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REVIEWER'S REPORT

Manuscript No.: IJAR-58032

Title: Awareness and Insight Regarding Nicotine Use in Nursing Students – A Cross-Sectional Study

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYES

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

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

1. Strengths

1.1 Novelty

* Addresses an underexplored topic: the distinction between nicotine-related health awareness and personal insight into addiction among nursing students.

* Introduces the relatively new Nicotine Use Awareness and Insight Scale (NAS), adding originality.

1.2 Public Health Relevance

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- * Tobacco use among future healthcare professionals is an important public health concern.
- * Findings have direct implications for nursing education and tobacco cessation programs.

1.3 Use of Validated Instruments

- * FTND, FTND-ST, and NAS are recognized and validated assessment tools.
- * Inclusion of both smoking and smokeless tobacco users improves applicability in the Indian context.

1.4 Clear Objectives

- * Research objectives are well defined and logically linked to study outcomes.

1.5 Practical Implications

- * Recommendations for integrating tobacco cessation training into nursing curricula are valuable and actionable.

2. Weaknesses

2.1 Sampling Bias

- * Purposive sampling limits representativeness.
- * Only nicotine users were included, preventing comparison with non-users.

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2.2 Single-Center Study

- * Conducted at one institution in Bengaluru, reducing generalizability.

2.3 Cross-Sectional Design

- * Cannot establish causality between awareness and nicotine dependence.

2.4 Statistical Concerns

- * Extremely strong negative correlation ($r = -0.81$) requires further explanation and validation.
- * No multivariate analysis was performed to control for confounding factors.

2.5 Limited Demographic Information

- * Socioeconomic status, year of study, residence, family tobacco history, and duration of nicotine use are not reported.

2.6 Instrument Validation

- * NAS is relatively new.
- * No evidence of local validation or reliability testing (Cronbach's alpha) in the present sample.

2.7 Possible Reporting Bias

- * Self-reported tobacco use may introduce social desirability bias.

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2.8 Literature Review Issues

- * Several citations are very recent and require verification.
- * Some references appear duplicated or inconsistently formatted.

3. Key Points for Authors

Major Issues

1. Justify purposive sampling methodology.
2. Explain the rationale for including only nicotine users.
3. Provide detailed sample size calculation.
4. Report reliability statistics for NAS in the current sample.
5. Clarify handling of dual tobacco users.
6. Perform adjusted analyses controlling for age, gender, and tobacco type.
7. Elaborate on the unusually strong correlation coefficient.
8. Include prevalence data of nicotine use among the overall nursing student population if available.

Minor Issues

1. Improve table formatting.
2. Standardize reference style.
3. Remove repetitive statements in Discussion.
4. Shorten Introduction and Discussion sections.
5. Improve language consistency.

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Contribution

- * Provides preliminary evidence regarding awareness-insight gaps among nursing students.
- * Highlights the need for self-reflective addiction education among future healthcare providers.
- * Could contribute to nursing curriculum development and tobacco control policies.

Final Recommendation

****Decision: MAJOR REVISION****

Justification

The manuscript addresses a relevant and potentially important topic with reasonable novelty and public health significance. However, substantial methodological concerns remain regarding sampling strategy, statistical analysis, external validity, and validation of the NAS instrument in the study population. Addressing these issues is necessary before the manuscript can be considered for publication.

Why ****Major Revision****? (Issue and Reason Line-by-Line)

1. Title

****Issue:**** "Awareness and Insight Regarding Nicotine Use in Nursing Students" is broad and does not indicate that only nicotine users were studied.

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****Reason:**** Readers may incorrectly assume all nursing students were included. The title should specify "nicotine-using nursing students."

2. Abstract – Sample Selection (Lines 20–21)

****Issue:**** Only nicotine-using students were recruited.

****Reason:**** This introduces selection bias and prevents comparison with non-users, limiting generalizability.

3. Abstract – Statistical Analysis (Lines 25–26)

****Issue:**** Only univariate statistical tests were used.

****Reason:**** Potential confounding factors such as age, gender, and tobacco type were not adjusted for.

4. Abstract – Correlation Result (Lines 33–35)

****Issue:**** Extremely strong negative correlation ($r = -0.81$).

****Reason:**** Such a high correlation is uncommon in behavioral research and requires further explanation, validation, and sensitivity analysis.

