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# International Journal of Advanced Research

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## REVIEWER'S REPORT

**Manuscript No.: IJAR-58533**

**Title: THE EFFECT OF THE CONTINUOUS CARE MODEL ON SELF-PRACTICES AND QUALITY OF LIFE AMONG PREECLAMPTIC WOMEN.**

**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's ID: JPR-094**

## Detailed Reviewer's Report

**# Reviewer's Report**

**## 1. Strengths**

*** The study addresses an important maternal health problem, as preeclampsia remains a major cause of maternal and neonatal morbidity and mortality worldwide.**

*** The Continuous Care Model (CCM) is a clinically relevant nursing intervention that may improve patient education and follow-up.**

*** The study evaluates multiple outcomes, including knowledge, self-care practices, and quality of life, providing a comprehensive assessment.**

*** The intervention is well described with structured educational sessions and follow-up.**

*** Ethical approval, informed consent, and use of validated questionnaires are reported.**

*** Statistical analyses are generally appropriate for comparisons between groups.**

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*** The manuscript is well organized with clear objectives, methodology, results, discussion, and recommendations.**

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**## 2. Weaknesses**

**### Major Weaknesses**

**1. **Limited originality****

*** Similar studies evaluating the Continuous Care Model among women with preeclampsia have already been published, including studies cited by the authors.**
*** The manuscript does not clearly explain its novel contribution beyond previous work.**

**2. **Study design****

*** The quasi-experimental design without true randomization introduces selection bias.**
*** Allocation of participants (first 50 as controls and second 50 as intervention) is not truly random.**

**3. **Sampling****

*** Purposive sampling limits external validity and generalizability.**

**4. **Single-center study****

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*** Conducted in one hospital only, reducing applicability to other healthcare settings.**

**5. **Short follow-up****

*** Outcomes were assessed only shortly after intervention.**
*** Long-term sustainability of knowledge and behavioral change remains unknown.**

**6. **Potential performance bias****

*** Participants and investigators were not blinded.**

**7. **Insufficient intervention detail****

*** Educational materials, fidelity monitoring, and adherence assessment require more description.**

**8. **No sample size calculation****

*** Power analysis is not adequately described.**

**9. **Statistical reporting****

*** Confidence intervals and effect sizes are largely absent.**
*** Multivariable analysis was not performed to control confounding.**

**10. **References****

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*** Several references are very recent (2025–2026) and should be carefully verified for accuracy and accessibility.**

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**### Minor Weaknesses**

*** Numerous grammatical and typographical errors.**
*** Inconsistent spacing and formatting.**
*** Repetition throughout the Discussion.**
*** Some tables are excessively large.**
*** English language requires professional editing.**
*** Several sentences are awkwardly constructed.**
*** Some references are inconsistently formatted.**

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**# 3. Key Points**

*** Addresses an important public health issue.**
*** Evaluates nursing intervention using the Continuous Care Model.**
*** Demonstrates significant improvement in:**

  *** Knowledge**
  *** Self-care practices**
  *** Quality of life**
*** Intervention appears feasible in outpatient antenatal clinics.**

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*** Supports patient-centered continuous education.**

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**# 4. Significance**

**### Scientific Significance: **Moderate****

**The study contributes additional evidence regarding the effectiveness of continuous nursing care for women with preeclampsia. However, its scientific novelty is limited because similar interventions and outcomes have already been reported.**

**### Clinical Significance: **High****

**If validated by randomized multicenter studies, the intervention may improve:**

*** maternal knowledge,**
*** adherence to self-care,**
*** quality of life,**
*** early recognition of complications.**

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**# 5. Recommendation**

**### **Major Revision****

**### Justification**

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**Although the topic is clinically relevant and the intervention demonstrates promising outcomes, the manuscript requires substantial revision before it can be considered for publication.**

**The authors should:**

**1. Clearly explain the novelty compared with previously published CCM studies.**
**2. Strengthen the literature review.**
**3. Improve the methodology description.**
**4. Clarify participant allocation and sampling procedures.**
**5. Include sample size justification.**
**6. Report effect sizes and confidence intervals.**
**7. Discuss study limitations more comprehensively.**
**8. Reduce repetition in the Discussion.**
**9. Improve English grammar and formatting.**
**10. Verify all references and update citations where necessary.**

**## Overall Editorial Decision**

****Recommendation: Major Revision****

**The manuscript has clinical value and addresses an important topic. However, concerns regarding originality, methodological rigor, statistical reporting, and manuscript presentation should be satisfactorily addressed before publication.**

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Based on the manuscript, **Major Revision** is justified because there are several scientific, methodological, statistical, and presentation deficiencies that substantially affect the manuscript's quality. Below is a **line-by-line reviewer justification**.

