

**Responses and Justification of the Thesis Assessment Reports
raised by external examiner on the Ph.D. thesis entitled**

**“EFFECTIVENESS OF NURSE LED INTERVENTION
ON SELF CARE BEHAVIOUR, PSYCHOLOGICAL
SYMPTOMS AND QUALITY OF LIFE AMONG KIDNEY
TRANSPLANT RECIPIENTS IN A SELECTED TERTIARY
CARE HOSPITAL OF NEW DELHI”**



**SUBMITTED BY
UJJWAL DAHIYA**

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Year 2022

Undertaking from Supervisor(s) for Recommendations of the External Evaluator(s)

This is to certify that all the recommendations received from the External Evaluator(s) for the evaluation of the thesis entitled “Effectiveness of nurse led intervention on self care behaviour, psychological symptoms and quality of life among kidney transplant recipients in a selected tertiary care hospital of New Delhi” submitted by the Ph.D. Scholar Ms. Ujjwal Dahiya Reg. No. DD20185010012 in the specialization of Nursing Sciences are fully incorporated in the revised thesis, and are to my/our satisfaction.

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Date: 3.9.2022

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Undertaking from Ph.D. Scholar for Recommendations of the External Evaluator(s)

This is to certify that all the recommendations received from the External Evaluator(s) for the evaluation of my thesis entitled “**Effectiveness of nurse led intervention on self care behaviour, psychological symptoms and quality of life among kidney transplant recipients in a selected tertiary care hospital of New Delhi**” submitted by me in the specialization of Nursing Sciences are fully incorporated in the revised thesis.

Signature of Ph.D. scholar:



Name of Ph.D. scholar: Ms. Ujjwal Dahiya

Registration No. of Ph.D. scholar: DD20185010012

Date: **3.9.2022**

Responses and Justification of the Thesis Assessment Reports raised by external examiner on the Ph.D. thesis entitled “*Effectiveness of Nurse led intervention on Self care behaviour, Psychological Symptoms and Quality of life among kidney transplant recipients in a selected tertiary care hospital of New Delhi.*”

Note: I thank my thesis evaluator for highlighting the points for improvement. I have listed the comments of evaluator and my responses below:

Introduction

Comment 1: The data on complications such as Infection, New onset Diabetes and Rejection rate should be mentioned. Data on noncompliance to immunosuppressive therapy, life style measures and poor psychological health as a reason or correlate of complications of transplant should be included to justify the rational of the study.

Response: The data on complications such as Infection, New onset Diabetes and Rejection rate has been added on Page No. 2-4.

Comment 2: The rational of study should be in terms of the gaps in knowledge and practices related to preventive measures of transplant rejection and other complications. The rational of study sections is more subjective in nature rather than evidence based; majority of the content under this section should have citations to justify it.

Response: The rationale has been modified and more citations have been added on Page No. 7-9

Comment 3: Operational definitions of Self-care behavior should had been a composition of self-care practice and medication adherence as one quantifiable variable. Spiritual health measurement could not be identified in the tool though included in the definition. Nurse led intervention’s definition should be complete in terms of all

components (relaxation technique is missing), duration, frequency and approach (individual/group). The interpretation of the minimum and maximum score can be added in the definitions for better clarity to it.

Response: Self care behaviour has been defined as self care practices and adherence to taking immunosuppressive therapy by recipients of kidney transplantation. The two scales used were different for the variables. Definition of nurse led intervention has been modified including all the components. The scoring of tools has been explained in Chapter 3 ,Page No. 11-12

Comment 4: Conceptual framework : Concepts like self care, self care deficit, Nursing system a supportive educative should be defined theoretically and operationally. The figure is not depicting key concepts like self care deficit and nor the control group.

Response: The concepts like self care, self care deficit, Nursing system have been defined theoretically and operationally. The same has been added in the figure also. Page No. 13-15

Review of Literature

Comment 5: This section should start with the sources of ROL like the databases searched and should include the search strategy, if any used. At the end of each section or all sections, researcher should write the summary of the knowledge synthesized out of that. Majority of the studies being cited in the discussion section should be a part of ROL.

Response: The search strategy and sources of ROL has been included on Page No. 16 Summary has been added at end of each section on Page No.s 23,27,31. The studies cited in the discussion are a part of ROL.

Materials and Methods

Comment 6: Design RCT: Pretest posttest control group design. Time series design involves multiple observations in pretest too and is a type under quasi expt.

Response: Pretest posttest control group design has been added with RCT on Page No. 32

Comment 7: Variables: Just write the names and not their operational definitions

Response: Only the names of variables have been written on Page No. 33

Comment 8: Sample Size: Assumption that participants did not suffer anxiety /depression should be rationalized. The sample size for self care practice variable was highest i.e 83 in each group, though not considered by the researcher.

