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## REVIEWER'S REPORT

Manuscript No.: IJAR-55671

Title: Occurrence and determinants of MSS among health care students in Jeddah, Saudi Arabia,

**Recommendation:**

Accept as it is .....YES.....

Accept after minor revision.....

Accept after major revision .....

Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality	✓			
Techn. Quality	✓			
Clarity	✓			
Significance	✓			

Reviewer Name: PROF. DR DILLIP KUMAR MOHAPATRA

### *Detailed Reviewer's Report*

Reviewer Report: "Occurrence and determinants of MSS among healthcare students in Jeddah, Saudi Arabia"

#### *1. Strengths of the Study*

##### Methodological Strengths

Adequate sample size (n=403) with strong response rate, improving statistical reliability.

Use of validated psychological instruments (SHAI-18 and MSD Perception/Distress scales).

Pilot testing ensured internal reliability, with Cronbach's alpha values acceptable for both subscales.

Multivariate statistical approach (t-tests, Chi-square, ANOVA, Pearson correlation) appropriately applied.

##### Research Strengths

**REVIEWER'S REPORT**

**Clear identification of MSS, health anxiety, and MSD as relevant issues in medical education.**

**Demonstrates progressive decline in health anxiety as students advance, which aligns with developmental and educational theories.**

**Highlights a moderate correlation between health anxiety and somatic distress, suggesting a shared cognitive-affective mechanism.**

**Contextual & Practical Strengths**

**Focuses on Saudi Arabian medical students**, a population with growing need for mental health research.

**Provides comparative prevalence data** that adds value to the regional literature.

**Identifies female gender, marital status, and academic stage** as important factors influencing MSS.

***2. Weaknesses / Limitations of the Study*****Methodological Limitations**

**Convenience sampling** limits generalizability beyond the selected college.

**Cross-sectional design** restricts causal inference; psychological variables may fluctuate over time.

**Self-reported GPA** may introduce reporting bias.

**Google Form data collection** may exclude students with limited digital access or those less engaged.

**Analytical Limitations**

**REVIEWER'S REPORT**

Some statistically significant correlations (e.g., GPA vs SHAI:  $r = -0.017$ ) are too weak to be practically meaningful, despite p-values.

Certain demographic variables (e.g., marital status) have small subgroup sizes, affecting statistical power.

**Conceptual Limitations**

MSS is sometimes confused with health anxiety; although the manuscript addresses this difference, the operational distinction could be strengthened.

The study does not explore mediating factors such as personality, coping strategies, or burnout, which may influence health anxiety.

**Reporting Limitations**

Tables and figures (e.g., Figure 1) require more clarity and consistent formatting for publication standards.

The conclusion section appears incomplete/truncated.

***3. Significance of the Study*****Contribution to Medical Education**

Demonstrates that pre-clinical students are at highest risk for MSS, health anxiety, and somatic distress—important for curriculum planners.

Supports evidence that mental health interventions should be integrated early in medical training.

**Contribution to Psychological Research**

Reinforces theoretical models where health anxiety heightens symptom perception, creating cyclical somatic distress.

**REVIEWER'S REPORT**

Highlights the need for cognitive-behavioral and uncertainty-management interventions.

Contribution to Regional Literature

Adds updated prevalence and risk-factor data for Saudi Arabia and the Gulf region.

Addresses a gap in local research concerning psychological determinants in early medical education.

**4. Key Points**

Health anxiety and medically unexplained somatic distress (MSD) are most prevalent in early medical years, declining as students progress.

Female gender, marital status, and lower academic performance are associated with higher health anxiety.

GPA has very weak negative correlations with both SHAI-18 and MSD scores—statistically significant but educationally negligible.

Moderate positive correlation between SHAI-18 and MSD indicates a meaningful link between illness anxiety and somatic distress.

Findings support early psychological support, especially before clinical exposure.

Study underscores the need for curriculum-integrated mental health programs and awareness about MSS.

Presents a region-specific perspective on MSS among Saudi medical students, enhancing international comparability.