Author’s response to reviews

Title: Perceived stress, reasons for and sources of stress among medical students at Rabigh Medical College, King Abdulaziz University, Jeddah, Saudi Arabia

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Comments to the Author

Reviewer reports:

NAZAN KARAOGLU (Reviewer 1):

First of all your interest about medical students stress and well being is important. It is known that they really need help.

In introduction part you should to mentioned why we should detect stress and what are the consequences of it depending on mostly in Arabic studies.

Reply: It has been mentioned in the introduction and few new Arabic studies references have been incorporated.

The methods section should declare what kind of a study it is?

Reply: We have included the type of research design in the methodology.

You described the school but till the end no information about the gender of the students.
There is only male students study in the RMC. This has been added in the methodology section.

The PSS was used. You got its test reset validity from another study (in reference 17 reference 7). We should to see your cronbachs alpha in this study.

Reply: It has been added in the methodology section.

You should to refere the validated Arabic version of it cause you said that you used both languages. You translated it or is there a validated one in Arabic?

Reply: Yes, PSS Arabic version is available but we translated it and calculated its Cronbach’s alpha. It has been added in the manuscript.

The principal investigator translated the English version into Arabic with the help of co-researchers. It was further checked and modified by the two senior bilingual faculty members (Arabic and English). This bilingual questionnaire (English and Arabic languages) was then pretested on a group of 50 students. Comprehension and internal consistency of this questionnaire were found by Cronbach’s alpha to be .86. (This paragraph has been added in the methodology section.)

You mentioned about severity levels but what are your cutt of levels for PSS and I couldn’t find it in tables also.

Reply: We have included following paragraph in the methodology section.

In our study, the prevalence of stress was found to be 59% by taking the 28 PSS score as the cut off value between the stressed and the unstressed students, based on the quartiles.

In results section you did not referred to table one.

Reply: The students’ response to the perceived stress scale is presented in Table 1. This sentence has been added in the result section.

In table to you gave the Likert scale results. Likert uses numbers so that you can use them to calculate scores and compare to each other. In table to you can calculate scores for academic sources or psychosocial stressors for example and compare it.

Reply: 

For table 1 and two we used the frequency because of the two reasons.

1. We have taken the this questionnaire from the following article that was published in BMC Med Education and we used the frequency as used by the authors in the previously published article. (Shah M, Hasan S, Malik S, Sreeramareddy CT. Perceived Stress, Sources and Severity of Stress among medical undergraduates in a Pakistani Medical
2. We authors feel this frequency table is easy to understand and conveying the message clearly.

In sum tables should be checked and reorganized.

Reply: The tables have been checked and reorganized.

I learned as a reader that study population had high level of stress but I want to see a more detailed documentation of it. Should these all be treated or most of them are in acceptable needed level of stress or not?

According to the Cohen, et al., (1983) “The Perceived Stress Scale is not a diagnostic instrument; there are no score cut-offs. There are only comparisons within your own sample.”

“Although appraised stress may be symptomatic of psychological disorder when viewed in combination with elevated scores on other psychiatric symptoms, it is our contention that the perception of stress itself, as assessed by the PSS, is not a measure of psychological symptomatology. Hence, the PSS can be viewed as assessing a state that places people at risk of i.e., is antecedent to, clinical psychiatric disorder even though that state is also part of a diverse set of feelings and states that are characteristic of disorder.”

Therefore, we can’t say that at what level treatment should be started.

In discussion you report the results of other studies but you did not discussed probable factors resulting in these similarities and differences or the probable factors affected your results.

Reply:

This has been discussed and incorporated in the discussion.

Conclusion is not enough for a short summary of your work and so simple.

The conclusion has been modified and extended.

Normala Ibrahim (Reviewer 2):

The authors made a commendable effort to study perceived stress among medical students in a fairly new established medical school which was the study location.

Reply: Thank u for liking our research work.
However, the authors have limited justifications as to why the research was done in the area. It would be more justified if the authors could add some references on the trends of the prevalence of stress among medical students globally and locally.

Reply:

Few more references and prevalence in the world as well in the Arab countries and in Saudi Arabia has been included in the introduction section.

The methodology section did not state the study design, sampling method and sample size estimation clearly.

Reply: The study design, sampling technique and sample size calculation method have been added in the methodology section.

Please state the inclusion and exclusion criteria.

Reply: Our inclusion criterion was all the students of Rabigh medical college and we did not include medical students outside our college. This is being included the methodology section.

Please state the time of data collection as this could serve as one of the confounders if the data were collected during the examination time.

Reply: We collected the data in the middle of the module to avoid this confounder. We are including this point in the methodology section.

In the discussion section, please critically discuss the reasons for the conflicting results that the authors observed between their present study and previous ones (Please refer to Line 246,250 and 263).

Reply: The reasons for conflicting results have been discussed and included in the discussion section.