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OPEN PEER REVIEW

Effects of Family-Centered Nursing on Psychological Well-Being and Quality of Life in Children with Severe Pneumonia in the Intensive Care Unit: A Prospective Study

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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

0 comments

No public comments in this round.

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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.

Manuscript ID: 146594
Manuscript Title: Effects of family-centered nursing on the psychological emotion and quality of life of children with severe pneumonia in the intensive care unit

Reviewer 1:
The manuscript titled "Effects of family-centered nursing on the psychological emotion and quality of life of children with severe pneumonia in the intensive care unit" appears to be a randomized controlled trial (RCT). Below are some recommendations and considerations based on the CONSORT guidelines, which are standard for reporting RCTs:

Title and Abstract
Title: Clearly indicates the nature of the intervention (family-centered nursing), which is good. Consider explicitly stating that this is a randomized trial in the title.
Response: We have stated in the title that this is a prospective study.

Abstract: Provides a succinct overview of the background, methods, results, and conclusions. Ensure that it includes details such as the study design, setting, participants, interventions, main outcome measures, and key results.
Methods: How data were collected and analyzed?
Conclusion: How Family centered nursing can effectively improve the psychological emotion and QOL of children with severe pneumonia in the ICU? It needs clarification.
Response: We have tried our best to enrich the abstract due to the word limit of the journal.

Introduction
Background: Clearly states the problem and the context which justifies the intervention.
Objectives: Clearly defined, with a specific focus on evaluating the effects of family-centered nursing on psychological and quality of life outcomes in pediatric patients.
Response: We have revised the Introduction and Objectives according to your valuable comment.

Methods
Trial Design: Specify the type of randomization; detail any blinding or masking if used.
It would be helpful to describe any steps taken to conceal the allocation sequence until interventions were assigned, enhancing the trial's credibility by preventing selection bias.
Response: We have added the required descriptions in the first paragraph of subsection 3.1.

Participants: Criteria for participant selection are well-defined. Ensure to include settings and locations where data were collected.
Response: We did not write the name of our hospital due to the anonymous requirement of the journal.

Did you give informed consent from the participants?
Response: We have added the required statement in the first paragraph of subsection 3.1.

You could also describe the calibration and maintenance procedures for the device to ensure its accuracy and reliability.
Response: We have added the required description in subsection 3.4.

You mentioned using the Schedule for the Assessment of Insight (SAI) subscale, which is primarily known for assessing insight into psychiatric conditions. Clarify if this tool is typically

used for children, or if it has been modified for pediatric use, given that the usual application of SAI is for adults with psychiatric disorders.
Response: We have added the required description in subsection 3.5.

Provide more detail on the specific items selected from the SAI that are relevant to assessing children's psychological status. Explaining why these items were chosen and how they relate to the study's goals would strengthen this section.
Response: We have revised the related descriptions in subsection 3.5.

The scoring system needs clearer explanation. It’s noted that a total score ranges from 1 to 2 points, which seems very narrow for a psychological assessment tool. Clarifying whether this range is correct or a typographical error, and explaining how scores are calculated and interpreted, would be helpful.
Response: We are really sorry for the typo and have revised it in subsection 3.5.

Interventions: Comprehensive description of both the control and intervention practices. For replicability, detail the content and delivery of the family-centered nursing intervention.
Response: We have given the related descriptions in subsection 3.2.

Since psychological assessments can be sensitive, especially in a pediatric ICU setting, mention any ethical considerations specific to this part of the study. This includes how privacy was maintained during assessments and how data were anonymized to protect participant confidentiality.
Response: We have added the related descriptions in subsection 3.5.

Outcomes: Clearly specify primary and secondary outcome measures. Ensure these are consistently reported in the results section.
Response: The primary outcome measures included clinical manifestations, blood gas analysis indicators, psychological emotion and quality of life. The second outcome measure was satisfaction of children's family members.

Sample Size: Explain how the sample size was determined and include any interim analyses and stopping guidelines.
Response: We have added the required description in the first paragraph of subsection 3.1.

Randomization: Describe the mechanism used for the random sequence generation, allocation concealment, and implementation.
Response: We have added the required descriptions in the first paragraph of subsection 3.1.

Statistical Methods: Adequately described. Ensure the analysis adheres to the intention-to-treat principle, and describe any other statistical methods used to compare groups.
Response: Thank you very much for your positive comment.

For the chi-square test, it would be helpful to mention what specific types of count data were analyzed (e.g., frequency of specific outcomes or adverse events). This adds context to why the chi-square test was the appropriate choice.
Response: We have added the required type in subsection 3.9.

Consider discussing any post-hoc analyses or exploratory analyses that were conducted. If subgroup analyses or interaction effects were explored, these should be described as well.

Response: Thank you very much for your valuable comment, but there are no relevant contents in this study.

Why Shapiro-Wilk is preferred to assess normality for this study in comparison to Kolmogorov-Smirnov?
Response: Generally, the Shapiro-Wilk test has higher power and is more sensitive to detecting deviations from normality, especially in small to moderate sample sizes.

Results
Participant Flow: Include a CONSORT flow diagram to depict the flow of participants through each stage of the trial.
Response: The flow diagram of participant enrollment is exhibited in Figure 1.

Recruitment: Detail the trial's recruitment period and follow-up.
Response: The recruitment period is shown in subsection 3.1. Besides, we have mentioned at the end of the Discussion that there was no long-term follow-up was a study limitation.

Baseline Data: Provide baseline demographic and clinical characteristics of each group.
Table 1. Age±SD.
Response: We have revised Table 1 according to your valuable comment.

Use Case group instead of Observation group in all tables.
Response: We have made the required revision.

