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OPEN PEER REVIEW

Relationship Between Quality of Life and Health Literacy in Patients with Sickle Cell Disease

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

1 comment · 22 Feb 2022

Editor-in-Chief

MAJOR REVISION 22 Feb 2022

Dear Author,
Thank you for submitting your manuscript to JJCDC. Based on the reviewers' valuable comments, your manuscript needs essential revision. I recommend revising and resubmitting your manuscript.
With regards.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Editor

We truly express our appreciation to you and the reviewers of the journal for all your valuable comments. The corrections have been applied completely and explained to the reviewers within the original text of the manuscript, in red, and submitted as the file *response to reviewers*.

Reviewer 1:

Respected Editor-in-Chief of the journal

The article is suitable for publication in the journal. Respectfully, it is suggested that in the abstract and in the introduction, in view of the aims and scope of the journal, the chronic nature of sickle cell disease be mentioned.

With greetings and respect, we express our utmost thanks and appreciation for the valuable comments of the respected reviewer. The chronic nature of sickle cell was mentioned in the abstract (lines 20-21) and the introduction (line 50).

At the end of the Introduction section, where the aim of the study is stated, the word "investigate" should be deleted and the word "determine" written instead.

The word "investigate" was deleted and replaced with "determine".

In the Methods, the type of study is descriptive-correlational; the word "analytical" should be deleted. Where did these patients refer? Write that the second instrument measured "health literacy". (Please also correct the items mentioned in the abstract in the text of the manuscript.

The type of study was changed to descriptive-correlational. The research setting was added to the text of the manuscript and the abstract.

In the keywords, the word "nurse" should be deleted.

It was deleted.

At the end of the Introduction, the results of similar studies should be briefly mentioned so that the gap that the present study covers is specified.

Similar studies were mentioned in lines 80-89 and 96-105.

In the Methods, the sampling method should be explained.

The sampling method was convenience sampling and was added.

Why did you use a researcher-made questionnaire? The validity of the researcher-made instrument used should be fully stated.

The validity of the health literacy instrument was recalculated in the present study for sickle cell patients. In addition, no instrument was found that could be used to measure patients' knowledge about chronic blood diseases. Therefore, an instrument previously used for other chronic diseases was used; this instrument was then adjusted for sickle cell patients and its reliability was calculated, which was added in lines 135-138.

It should be explained why this quality of life questionnaire was used. Was there no quality of life questionnaire specific to these patients?

We did not find a questionnaire specific to measuring the quality of life of sickle cell patients; therefore, the World Health Organization quality of life questionnaire for chronic patients was used.

Ethical considerations should be stated in the appropriate place in the text of the manuscript. The ethics code should be stated.

The ethical considerations were moved to the Methods section, and the ethics code was also stated.. (lines 173-180)

In the Acknowledgments section, the Vice-Chancellor for Research of the university of medical sciences where the study was conducted should be thanked, so that it is clear that it was a university-approved project.Be healthy and successful.

Thanks for the valuable comments of the respected reviewer; the Acknowledgments section was revised.

Reviewer 2:

This article is in line with the goals of the journal and is an interesting work. But to improve the article, respected writers should pay attention to the following points:

Abstract

1- In the method section, the research environment and sampling method should be mentioned.

Was added in 26-28lines.

2- The results section needs to be modified. Please refer to the important results obtained in the study based on the purpose of the research.

The results section were be modified.

Introduction

3- It is convenient.

Method

4- The research environment is not clear. From which center or centers were the samples taken? Did you collect your samples from all over Iran?? From what cities? From which clinics or hospitals?? You mentioned the city of Ahvaz in the abstract, while in the text of the article you only mentioned Iran. Please specify your sampling location.

The research environment was added in lines 130-131.

5- You mentioned that you used random sampling! Please describe how you sampled.

The participants were selected via accessible sampling.

6- Please refer to the study reference on which the sample size was determined.

sample size was estimated for the study based on Ahmadi study (11).

7- If you calculate the reliability of the first questionnaire in your study, indicate its value.
Results.

