Response Letter to Reviewer

Manuscript ID: nursrep-3929498

Title: “Open-door ICU Model and Humanized Care: A Systematic Review”

Date: November 7, 2025

We are very grateful for your thoughtful review and valuable observations. Your comments greatly contributed to improving the coherence, analytical depth, and presentation of our study. The following section outlines our detailed responses.

1. Overall Comment

Thank you for recognizing the conceptual strength and humanitarian relevance of our review. In line with your suggestion, we added a paragraph in the *Conclusions* section recommending that future studies include objective metrics such as ICU stay duration, infection rates, and mortality outcomes to better assess the benefits and risks of the open-door ICU model.

2. Study Selection (Line 260)

We have included the six databases in parentheses next to “275 records” and removed them from line 257, as recommended.

3. Abstract

- The introductory sentence has been rephrased to better reflect the scientific context of closed-door ICU practices, emphasizing their association with physiological and psychological distress.
- The statement about the global shift toward open-door ICUs has been rephrased to align with your suggested wording.
- The Objective and Conclusion have been rephrased for greater clarity and alignment with scientific terminology.

4. Introduction

- The opening definition of “Open ICU” has been rewritten using more scientific terminology, avoiding colloquial expressions.
- We have incorporated evidence-based explanations on how attentive and compassionate care is achieved within open-door ICU models, with relevant citations.
- The phrase on ICU environments contributing to patient distress has been adjusted to remove potential bias and acknowledge current ICU practices that aim to minimize external stressors.
- Incomplete sentences have been revised for clarity.
- The paragraph describing the open-door ICU model has been rewritten using a more scientific tone.

- The objective was organized as suggested in the summary for coherence

5. Discussion

- Sentences referring to “open-door culture” and “regional differences” have been rephrased to enhance academic precision.
- Terms such as “convey bad news” were replaced with more scientific language referring to “delivering prognostic information” or “communicating complex clinical updates.”
- We strengthened the recommendations for practice by explicitly suggesting that institutions develop policies that promote social and psychological support through family-inclusive and humanized ICU models.

6. Recommendations and Limitations

- A new subsection was added to explicitly discuss barriers and risks associated with open-door ICU implementation, referencing K.A. Milner et al. (2020) as suggested.
- The limitations section was expanded to include the restricted time frame, study quality variability, and the limited number of randomized controlled trials.
- We acknowledged that while the open-door ICU concept promotes humanization, it also requires further research to evaluate potential risks, including infection control and timely treatment interventions.

Sincerely,

The Authors