Response: This calculation of sample size was placed here by mistake. The appropriate study referred and formula used have been explained on Page No. 34.

Comment 9: Sampling technique: Convenience sampling

Response: Convenience Sampling technique has been added on Page No. 35.

Comment 10: Process of randomization: Details of block randomization (total number, number of patients per block, how block were formed). Table of random numbers should be annexed.

Response: The process of Randomization has been explained on Page No. 35. Table of Random numbers has been annexed as Annexure A- 1.

Comment 11: Data collection Tool: Full form of MGL to be mentioned. Data collection technique : missing

Response: The full form of MGL is written. Data collection technique has been added on Page No. 45.

Comment 12: Tool description: Number of items in each tool; No. of negative and positive items; Minimum and maximum score of tool and its interpretation

Response: The tools have been described in Chapter III with number of items in each tool; no. of negative and positive items; minimum and maximum score of tool and its interpretation, Page No. 36-40.

Comment 13: Validity: Content Validity Index is missing. Content validity of the Nurse Led Intervention: Missing

Response: Content validity index has been added for each tool. Page No. 36-40. Content validity of Nurse Led intervention is explained on Page No. 41.

Comment 14: Reliability of the tools: Formula name (Cronbach alpha etc) for a particular type of reliability is missing; Adherence scale is not a continuous data, therefore, pearson correlation cannot be used.

Response: Cronbach alpha reliability has been mentioned for all the tools. Cohen's Kappa is added for Adherence scale. Please refer Page No. 40.

Comment 15: All the annexures should had been named inside the chapter-3 as annexure numbers

Response: All the annexures have been named inside Chapter III.

Comment 16: Tools: Should include appropriate instructions the beginning like the duration which participant should consider before answering the items (Refer DASS scale and QOL: instructions are clear); QOL scale's first page should be rechecked for

completeness and formatting. Details of items' and Scoring and criterion measures should be included. Negative and positive items to be clearly mentioned at the end of the tool. Permission for the use of standardized tools to be annexed.

Response: Instructions are added on the scales. Permission to use standardized tools has been annexed in Annexures..

Comment 17: Information booklet was given to participants: Indicates that they were able to read though the data shows that few were illiterate too. Justify it.

Response: The participants who were illiterate, all the content of information booklet was explained by the researcher and the booklet was given to the care provider accompanying the subject for reference.

Comment 18: Procedure of data collection: How contamination was prevented? How and where and on which day intervention was given? Day wise process to be discussed? Not clear whether Intervention was given of day of pretest or afterwards; individualized or in groups? Did all patients comply 100 percent with intervention? What about the significance of recording in daily diary? Extent of compliance to intervention.

Response: Data collection procedure is explained elaborately from Page No. 45-48.

Comment 19: Content of nurse Led intervention and Information booklet: Needs to be annexed

Response: The content of Nurse led intervention is in Chapter III, Page No. The information booklet has been annexed as Annexure A- 10

Comment 20: List of tool and intervention validators list and master data sheet needs to be annexed.

Response: The list of tool and intervention validators list had been annexed as Annexure No. A-9 and master data sheet has been annexed as Annexure No. A-15

Results

Comment 21: The findings of Kolmogorov- Smirnov test should be presented in Table 1. Descriptive analysis of continuous variables should also be depicted in Tables before the inferential statistics application on it.

Response: The findings of Kolmogorov- Smirnov test are presented in Table 1. Mean and standard deviation has been presented in the tables of comparison at the baseline. Please refer Table No. 3,4,7,9.

Comment 22: Assumptions underlying the use of parametric test should be presented and discussed. Appropriate use of statistical test to be done, if assumptions found violated.

Response: The assumptions underlying the use of parametric test are presented and discussed. Please refer Page No. 52.

Comment 23: Interpretation of RM ANOVA needs to be clearer. In case, Two way RMANOVA is used, then the use of Post hoc is unclear: whether on within group or between group data; interaction effects should be shown also. The results based on the tests of correlation needs better interpretation and inference.

Response: Two way RMANOVA was not used in the analysis. If there was significant difference found between the groups after applying Repeated measures ANOVA, post hoc analysis was done to see the difference between the groups. The results for correlation have been explained on Page No. 84-92.

Discussion

Comment 24: The discussion should include the gaps fulfilled through the study; rationale of each of the findings should be discussed.

Response: The discussion chapter has included the gaps filled and rationale for each of the findings are discussed in the chapter.

Conclusion

Comment 25: Few of the implications are general in nature and need to be based on the findings of the study.

Response: The implications have been modified based on the findings of the study on Page No.107-108 .

Summary

Comment 26: The conceptual framework can also be summarized.

Response: Conceptual framework has also been summarized on Page No.111 .

Bibliography

Comment 27: The majority of the citations are from e journals, therefore add either doi number or the journal link

Response: DOI numbers or the link has been added for each citation.