| Line(s) | Issue | Reason for Major Revision |
|---|---|---|
| **7–10** | Background too general | The research gap is not clearly established. The authors should explain why another CCM study is needed when similar studies already exist. |
| **11–12** | Aim | The aim is appropriate but does not clearly state the novelty or unique contribution compared with previous Continuous Care Model studies. |
| **13–17** | Methods | The study design is quasi-experimental, which has inherent selection bias. Randomized allocation was not used. Authors should justify this choice. |
| **13** | Purposive sampling | Purposive sampling limits external validity and introduces sampling bias. Explain why probability sampling was not feasible. |
| **14** | Single-center study | Conducting the study in one hospital limits generalizability. This limitation should be emphasized. |
| **14–17** | Instruments | Validity and reliability coefficients (Cronbach's alpha, content validity index) are not adequately reported for the current sample. |
| **18–23** | Results | Extremely large improvements (knowledge 22%→94%, self-care 16%→90%, QoL 33%→94%) require effect sizes and a more detailed explanation to support plausibility. |
| **25–29** | Conclusion | Conclusions are stronger than the evidence permits because the study was not randomized and had short follow-up. |
| **33–68** | Introduction | Several paragraphs are descriptive. A clearer literature synthesis identifying unresolved questions is required. |
| **44–62** | Literature review | Most citations are from 2025–2026. Include landmark studies and systematic reviews to provide balanced background. |

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| Line(s) | Issue | Reason for Major Revision |
|---|---|---|
| **56–62** | Continuous Care Model | The manuscript does not clearly explain how this intervention differs from previously published CCM interventions. |
| **69–86** | Significance | The statement "limited previous studies" is not adequately supported because several similar studies are cited in the references. |
| **95–107** | Objectives and hypotheses | Hypotheses should be explicitly written in statistical form rather than implied. |
| **Procedure section** | Randomization | The manuscript states that participants were "randomly divided," but later says the first 50 were controls and the second 50 were the intervention group. This is contradictory and requires clarification. |
| **Procedure** | Allocation concealment | No description of allocation concealment or methods to reduce selection bias. |
| **Procedure** | Blinding | No information regarding participant, investigator, or outcome assessor blinding. Discuss potential bias. |
| **Procedure** | Sample size | No power calculation or justification for selecting 100 participants. |
| **Procedure** | Intervention fidelity | No description of how consistency of educational sessions across subgroups was maintained. |
| **Knowledge questionnaire** | Instrument development | The questionnaire was developed by the researcher but lacks sufficient psychometric evaluation. |
| **Scoring system** | Scoring | Only scoring categories are provided. Cut-off values require stronger justification. |
| **Tables 1–4** | Baseline characteristics | Mostly descriptive. Consider standardized mean differences or additional comparisons to demonstrate baseline equivalence. |
| **Table 5** | Knowledge analysis | Multiple hypothesis testing is performed without adjustment for inflated Type I error. |
| **Table 6** | Self-care practices | Self-reported outcomes are susceptible to social desirability bias, which is not discussed. |
| **Table 7** | Quality of life | Mean scores are reported without confidence intervals or effect sizes. |
| **Tables 8–10** | Statistical analysis | Multivariable regression would better identify |

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| Line(s) | Issue | Reason for Major Revision |
|---|---|---|
| | | independent predictors instead of relying only on Chi-square and correlation analyses. |
| **Discussion (entire section)** | Excessive repetition | Many paragraphs repeat numerical findings instead of interpreting their scientific significance. |
| **Discussion** | Comparison with literature | More comparison with systematic reviews and meta-analyses is needed rather than only individual studies. |
| **Discussion** | Overinterpretation | Improvements are attributed solely to CCM without adequately considering confounding factors. |
| **Discussion** | Mechanism | Biological and behavioral mechanisms explaining improved QoL and self-care require further discussion. |
| **Conclusion** | Overgeneralization | Findings should be limited to women attending one Egyptian tertiary hospital. |
| **Limitations** | Insufficient | Important limitations are missing, including lack of randomization, self-report bias, short follow-up, Hawthorne effect, and single-center design. |
| **Recommendations** | Scope | Recommendations regarding AI, telemedicine, and predictive analytics are not directly supported by the study findings. |
| **References** | Verification | Several recent references (2025–2026) should be carefully verified for authenticity, accessibility, and correct citation formatting. |
| **Entire manuscript** | English language | Numerous grammatical, punctuation, spacing, and sentence-construction errors require professional language editing before publication. |
| **Entire manuscript** | Formatting | Tables, headings, spacing, numbering, and citation style require consistency according to the journal guidelines. |
| **Entire manuscript** | Originality | The manuscript overlaps substantially with previous Continuous Care Model studies in women with preeclampsia. The authors must clearly explain the novelty and distinguish the current work from earlier publications. |

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***Overall Justification for Major Revision***

This manuscript addresses an important clinical topic and presents potentially useful findings. However, publication in its current form is not recommended because of concerns regarding **limited novelty**, **methodological weaknesses (non-randomized quasi-experimental design, purposive sampling, and single-center recruitment)**, **insufficient statistical reporting (absence of effect sizes, confidence intervals, and multivariable analyses)**, **inadequate discussion of limitations**, **possible overlap with previously published Continuous Care Model studies**, and **substantial language and formatting issues**. These concerns affect the scientific rigor and reproducibility of the study. Comprehensive revision is therefore necessary before the manuscript can be considered for publication.