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REVIEWER'S REPORT

Manuscript No.: IJAR-58651

Title: The Effect of Comprehensive Nursing Intervention on the Incidence of Gastrointestinal Complications among Critically Ill Patients with Intermittent Enteral Feeding.

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. Overall Assessment

The manuscript addresses an **important and clinically relevant nursing problem: prevention and reduction of gastrointestinal complications in critically ill patients receiving intermittent enteral feeding. The study has practical relevance because nurses play a central role in monitoring enteral feeding tolerance, positioning, gastric residuals, and early management of complications.**

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The reported results indicate a substantial improvement in the intervention group, particularly by the third day, with **50.0% achieving high improvement compared with 11.3% in the control group (p < 0.001).**

However, there are important methodological and reporting issues that should be addressed before publication.

2. Strengths of the Manuscript

1. **Clinically relevant topic: Gastrointestinal complications associated with enteral feeding are common and can interfere with adequate nutritional support in critically ill patients.**

2. **Clear research objective: The study has a clearly defined aim to evaluate the effect of comprehensive nursing intervention on gastrointestinal complications.**

3. **Reasonable sample size: The study includes **160 patients**, divided equally into intervention and control groups.**

4. **Comparative design: Inclusion of a control group receiving routine care provides a useful basis for evaluating the intervention.**

5. **Practical nursing intervention: The intervention incorporates clinically relevant measures such as patient positioning, monitoring of gastric residuals, feeding-rate adjustment, and prevention/management of complications.**

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6. **Statistically significant findings: The reported difference between groups is statistically significant, particularly at the third-day assessment ($p < 0.001$).**

7. **Potential clinical applicability: The intervention could potentially be incorporated into nursing protocols and training programs in critical-care settings.**

 # 3. Weaknesses / Major Concerns

A. Methodological weaknesses

1. **Purposive sampling**

The study uses a purposive sample, which introduces selection bias and limits generalizability.

2. **Randomization is unclear**

Although there are two groups, the manuscript does not clearly establish whether patients were randomly allocated. The authors should explain the allocation procedure in detail.

3. **Quasi-experimental design limits causal inference**

Because this is not clearly described as a randomized controlled trial, factors other than the nursing intervention may have contributed to the observed differences.

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4. **Potential baseline imbalance**

Baseline characteristics should be statistically compared between the study and control groups. The manuscript reports demographic characteristics but does not sufficiently demonstrate that the groups were comparable at baseline.

5. **Intervention is not sufficiently standardized**

The manuscript refers to "comprehensive nursing intervention," but the intervention should be presented as a reproducible protocol, including:

*** exact nursing procedures;**
*** frequency of monitoring;**
*** duration;**
*** feeding volume;**
*** feeding rate;**
*** positioning;**
*** gastric residual-volume criteria;**
*** management of vomiting/diarrhea/distension;**
*** nurse training.**

4. Major Issue With Outcome Measurement

This is one of the **most important concerns.**

The results classify patients as:

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*** Low improvement: **<35%****

*** Moderate improvement: **35–70%****

*** High improvement: **>70%**.**

However, the manuscript needs to clearly explain:

*** How was "percentage improvement" calculated?**

*** What was the baseline score?**

*** What specific gastrointestinal complications were included?**

*** How were vomiting, diarrhea, abdominal distension, constipation, gastric residuals and feeding intolerance scored?**

*** Was the observational checklist validated?**

*** Was inter-rater reliability assessed?**

Without this information, the primary outcome is difficult to interpret and reproduce.

Recommendation:

The authors should provide the **complete scoring system and validation/reliability information for the gastrointestinal observational checklist.**

 # 5. Statistical Concerns

The manuscript reports chi-square testing and p-values.

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However, the statistical analysis should be strengthened.

The authors should report:

*** exact statistical tests used for each variable;**
*** effect sizes;**
*** confidence intervals;**
*** baseline comparability;**
*** actual p-values rather than only p < 0.001;**
*** whether assumptions for the statistical tests were satisfied.**

More importantly, if measurements were taken repeatedly over several days, the authors should consider an appropriate **repeated-measures analysis rather than treating each observation independently.**

 # 6. Discussion Weaknesses

The discussion contains useful comparisons with previous studies, but it is sometimes **descriptive rather than analytical.**

For example, the manuscript repeatedly explains why patients may have certain demographic characteristics, including age and sex.

The discussion should instead concentrate more strongly on:

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*** why the intervention produced the observed effect;**

*** which components of the intervention were most important;**

*** comparison of the magnitude of effect with previous studies;**

*** clinical significance rather than statistical significance;**

*** possible confounding factors;**

*** limitations of the study.**

 # 7. Important Reporting/Language Issues

There are numerous grammatical and typographical errors throughout the manuscript.