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5. Introduction (Lines 90–98)

****Issue:**** NAS is described as validated, but no justification is provided for its use in Indian nursing students.

****Reason:**** Cross-cultural validation and reliability testing should be demonstrated in the study population.

6. Study Design (Lines 112–115)

****Issue:**** Single-center study.

****Reason:**** Findings may not represent nursing students from other institutions or regions of India.

7. Inclusion Criteria (Lines 126–128)

****Issue:**** Only English-speaking participants were included.

****Reason:**** This may exclude a substantial proportion of nursing students and introduce language bias.

8. Exclusion Criteria (Lines 130–133)

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****Issue:**** Psychiatric disorders were excluded based on self-report.

****Reason:**** No standardized screening tool was used, leading to possible misclassification.

9. Sample Size (Lines 135–140)

****Issue:**** Sample size calculation lacks sufficient detail.

****Reason:**** Formula, assumptions, power calculation, and effect size are not adequately described.

10. Sampling Method (Lines 138–140)

****Issue:**** Purposive sampling was employed.

****Reason:**** Non-probability sampling increases selection bias and reduces external validity.

11. Assessment Tools (Lines 156–166)

****Issue:**** Reliability of NAS was reported from the original study only.

****Reason:**** Internal consistency (Cronbach's alpha) should be reported for the current sample.

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12. Data Collection (Lines 169–173)

****Issue:**** Reliance on self-reported nicotine use.

****Reason:**** Social desirability and recall bias may affect the accuracy of responses.

13. Statistical Analysis (Lines 180–182)

****Issue:**** Median split was used to categorize awareness.

****Reason:**** Dichotomizing continuous variables reduces statistical power and may produce misleading results.

14. Results – Dual Users (Lines 192–193)

****Issue:**** Dual users were classified by their primary product.

****Reason:**** This may underestimate dependence and misclassify tobacco exposure patterns.

15. Results – Gender Analysis (Lines 205–206)

****Issue:**** Significant p-value reported without effect size.

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****Reason:**** Statistical significance alone does not indicate clinical importance.

16. Results – Awareness Assessment (Lines 209–215)

****Issue:**** Item-wise NAS results are not presented.

****Reason:**** Readers cannot identify which awareness domains are most deficient.

17. Results – Insight Measurement (Lines 217–220)

****Issue:**** Insight was determined using a single NAS item.

****Reason:**** A multidimensional construct should not be reduced to one item without justification.

18. Results – Correlation Analysis (Lines 227–230)

****Issue:**** Correlation was interpreted strongly without checking assumptions.

****Reason:**** Normality, linearity, and outlier analysis were not reported.

19. Discussion – Representativeness Claim (Lines 251–252)

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****Issue:**** Authors claim representativeness of findings.

****Reason:**** Purposive sampling and single-center recruitment do not support such a conclusion.

20. Discussion – Causality Implication (Lines 282–288)

****Issue:**** Suggests awareness may reduce dependence.

****Reason:**** Cross-sectional studies cannot establish temporal or causal relationships.

21. Discussion – Educational Implications (Lines 297–312)

****Issue:**** Strong curriculum recommendations are made.

****Reason:**** Evidence from a small observational study is insufficient to justify broad educational policy changes.

22. Limitations Section (Lines 315–327)

****Issue:**** Important limitations are omitted.

****Reason:**** Authors did not discuss:

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- * Purposive sampling bias.
- * Lack of NAS validation in the current population.
- * Absence of biochemical verification of tobacco use.
- * Lack of multivariate analysis.

23. References

****Issue:**** Several references appear inconsistent or difficult to verify.

****Reason:**** Some citations require verification for accuracy, indexing status, publication year, and DOI details.

Major Revision Justification

The manuscript addresses an important public health issue and has good educational relevance. However, substantial concerns exist regarding sampling methodology, external validity, instrument validation, statistical analysis, interpretation of findings, and unsupported causal inferences. The unusually strong correlation between awareness and dependence requires additional analysis and justification. Significant methodological clarification and revision are necessary before the manuscript can be considered for publication.

Final Recommendation

****MAJOR REVISION**** before reconsideration for publication.