

Peer Review File

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Reviewer A

I suggest that certain aspects be censored for publication.

Comment 1: In the introduction, I propose to improve the association between accidental loss of nasoenteric catheters and cognitive bias.

Reply 1: Thanks reviewer A for his/her meaningful suggestions on our manuscript. In the part of introduction in the revised manuscript, we have improved the association between accidental loss of nasogastric/nasoenteric tube and cognitive bias. To facilitate your check and approve, we displayed the main correction below:

The influencing factors of unplanned extubation are various, and cognitive bias is one of them. Cognitive bias, that is, in the process of receiving and evaluating information, processing and solving problems, estimating and predicting results, there is different degree of deviation or deviation from the facts themselves or standard rules (6,7). In the medical setting, patients' cognitive bias may lead to unplanned extubation of nasogastric/nasoenteric tube.

Changes in the text: Page 3-4, Line 63-69

Comment 2: Describe whether there is a subsequent loss and the cause

Reply 2: Thanks reviewer A for the carefully reviewing our manuscript. In this study, we explored the impact of different factors on cognitive bias in patients with nasogastric/nasoenteric tube. This is a cross-sectional study, thus we did not follow-up the continuous impact of patients after discharge. Meanwhile, during the study, none of cases was lost.

Changes in the text: None.

Comment 3: Describe study limitations

Reply 3: Thanks reviewer A for the carefully reviewing our manuscript. We have displayed the limitations of this study in the supplemented part, line 316-322, page 21, of the revised manuscript. To facilitate the check and approve, we displayed the detailed limitation below as the colour form:

Limitations

This study have regional limitations, and the relationship among social support, anxiety, hope level and cognitive bias of patients in hospitals in different regions still needs to be further studied. In conclusion, giving full play to the role of medical and social support system and providing more physical, mental and social support to patients could improve the psychological state of patients and thus improve the cognitive bias of patients.

Changes in the text: Page 21, Line 334-340

Comment 4: *Explore in more detail nursing interventions that may affect anxiety, hope, and social support.*

Reply 4: Thanks reviewer A for his/her meaningful suggestions on our manuscript. We have added the nursing interventions remarks in the discussion section of the revised manuscript in which were referenced Page 17, line 239-245, and Page 18, line 270-274. More details of nursing interventions have been added in the discussion section of the paper. For convenience, we also displayed the detailed nursing interventions below:

A cross-sectional study by Bilenduke et al (20) showed that breast cancer patients undergoing chemotherapy had higher cognitive function injury and a high incidence of depressive symptoms compared with healthy controls, suggesting that both cancer itself and its treatment may affect the cognitive function and emotional changes of the patients. Studies have also shown that many patients with advanced cancer are affected by cognitive biases that may be exacerbated by increased levels of hope (21). Anxiety will affect the patient's behavior, and peer support will ease the patient's anxiety. Encourage patients to talk about their feelings about catheterization, invite partners with good compliance and recovery of nasogastric/nasoenteric tube to share their experience, and give encouragement to patients' partners (30).

Changes in the text: Page 17, Line239-245; Page18, Line270-274

Reviewer B

Comment 1: *I commend you for taking this topic on of exploring patient experiences with enteral feeding tubes. Overall, I am finding it difficult to focus on critiquing the article from the outset, mainly due to the use of certain terminology that are not widely used e.g. “nasal gastrointestinal catheterisation”, “cognitive bias”. For cognitive bias, for example, a quick look at your references point to use of the term “interpretation bias” instead – is there a particular reason why cognitive bias is the preferred term used here and how does it differ in concept from interpretation bias?*

Reply 1: Thanks reviewer B for the carefully reviewing our manuscript. We apologize for your misunderstanding of our manuscript due to improper description in the manuscript. In the revised version, following consulting a large number of references reports and thorough discussion, we decided replace “nasal gastrointestinal catheterisation” with “nasogastric/nasoenteric tube”. “Cognitive bias” is a systematic pattern of deviation from an established norm or rationality in judgment which including interpretation bias.

Changes in the text: all the refferenced

Comment 2: *It would be preferred to define the operational concepts/ outcome measures clearly in the early part of the manuscript e.g. literature review/ methods section rather than in the discussion section (i.e. social support).*

Reply 2: Thanks reviewer B for his/her meaningful suggestions on our manuscript.

According the suggesting from reviewer B, We set out the definitions about anxiety, social support and hope in the measures part of the manuscript.

Changes in the text: None

Comment 3: I think a consultation with professional/ language editing services may be very fruitful in helping you determine suitable terminology to use and to adjust the phrasing/ wording of certain paragraphs for better clarity.

Reply 3: Thanks reviewer B for his/her meaningful suggestions on our manuscript. We have entrusted a professional organization to process our manuscripts.

Changes in the text: None

Comment 4: I would also be interested to find out if there were any differences in outcomes if participants had been on longer term enteral feeding tube use vs day users? This may then help to differentiate the follow-up actions that are needed for different groups.

Reply 4: Thanks reviewer B, this is a very professional and valuable question. The relevant data of the referenced question are still being collected, we can not answer the question right now. However, we believe that with the continuous expansion of our data, we can understand the problem well.

Changes in the text: None