Examples include:

*** "Sitting" instead of **Setting****

*** "The present studyaimed tostudy"**

*** "Develop nd implement"**

*** inconsistent spacing and punctuation;**

*** inconsistent terminology for patients and groups;**

*** awkward sentence construction.**

The manuscript requires **substantial English-language editing and proofreading before publication.**

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 # 8. References

The reference section should be carefully checked for:

*** accuracy;**
*** completeness;**
*** DOI information where applicable;**
*** consistency of citation style;**
*** whether all cited references actually support the statements made.**

The discussion cites relatively recent references, including **2025 references, which should be verified carefully for authenticity and bibliographic accuracy.**

 # 9. Key Points for the Authors

The following issues should be addressed before the manuscript can be considered further:

1. Clearly describe patient recruitment and inclusion/exclusion criteria.
2. Explain how the 160 patients were allocated into the two groups.
3. Clarify whether allocation was randomized.
4. Provide baseline demographic and clinical comparability between groups.
5. Describe the comprehensive nursing intervention in sufficient detail for replication.
6. Explain and validate the gastrointestinal complication scoring system.
7. Define exactly how the percentage improvement was calculated.

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8. Report individual gastrointestinal complications rather than relying primarily on an overall improvement category.

9. Provide effect sizes and confidence intervals.

10. Improve the statistical methodology for repeated measurements.

11. Clarify ethical approval and informed consent procedures.

12. Add a dedicated **limitations section.**

13. Improve the discussion and avoid excessive speculation.

14. Correct numerous grammatical and typographical errors.

15. Verify and standardize all references.

 # 10. Significance of the Study

Scientific significance: **Moderate**

The study contributes evidence regarding nursing management of gastrointestinal complications during intermittent enteral feeding. However, the underlying concept is **not entirely novel, because enteral feeding techniques and nursing interventions for preventing gastrointestinal complications have previously been studied.**

Clinical significance: **Good**

The topic has practical importance in ICU nursing. If the intervention is properly standardized and validated, it could help improve feeding tolerance and reduce gastrointestinal complications.

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Novelty: **Moderate to low**

The manuscript's principal contribution appears to be the evaluation of a **comprehensive nursing intervention package rather than introduction of a fundamentally new therapeutic concept.**

 # 11. Recommendation

**Recommendation: MAJOR REVISION**

I would **not recommend outright rejection, because the topic is relevant and the reported findings are potentially useful. However, the manuscript requires substantial revision before it is suitable for publication.**

Suggested editorial decision:

****Major Revision****

****Justification:****
The manuscript addresses an important clinical nursing issue and reports statistically significant improvement following comprehensive nursing intervention. However, important concerns regarding sampling, group allocation, intervention standardization, outcome measurement, statistical analysis, reporting of clinical outcomes, methodological transparency, and language quality need to be addressed. In particular, the definition and calculation of the "percentage improvement"

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outcome require substantial clarification. After these issues are adequately resolved, the manuscript could be reconsidered for publication.

****Overall assessment: Promising study, but major methodological and reporting revisions are required.****

Line-by-line justification for Major Revision

No.	Issue identified	Reason for Major Revision
1	**Sampling method is purposive**	The study uses a purposive sample of 160 patients, which can introduce selection bias and limits the generalizability of the findings.
2	**Group allocation is unclear**	The manuscript states that the first patients were randomly selected for the study group and then other patients were selected for the control group. This is not equivalent to proper random allocation and may introduce systematic differences between groups.
3	**Baseline comparability requires clarification**	The authors should demonstrate that the intervention and control groups were comparable in important clinical characteristics before the intervention. Differences at baseline could influence gastrointestinal outcomes independently of nursing intervention.
4	**Quasi-experimental design limits causal interpretation**	Because the study is described as quasi-experimental rather than a randomized controlled trial, the statement that the intervention caused the improvement should be presented cautiously.
5	**Primary outcome is insufficiently defined**	The results use categories of low, moderate and high "improvement" (<35%, 35–70%, >70%), but the manuscript needs to clearly explain how the percentage improvement