What was the scale of scoring for CSQ-8 and MPOC-20 questionnaire? Likert scale or another one?
Response: The details regarding the two scales have been described in references 14 and 15.

Numbers Analyzed: Clearly state the number of participants included in each analysis and whether the analysis was by originally assigned groups.
Response: All the included participants were analyzed.

Outcomes and Estimation: For each primary and secondary outcome, provide estimates of the effect size and its precision (e.g., 95% confidence intervals).
Ancillary Analyses: Report any other analyses performed, such as subgroup analyses.
Response: Thank you very much for your valuable comment, but there are no relevant contents in this study.

Discussion
Limitations: Discuss any limitations of the study, taking into account sources of potential bias or imprecision.
Response: We have mentioned study limitations at the end of the Discussion.

Interpretation: Generalizability of the trial findings and overall evidence.
Generalizability: Discuss how the findings can be generalized to other populations.
Response: We have added the required descriptions in the conclusion.

Other Information
Registration: Detail the trial registration number and registry.

Response: In China, prospective studies can be performed after obtaining the approval of local ethics committee. This study was approved by the ethics committee of our hospital.

Protocol: Provide a reference to where the full trial protocol can be accessed.
Response: In China, prospective studies can be performed after obtaining the approval of local ethics committee.

Funding: Clearly state the funding source, if any, and its role.
Response: This study was not financially supported.

Reviewer 2:
Thank you for considering me as a reviewer for your prestigious journal. Based on the document provided, I can provide an overall assessment and review of the original research article titled " Effects of family-centered nursing on the psychological emotion and quality of life of children with severe pneumonia in the intensive care unit". This appears to be a well-conducted randomized controlled trial examining the effects of family-centered nursing compared to routine nursing care for children with severe pneumonia in the ICU. The findings suggest that family-centered nursing can improve clinical outcomes, psychological status, quality of life, and family satisfaction compared to routine care for this patient population. This aligns with other research on family-centered care approaches.

Introduction: The rationale for the study is generally sufficient. The introduction provides context on severe pneumonia in children and the potential benefits of family-centered care. However, it could be strengthened by:
- Providing more specific statistics on the prevalence and impact of severe pneumonia in children
- Offering a clearer definition of family-centered care
- Including more recent literature on family-centered care in pediatric ICU settings
Response: We have revised the Introduction according to your valuable comment.

Method: The method is generally suitable for the study objective. Strengths include the randomized design, clear inclusion/exclusion criteria, and use of validated outcome measures. However, some components that were not considered or could be improved:
- Lack of blinding (though this may be difficult given the nature of the intervention)
- No mention of power analysis to determine sample size
- Limited information on how randomization was conducted
Response: We have added the required description in the first paragraph of subsection 3.1.

- No discussion of potential confounding factors
- Lack of long-term follow-up
Response: We have mentioned these at the end of the Discussion as study limitations.

Results:
- The most significant weakness is the lack of reporting on adverse events or potential negative outcomes. It's important to consider and report any unintended consequences of the intervention.
Response: We have added the required methods and results regarding the adverse events.

- There is a potential bias in subjective outcome measures.

Response: We have mentioned this at the end of the Discussion as a study limitation.

Discussion:
- Providing a more critical analysis of their own results
- Comparing their findings more extensively with other similar studies
Response: We have revised the Discussion according to your requirement.

- Discussing the limitations of their study in more detail
Response: We have mentioned study limitations at the end of the Discussion.

- Exploring the practical implications and challenges of implementing family-centered care
Response: We have added the required descriptions in the conclusion.

References:
Given the rapidly evolving nature of healthcare practices, especially in light of the COVID-19 pandemic, including more up-to-date references would strengthen the paper. The authors should aim to include more studies from the past 2-3 years, particularly regarding family-centered care practices in pediatric ICU settings.
Response: We have updated the reference list.

Associate Editor 1:
Your manuscript was reviewed by our reviewers. The reviewers have raised concerns regarding the manuscript, and therefore, your paper is not acceptable for publication in this format. However since the reviewers do find some merit in the paper, I would be willing to reconsider if you wish to undertake major revisions and re-submit, addressing the referees' concerns.
Please note that resubmitting your manuscript does not guarantee acceptance, and that your resubmission will be subject to a re-review before a decision is rendered.
Response: We have thoroughly revised the manuscript according to all your valuable comments and responded to all comments point-by-point.

EIC Decision:
Thank you for submitting your manuscript to IJ Pediatrics. Two reviewers and an Associate Editor have now reviewed your manuscript. I now have the Referees' reports, which suggest that your manuscript might be suitable for publication following some revisions. I have attached some reviewers' comments and invite you to submit a revised version of your manuscript addressing the points made.
Response: We have thoroughly revised the manuscript according to all your valuable comments and responded to all comments point-by-point.

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.

Manuscript ID: 146594
Manuscript Title: Effects of family-centered nursing on the psychological emotion and quality of life of children with severe pneumonia in the intensive care unit: A prospective study
Revision: [1]

Reviewer 1:
The authors have addressed the majority of my concerns. I just have another comment. Please consider these suggestions in revising your paper.
- Please merge tables 2 & 3, and tables 4 & 5, with each other.
Response: We have merged these tables according to your valuable comment.

Associate Editor 1:
The authors have addressed the majority of our reviewers' concerns. Our reviewer has another comment which is below. Please consider these suggestions in revising your paper.
Response: We have further revised the manuscript according to the reviewer's comment.

EIC Decision:
In the second round, the reviewer's and associate editor's comments on your work have now been received. I now have the reports of the Referees, which suggest that your manuscript needs more correction.
Response: We have further revised the manuscript according to the reviewer's comment.

3 Revision 2

0 comments

No public comments in this round.