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REVIEWER'S REPORT

Manuscript No.: IJAR-57849

Title: ORAL HEALTH STATUS AMONG BANK EMPLOYEES AND ITS RELATION WITH STRESS IN JAIPUR CITY,

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYES

Do not accept (*Reasons below*)

| Rating | Excel. | Good | Fair | Poor |
|----------------|--------|------|------|------|
| Originality | | √ | | |
| Techn. Quality | | | √ | |
| Clarity | | √ | | |
| Significance | | √ | | |

Reviewer's ID: JPR-094

Detailed Reviewer's Report

Reviewer Report

****Manuscript Title:** *Oral Health Status Among Bank Employees and Its Relation with Stress in Jaipur City***

Overall Assessment

The manuscript addresses an important occupational health issue by exploring the association between occupational stress and oral health among bank employees. The topic is relevant to public health dentistry and workplace wellness. However, several methodological, statistical, and reporting deficiencies limit the scientific rigor and generalizability of the findings. Substantial revisions are required before the manuscript can be considered for publication.

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Strengths

1. ****Relevant Topic****

* Investigates the relationship between occupational stress and oral health, an emerging area of public health importance.

2. ****Adequate Sample Size****

* Inclusion of 252 bank employees provides reasonable statistical power for exploratory analysis.

3. ****Use of Standardized Instruments****

* Stress assessment utilized OSI-R and PSS-10.

* Oral health assessment employed WHO Oral Health Survey Methods, DMFT, and CPITN indices.

4. ****Inclusion of Public and Private Sector Employees****

* Enhances diversity of the study population.

5. ****Practical Implications****

* Findings may support workplace stress-management and oral health promotion programs.

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Weaknesses

Major Weaknesses

1. **Cross-Sectional Design**

* Cannot establish causal relationships between occupational stress and oral health outcomes.

2. **Insufficient Methodological Detail**

* No information regarding examiner calibration statistics (Kappa values).

* Reliability and validity of stress assessment tools in the study population are not reported.

3. **Potential Confounding Factors Not Considered**

* Tobacco use.

* Alcohol consumption.

* Dietary habits.

* Socioeconomic status.

* Oral hygiene practices.

* Existing medical conditions.

4. **Limited Statistical Analysis**

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- * Only Chi-square and ANOVA were performed.
- * No multivariable regression analysis to adjust for confounders.

5. ****Small High-Stress Group****

* Only 6 participants (2.4%) were categorized as highly stressed, reducing reliability of comparisons.

6. ****Questionable Interpretation of OSI-R Scores****

* The basis for categorizing domain scores as "High," "Moderate," or "Moderate-High" is not explained.

7. ****Reference and Citation Issues****

- * Reference numbering is inconsistent.
- * Several citations in discussion do not correspond correctly with reference numbering.
- * Vancouver style formatting is irregular.

8. ****Lack of Reporting Standards****

- * No STROBE checklist adherence for observational studies.

Key Points Requiring Revision

Abstract

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- * Include exact statistical values and confidence intervals.
- * Clarify whether stress and periodontal disease association remained after controlling for confounders.

Introduction

- * Better define the research gap.
- * Include more recent literature (2023–2026).

Methods

- * Provide ethical approval number.
- * Describe examiner calibration procedures.
- * Justify exclusion criteria.
- * Explain OSI-R scoring and categorization.
- * Report reliability statistics.

Results

- * Present confidence intervals.
- * Include effect sizes.
- * Report demographic comparisons by stress category.
- * Provide regression analysis.

Discussion

- * Avoid overstating causal interpretations.

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- * Compare findings more critically with previous studies.
- * Discuss possible mechanisms and alternative explanations.

References

- * Correct numbering errors.
- * Verify authenticity and accessibility of all cited sources.
- * Ensure uniform Vancouver formatting.

Scientific Significance

Originality: Fair

The topic is not entirely novel because several studies have already examined stress and oral health among occupational groups, including bank employees.

Clinical Significance: Moderate

The observed association between stress and periodontal status may have implications for workplace health promotion.

Public Health Significance: Good

Highlights the need for integrated occupational stress management and oral health interventions.

Research Impact: Moderate

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The study contributes local data from Jaipur, Rajasthan, but methodological limitations reduce its broader impact.

Recommendation

Major Revision

Justification:

The manuscript addresses a worthwhile research question and uses recognized assessment tools. However, significant concerns regarding methodology, statistical analysis, confounding variables, interpretation of findings, and reference accuracy must be addressed before publication.

Final Recommendation: MAJOR REVISION.

