Reviewer's report

Title: Self-rated Health of Physicians in Training

Version: Date: 18 November 2006

Reviewer: Reidar Tyssen

Reviewer's report:

General
The focus of this study is self-rated health among medical postgraduates in relation to religion/spirituality. This is quite an original topic. In my opinion the study could be improved if the authors clearly hypothesized a link between spirituality and health in the introduction (See reference below). Furthermore, I propose that the title be reworded to reflect the main issue and findings, for example: "Self-rated health of young doctors and its relation to mood and spiritual well-being".

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

I have two important queries that refer to the statistics:

The health rating score is quite distorted (see Figure 1). I would therefore like to see a linear regression analysis on the log-transformed score of the health rating, which presumably is more normally distributed. Alternatively, the author could perform logistic regression analyses of the dichotomized health rating score (cut-off above median).

Second, and particularly if the author chooses a linear regression model, one should be cautious with inclusion of both the variables CESD-10 (depression) and FACIT-SpEx (spiritual well-being) in the multiple regression analysis in Table 3. It is obvious that depression is related to perceived health, but depression may also be inversely associated with well-being. Hence, if there is a correlation above .40 between these two predictor variables then there may be a false and co-linear effect of spiritual well-being. Both the correlation between these two variables, and blockwise and forced entry analyses (hierarchical) with depression in the final block would clarify this. These analyses should be done before we can trust an independent effect of spiritual well-being.

Furthermore, I think the findings in Table 3 would be strengthened if they were controlled for both age and sex.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Introduction: There is one important prospective study (More et al., The Johns Hopkins' Precursors Study, Am J Med 1990:88; 332–36) that found a lack of religious affiliation in medical school as a risk factor for poor health (alcohol abuse) many years later.

Results: As regards religion as a way of coping, theoretically one would expect this to be of greatest importance to those most stressed. Therefore, the internal medicine residents (n = 62), with the lowest level of mean health rating (and widest SD) should be analyzed post hoc for associations between RCOPE and self-rated health. We cannot exclude coping by religion in this subgroup before this analysis has been done.

Method/Instruments/Outcome:
On page 5 the self-rated health scale should be described more accurately; for instance, as in your reference number 41: anchors at 0 ("death or worst possible health") and 100 ("perfect or best possible health).

References 41 and 42 should be mentioned here already.
There should also be a reference behind the single question on general health (e.g. reference 41).
Discussion:
On page 11, third line: …"limitations. The cross-sectional and non-experimental design …” (please include cross-sectional)

In Table 2, the possible range of the variables should be reported in an extra column in the table rather and than in the long rows of footnotes.

Please ensure that the bars in Figure 2 are printed in grey-tones that are discernible.

Discretionary Revisions (which the author can choose to ignore)
The following comments, recommendations, and requests for minor revision are offered for the following sections:

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**
I declare that I have no competing interests.