LETTER

Response to "Social Media Usage and Academic Performance Among Medical Students in Medina, Saudi Arabia" [Letter]

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Dear editor

Upon examining the study by Alshanqiti et al titled "Social Media Usage and Academic Performance Among Medical Students in Medina, Saudi Arabia"[1] we commend the authors for providing valuable insights into the relationship between social media usage and academic performance within a previously unstudied demographic. The study involves a significant sample size with a balanced gender representation enhancing the statistical power and external validity of the findings. This communication aims to provide remarks on the research from the viewpoint of UK medical students, including valuable insights from a practising NHS doctor.

Firstly, we commend the authors for their valuable contribution through a well-executed cross-sectional study on social media addiction and academic performance among medical students. The use of an online questionnaire with responses collected via convenience sampling, while ensuring confidentiality, and the receipt of ethical approval from the Institutional Review Board, reflect rigorous research practices. However, providing literature that supports the validity of the questionnaire would increase the robustness and credibility of the study. To enhance the questionnaire's validity, we recommend employing the Bergen Social Media Addiction Scale (BSMAS; Andreassen et al, 2017), a well-established psychometric tool with demonstrated reliability (McDonald's Ω and Cronbach's $\alpha > 0.8$).[2] Given the centrality of social media addiction to the study, employing a validated tool would enhance the accuracy of the results.

Secondly, the research addresses important contemporary issues such as the impact of social media usage and addiction on academic performance, making the study timely and relevant. Yet, we observed a lack of clarity regarding the definition of social media use in the study, compromising reproducibility. Explaining the popular social media platforms in Saudi Arabia and considering the cultural differences in how they are used—similar to the method employed by Hou et al in their study in China[3]—would improve both clarity and comparability.

Lastly, the use of the chi-square test and Fisher's exact test to examine the associations between social media scores, academic performance, and demographic variables reflects a noteworthy commitment to thorough statistical analysis. The study does not account for confounding variables that may influence both social media consumption and academic performance bidirectionally. For example, mental health status is known to impact both variables. Previous research suggests a link between excessive social media use and mental health challenges,[4] which in turn can affect academic performance negatively.[5] Incorporating measures of confounding variables and employing multivariate analysis would provide a more nuanced understanding of the relationship between social media use and academic performance.

In conclusion, Alshanqiti et al have shed light on the impact of "Social Media Usage and Academic Performance Among Medical Students in Medina, Saudi Arabia". Addressing some methodological shortcomings would strengthen the validity and reproducibility of the findings. Additionally, supplying literature that supports the design of the questionnaire, specifying

what the term "social media" encompasses and addressing confounding variables would not only refine the study's conclusions but also offer a more precise framework for understanding how social media influences academic outcomes. We thank the authors for their work and contribution to medical education.

Disclosure

The authors report no conflicts of interest in this communication.

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