Justification for Major Revision (Line-by-Line Issues and Reasons)

| Line No. | Issue Identified | Reason for Major Revision |
|----------|---|--|
| 5–10 | Background lacks quantitative evidence of burden among Indian bank employees. | Stronger epidemiological justification is needed to establish the study rationale. |

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| Line No. | Issue Identified | Reason for Major Revision |
|-----------------|--|---|
| 11–12 | Aim is broadly stated. | Specific hypotheses are not defined, reducing scientific focus. |
| 13–19 | Methods section in abstract lacks sampling method and adjustment for confounders. | Readers cannot assess validity of findings from abstract alone. |
| 20–27 | Only p-values reported; no confidence intervals or effect sizes. | Statistical reporting is incomplete and limits interpretation of findings. |
| 28–31 | Conclusion implies practical recommendations despite cross-sectional design. | Causal implications are not supported by the study design. |
| 39–41 | ILO statement cited without recent supporting evidence. | Requires updated and verifiable references. |
| 52–57 | General statements regarding stress among bank employees lack critical synthesis. | Literature review is descriptive rather than analytical. |
| 73–85 | Research gap is not sufficiently established. | Authors fail to explain how this study substantially differs from previous studies on bank employees. |
| 90–95 | Objectives include identifying occupational factors contributing to stress. | No analytical model is presented later to identify predictors of stress. |
| 102–104 | Ethics approval number is not provided. | Ethical reporting is incomplete. |
| 113–116 | Exclusion of systemic diseases is insufficiently justified. | Could introduce selection bias and reduce external validity. |
| 119–125 | Sample size calculation lacks citation and justification for prevalence estimate (p=0.70). | Sample size assumptions cannot be verified. |
| 127–129 | Sampling process inadequately described. | Number of banks selected, response rate, and branch distribution are missing. |
| 131–133 | Pilot study mentioned but no outcomes reported. | Reliability and validity findings from pilot testing are absent. |
| 135–153 | OSI-R methodology incompletely described. | Scoring system, cut-off values, and interpretation criteria are missing. |
| 155–159 | PSS categorization provided without citation. | Validity of categorization cannot be confirmed. |

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| Line No. | Issue Identified | Reason for Major Revision |
|-----------------|--|---|
| 160–175 | Oral examination procedures lack calibration details. | Examiner reliability (Kappa statistics) is not reported, threatening measurement validity. |
| 176–182 | Statistical analysis limited to Chi-square and ANOVA. | No multivariate analysis performed despite multiple potential confounders. |
| 185–190 | Demographic data presented descriptively only. | No comparison of demographic variables across stress categories. |
| 192–193 | Only 6 participants classified as high stress. | Very small subgroup limits statistical reliability and increases risk of unstable estimates. |
| 195–196 | Terms such as “High,” “Moderate,” and “Fair to Good Coping” are unexplained. | Interpretation criteria are unclear and may be arbitrary. |
| 198–200 | Oral hygiene variables collected but not incorporated into analysis. | Important confounders remain uncontrolled. |
| 201–205 | DMFT analysis reports $p=0.08$ without confidence intervals or power analysis. | Near-significant findings require deeper statistical evaluation. |
| 206–210 | Significant CPITN association reported using only Chi-square test. | No adjustment for age, smoking, oral hygiene habits, or socioeconomic factors. |
| 212–264 | Discussion overemphasizes stress as determinant of periodontal disease. | Observational design cannot establish determinant status or causality. |
| 223–227 | Role overload identified as major stressor. | No inferential analysis was conducted to confirm its predictive value. |
| 234–239 | Biological mechanisms extensively discussed. | Mechanistic conclusions are speculative because no biological markers were measured. |
| 247–252 | Oral hygiene findings discussed but not statistically linked with outcomes. | Missed opportunity for deeper analysis and interpretation. |
| 257–260 | Strengths and limitations section is incomplete. | Does not discuss selection bias, reporting bias, residual confounding, or small high-stress sample. |
| 262–263 | Statement that stress is an “important determinant” of periodontal health. | Terminology implies causation not supported by cross-sectional data. |
| 272–280 | Conclusions are stronger than supported | Need more cautious interpretation. |

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| Line No. | Issue Identified | Reason for Major Revision |
|-------------------|---|---|
| | by results. | |
| 283–357 | Reference numbering is inconsistent (numbering restarts after reference 7). | Major formatting and citation integrity issue. |
| 283–357 | Several references appear difficult to verify and some are not cited correctly within text. | Reference accuracy must be checked before publication. |
| Entire Manuscript | No STROBE reporting checklist followed. | Observational studies should comply with recognized reporting standards. |
| Entire Manuscript | No control for smoking, tobacco chewing, alcohol use, diet, oral hygiene, socioeconomic status, or medical history. | These are major confounding variables affecting both stress and oral health outcomes. |
| Entire Manuscript | Lack of regression analysis. | Central association between stress and periodontal health may be confounded. |

Overall Major Revision Justification

The manuscript addresses a relevant occupational health topic and employs recognized oral health and stress assessment tools. However, substantial concerns exist regarding methodological transparency, inadequate control of confounding variables, limited statistical analysis, insufficient reporting of reliability and calibration procedures, overinterpretation of causal relationships, incomplete discussion of limitations, and significant reference formatting inconsistencies. These deficiencies affect the validity, reproducibility, and interpretability of the findings. Therefore, **Major Revision** is recommended before the manuscript can be considered for publication.

Reviewer Recommendation**Decision: Major Revision****Primary Reasons:**

Insufficient methodological details.

Lack of multivariable statistical analysis.

Failure to address major confounders.

Overstated conclusions from cross-sectional data.

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Reference and reporting inconsistencies.

Need for adherence to STROBE guidelines.