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No.	Issue identified	Reason for Major Revision
		was calculated and what constitutes the denominator/baseline score.
6	**Outcome assessment tool needs stronger justification**	The gastrointestinal complications observational checklist was adopted from previous studies. The authors should clearly describe its validity, reliability, scoring procedure and modifications made for the present study.
7	**Clinical outcomes should be reported individually**	Instead of relying mainly on an overall improvement percentage, the manuscript should report the actual incidence/severity of vomiting, diarrhea, abdominal distension, constipation, gastric residual volume and other gastrointestinal complications separately.
8	**Potential observer bias**	The researcher personally performed important assessments, including gastric residual volume and abdominal distension. If the assessor knew which patients received the intervention, assessment bias cannot be excluded.
9	**Intervention requires better standardization**	The comprehensive nursing intervention was administered twice daily for three consecutive days, but the manuscript should provide a sufficiently detailed standardized protocol so that another researcher could reproduce it.
10	**Clinical confounders need better control**	Gastrointestinal complications in critically ill patients can be affected by disease severity, diagnosis, medications, nutritional regimen and other clinical factors. The analysis should explain how these confounders were controlled.
11	**Statistical analysis needs strengthening**	Because outcomes were assessed at different time points, the authors should justify the statistical tests used and consider whether repeated-measures methods are more

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No.	Issue identified	Reason for Major Revision
		appropriate. Effect sizes and confidence intervals should also be reported.
12	**Timing of assessments needs clarification**	The manuscript states that patients were assessed at baseline and subsequently after implementation, while the results discuss different days/time points. The exact assessment schedule should be presented clearly.
13	**Ethical consent requires clarification**	Ethical approval was obtained, but the manuscript states that **oral consent** was obtained. The authors should explain why oral rather than written informed consent was used and whether this was approved by the ethics committee.
14	**Sample size justification is needed**	The manuscript should provide a formal sample-size calculation, including the expected effect size, power, significance level and allowance for potential dropout.
15	**Limitations are insufficient**	The authors should explicitly discuss purposive sampling, single-center setting, quasi-experimental design, possible observer bias, relatively short intervention period and potential confounding.
16	**Generalizability is limited**	The study was conducted in a single hospital/ICU setting. The findings therefore cannot automatically be generalized to other hospitals, countries or ICU populations.
17	**Novelty needs to be better established**	Previous studies have already investigated enteral-feeding schedules, abdominal massage, early enteral nutrition guidelines and nursing practice guidelines. The manuscript should clearly explain what is novel about the present comprehensive intervention. The reference list itself demonstrates substantial previous work in this area.

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No.	Issue identified	Reason for Major Revision
18	**Discussion needs deeper scientific interpretation**	The discussion should distinguish between statistical significance and clinical significance and explain which components of the nursing intervention may have produced the observed effect.
19	**References require verification and updating**	The references should be checked for accuracy, DOI information, formatting and whether each citation genuinely supports the corresponding statement. The manuscript already cites several previous enteral-feeding studies, including randomized and meta-analysis evidence.
20	**Major language and grammatical problems**	There are numerous grammatical, typographical and formatting problems such as "Sitting," "studyaimed tostudy," "Develop nd implement," inconsistent spacing and spelling errors. Professional English editing is required before publication.
21	**Title/abstract require language correction**	The abstract contains obvious language problems and should be rewritten for clarity, particularly the Aim, Design, Setting and Results sections.
22	**Conclusion should not overstate the evidence**	The conclusion should be consistent with a quasi-experimental single-center study and should avoid implying that the intervention is definitively effective in all critically ill patients.
23	**Need for clearer clinical applicability**	The authors should explain how the proposed nursing intervention can be incorporated into routine ICU practice, including staffing, training, frequency and feasibility.
24	**Future research recommendation is**	The manuscript itself recommends larger studies and other settings. This limitation should be incorporated explicitly

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No.	Issue identified	Reason for Major Revision
	appropriate but insufficient	into the manuscript's limitations and interpretation of findings.

Strongest reasons supporting *Major Revision*

If you need a **short reviewer justification**, I would emphasize these five points:

Unclear/non-standard group allocation despite describing the study as quasi-experimental.

Purposive sampling and single-center design substantially limit generalizability.

Primary outcome ("percentage improvement") is insufficiently explained, making the main result difficult to reproduce or interpret.

Potential observer bias exists because the researcher performed important clinical assessments.

Statistical methodology and reporting require improvement, including baseline comparability, effect sizes, confidence intervals and appropriate analysis of repeated measurements.

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Recommended editorial decision

MAJOR REVISION

Reviewer justification:

The manuscript addresses a clinically important topic and presents potentially useful findings regarding comprehensive nursing intervention for gastrointestinal complications among critically ill patients receiving intermittent enteral feeding. However, substantial methodological and reporting concerns must be addressed before the validity and clinical significance of the findings can be adequately assessed. In particular, clarification is required regarding patient allocation, purposive sampling, baseline comparability, outcome measurement and calculation of improvement scores, potential observer bias, intervention standardization, statistical analysis, ethical consent, and study limitations. The manuscript also requires considerable language and reference editing. Therefore, major revision is recommended rather than rejection, as the study has potential value if these concerns are satisfactorily addressed.