In this study, the reliability of the health literacy questionnaire was calculated to be 0.73 using the test-retest method.

8- Please correct Table 1. What is the difference between sex and Gender? In the Duration of disease and Sex section, the reported values are defective.

The tables were modified and revised.

9- Please correct the results section of lines 158 to 162. For example, there is a significant difference in terms of education level, not a significant relationship!

The results section was revised.

10- Why are no correlation results reported? Why have multiple linear regression results not been reported? It is better to report the results of multiple linear regression in the regression table. And only significant values should be reported.

Thank you for the valuable comments of the esteemed referee. The findings section and the way it was written were reviewed again by the statistical consultant. (207-226 lines).

11- Why report univariate regression? You should have reported significant values! The regression reporting method needs to be improved. It is recommended to use multiple linear regression and report the predictors of different dimensions of quality of life in these patients and mention that the variables explained what percentage of the variance.
12- Lines 166 to 172, which are regression interpretations, need to be corrected. None of the items mentioned in the model made sense. How did you achieve such results? !! Please correct the regression.

Thank you for the valuable comments of the esteemed referee. The findings section and the way it was written were reviewed again by the statistical consultant. (207-226 lines).

Discussion:
The authors stated in line 180:

"The present study results also showed that acquiring knowledge had a positive impact on the patients' treatment process and assisted them in the management of the disease."
14- Based on what results of the study was this claim based on? Summarize these results in the discussion.

The discussion section was revised. (234-240 lines).

15- In line 218, you claim that SCD patients have a high quality of life in terms of physical health because they have a high awareness of symptom management. While in the early stages of your discussion, you stated that the greatest need of patients for knowledge was in the area of symptoms. How do you explain this contradiction? You also claimed in line 217 that patients do not have serious physical problems, which contradicts what all studies have claimed. It seems that more logical justifications should be provided.
The mentioned paragraph was revised again (276-293 lines).

16- The main purpose of this study was to determine the relationship between health literacy and quality of life, while in the results and discussion this relationship is insignificant and most of the study has descriptively described these variables separately. There is no widespread debate about health literacy.

Lines 303-306 referred to relationship between quality of life and health literacy and lines 232-244 referred to health literacy.

Conclusion

18- Conclusion should be based on the findings of the study. Considering that self-care and self-management behaviors have not been studied in this study, these two categories cannot be emphasized much. You can take the issues in the form of suggestions.

The Conclusion was revised.

References

19- In the case of references, only 9 references are from the last 5 years. In the field of tuberculosis patients at home and abroad, new articles have been published since 2018 that you can use.

References were revised and new studies were added. However, access to studies with a similar purpose to the current research in recent years was low and one of the limitations of the present study was limited.

Yours sincerely

2 Revision 1

0 comments

No public comments in this round.

3

Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

1

Dear Editor

We truly express our appreciation to you and the reviewers of the journal for all your valuable comments. The corrections have been applied completely and explained to the reviewers within the original text of the manuscript, in red, and submitted as the file *response to reviewers*.

Reviewer 2:

1- *In table 1, it is better to specify the type of analysis used in the table subtitle* and *In Table 1, specify the level of education in the form of illiterate, < diploma, diploma, and university*.

The tables were modified and revised.

2- *Lines 195 and 196 in the results section need to be edited in terms of writing.*

The mentioned paragraph was revised again.

3- *The results of regression (in summary) should be mentioned in the abstract.*

The items were added.

4- *In lines 290 to 292, please mention the references separately*.

The mentioned paragraph was revised again.

Comments of the respected Editor-in-Chief

Regression and the association between health literacy and the cycle should be added to the abstract.

The abstract has been revised.

The sample size formula should be corrected.

The sample size formula has been corrected according to the formula for analytical studies.

Figure 1 should be corrected.

Figure 1 has been revised again.

2

Yours sincerely

[Translated from Persian by the Brieflands editorial office.]

3 Revision 2

1 comment · 10 Apr 2022

Editor-in-Chief

ACCEPT 10 Apr 2022

Dear Author,
Thank you for revising the manuscript. This manuscript is acceptable for publication.
With regards