring procedures. Furthermore, the absence of a control group limits the ability to attribute improvements solely to the intervention. The results are presented logically and demonstrate statistically significant improvements across all quality-of-life domains after six months of the intervention. Improvements were observed in physical, psychological, social, dietary, family and sexual, and lifestyle domains, with lifestyle habits showing the greatest positive change. The demographic and clinical characteristics are adequately summarized, allowing readers to understand the study population. The statistical analyses appear appropriate, and the findings support the stated hypothesis. However, the manuscript would be strengthened by reporting effect sizes and confidence intervals in addition to p-values, providing a more comprehensive interpretation of the clinical significance of the findings.

The discussion appropriately relates the findings to previous literature and emphasizes the importance of patient education in improving quality of life among individuals with chronic kidney disease. The authors acknowledge that family and sexual well-being improved less than other domains, highlighting an important area requiring additional support. Nevertheless, the discussion could be enhanced by providing a more detailed analysis of the mechanisms through which virtual education produced these improvements and by explicitly discussing study limitations such as purposive sampling, single-center recruitment, participant attrition, reliance on self-reported data, and the lack of randomization or a comparison group. The conclusion is consistent with the study findings and appropriately emphasizes the positive effect of virtual educational programs on improving the quality of life of

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

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patients with renal failure. The recommendations for continuous patient education, psychological support, family involvement, and personalized lifestyle interventions are practical and clinically relevant.

Overall, this is a meaningful and clinically relevant study that contributes to the growing evidence supporting virtual educational interventions in chronic kidney disease management. The manuscript has a clear structure, sound methodology, and statistically significant findings. However, before publication, the authors should strengthen the methodological description of the intervention, discuss study limitations more comprehensively, improve the interpretation of the statistical findings, and perform careful English language editing to correct grammatical inconsistencies and improve readability. With these revisions, the manuscript would make a valuable contribution to the nursing and nephrology literature.