Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank for the opportunity to review this paper. The authors describe an intervention of humanized nursing among dialysis patients and its effect on quantitative and qualitative outcomes. This is a very interesting paper and the intervention seems novel and well performed. Considering that, it is sad that the article is poorly written which makes its content hard to understand and it cannot be properly reviewed in its current form. Before any further consideration I genuinely think that a full revision of its text is needed. Examples – using the word "healing' throughout the text when it is not needed ("invasive healing", "healing compliance"), the abstract is not understood and abbreviations are used without their definition (HAMA and HAMD), intro – data is missing on the reason for the need in their intervention, why dialysis patients are different than any other dialysis patient (otherwise I don't see the relevance to this journal), methods – "the upper the mark", and so on. Other issues: 1. Introduction –How is dialysis a treatment for diabetic nephropathy? This is only the last treatment option in patients with ESRD. 2. Methods – a. "(do not classify! Directly write diabetic nephropathy)" – what it means? b. "duration of 6-13 years, with an average of (10. 01 ± 2.

04) years" – of what? c. All the demographic characteristics should appear in the results. The methods should describe how the intervention was performed. The authors should add information on how patients were randomized between the groups. d. How could you ensure that nurses were not humanized with patients in the control group? Both groups were during the same time period or not? e. Negative emotion Comparative – please elaborate on the tool used. f. Why Bun and Scr are relevant in dialysis patients? Scr is not relevant in these patients and I don't understand the relevance to the presented intervention. 3. Results: a. Was there a difference in the levels of emotion score between the HAMA and HAMD after intervention? b. Multivariate regression with baseline variables is needed for the change in lab results.

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This paper describes the great interest for haemodialysis diabetic patients to apply a humanistic nursing programme in order to improve markers of life quality and satisfaction. The topic is very interesting but I have MAJOR CONCERNS: - The term "diabetic nephropathy" currently is reserved to diabetes mellitus patients with glomerular lesions proven in a renal biopsy. Therefore the authors may change this term to that of "Diabetic Kidney Disease". That is a more general concept that includes a wide kind of renal lesions. - All my suggestions are done on the original pdf in red colour. There are numerous misspelling as well as MINOR comments on the original pdf, also in red colour. In my opinion the text merits an English native speaker assistance.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Diabetes*

Manuscript NO: 85996

Title: Experience of humanistic nursing in hemodialysis nursing for patients with diabetic kidney disease

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02624393

Position: Peer Reviewer

Academic degree: N/A

Professional title: N/A

Reviewer's Country/Territory: Spain

Author's Country/Territory: China

Manuscript submission date: 2023-06-01

Reviewer chosen by: Jing-Jie Wang

Reviewer accepted review: 2023-09-23 05:45

Reviewer performed review: 2023-09-23 06:13

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [ ] Anonymous [Y] Onymous

statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

In this re-review I have introduced two comments/suggestions in the Auto Edited file (Introduction)

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Diabetes*

Manuscript NO: 85996

Title: Experience of humanistic nursing in hemodialysis nursing for patients with diabetic kidney disease

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04227304

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Israel

Author's Country/Territory: China

Manuscript submission date: 2023-06-01

Reviewer chosen by: Jing-Jie Wang

Reviewer accepted review: 2023-09-23 13:49

Reviewer performed review: 2023-09-24 09:41

Review time: 19 Hours

Scientific quality	[ ] Grade A: Excellent　[ ] Grade B: Very good　[ ] Grade C: Good [Y] Grade D: Fair　[ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing　[ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing　[ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority)　[ ] Accept (General priority) [ ] Minor revision　[Y] Major revision　[ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous　[ ] Onymous

statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review this paper once again. The authors have addressed all my notes in their response letter, however I am not sure if the article has improved enough to consider its publication. In general, the authors need to understand that reviewers give their time and efforts to offer help and guidance. Therefore, it is expected that the authors would address all the comments in the manuscript's text, and if no changes are made in the text regarding a specific comment, the authors should explain why. In addition, the authors should indicate in their response letter where the changes were made in the text (paragraph and line). Having said that, I still feel the paper needs extensive English editing. From the abstract to all parts of the text, the grammar has many mistakes and the text is not written in accepted standards for a scientific paper. For example, in the intro – "diabetic kidney disease is closely associated with the increasing incidence of diabetes", "enhance their life", "it can damage the blood vessels and filters in the kidneys", and so on. Other issues: 1. Intro: Hemodialysis is not the main method to treat DKD – it is only the main method for end-stage kidney disease of any reason. The real methods for DKD are glycemic and HTN control, ACEi or ARBS, SGLT2i and so on. 2. Methods: a. As I written in the previous review, you ARE doing an intervention – you are describing your intervention with humanistic nursing compared to a control group with regular nursing. Obviously this is an intervention that you assess its outcomes. Even if it's a retrospective study – you have two groups (intervention and control), and you should state how patients were entered into each group (was it by randomization, by nursing choice, by the month in the year, or else). In addition, how can you make sure nurses were not humanistic to the patients in the control group? b. " Negative emotion Comparative" – the authors should elaborate in 1-3 lines on the

mentioned scales they used (in the text of the manuscript). c. " Comparative of compliance rate" – this is a very general term, what exactly was measured to state if patients complied or not? d. " Comparative of complications" – which complications were included? e. The authors should add 1-3 lines on the SF-36 scale they used for evaluation of life (?). 3. Discussion – generally, I really don't think the authors could indicate on any connection between their nursing method and improved renal function. They did not perform any multivariate regression to account for other comorbidities or different dialysis plan between the groups. It is obvious that in patients under dialysis, the Scr has only mild effect on prognosis and does not really indicate on renal function. The need of more dialysis sessions, phosphor and calcium levels, and daily urinary output are far more relevant indicators for renal function which the authors did not evaluate.