

Study Habits, Time Management, and Academic Performance of First-Year Medical Students in Selected State Universities in Delta State, Nigeria

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ABSTRACT

This study investigated the influence of study habits and time management on the academic performance of first-year medical students in state-owned universities. Specifically, it aimed to determine the effects of study habits, examine the influence of time management practices, assess their joint impact, and identify the extent to which effective learning behaviours predict academic outcomes. A descriptive correlational design was employed, and data were collected from 300 first-year medical students using standardized questionnaires. Data were analyzed using descriptive statistics, Pearson correlation, and multiple regression analysis. Findings revealed that study habits significantly predicted academic performance ($\beta = 0.34$, $p < 0.001$), as did time management practices ($\beta = 0.38$, $p < 0.001$). Together, these variables explained 38% of the variance in academic performance, demonstrating a substantial joint effect. Positive correlations between study habits, time management, and academic outcomes highlight the critical role of structured learning routines and effective time allocation in enhancing student performance. The study concludes that first-year medical students' academic success is strongly influenced by their ability to manage time efficiently and engage in effective study behaviours. It recommends the integration of study skills and time management training into first-year curricula, mentorship and counselling support, and institutional policies that foster structured learning environments and continuous academic monitoring. This research contributes to the literature by providing empirical evidence on the application of Self-Regulated Learning Theory and Time Management Theory in a medical education context within emerging economies. The findings offer practical insights for educators, curriculum planners, and policymakers seeking to improve early medical student academic outcomes.

Keywords: study habits, time management, academic performance, first-year medical students, Nigeria



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INTRODUCTION

Medical education is widely recognised as one of the most academically demanding professional training programmes globally, requiring sustained intellectual engagement, disciplined learning behaviour, and effective time utilization. In Nigeria, medical education faces numerous structural and academic challenges, including large student enrolment, limited teaching facilities, intense curricular workload, and high expectations for clinical competence. These challenges place significant academic pressure on students, particularly those in their first year, who must transition from secondary school learning patterns to a rigorous university-based medical training system. Studies have shown that inadequate adjustment to academic demands often contributes to poor learning outcomes and increased stress among medical students in developing countries, including Nigeria (Ibrahim et al., 2021; Oche et al., 2020).

The first year of medical training is especially critical because it forms the academic and psychological foundation upon which subsequent clinical learning is built. Academic performance at this stage determines students' progression, confidence, and long-term professional development. Poor performance during the early phase of medical education has been associated with academic burnout, reduced motivation, and higher attrition rates among medical students (Almalki et al., 2022). Consequently, understanding factors that influence academic success among first-year medical students remains an important concern for educators and policymakers seeking to improve medical education outcomes in Nigerian universities.

Among the key determinants of students' academic success are study habits and time management practices. Study habits refer to consistent behavioural patterns and learning strategies adopted by students when preparing for academic tasks, including note-taking, revision scheduling, reading techniques, and self-assessment practices. Effective study habits promote deeper comprehension, retention of knowledge, and improved examination performance (Credé & Kuncel, 2020). Time management, on the other hand, involves the ability to plan, prioritise, and allocate sufficient time to academic and non-academic activities in a manner that maximises productivity and reduces academic stress. Research indicates that students who effectively manage their time demonstrate higher academic achievement and better psychological well-being compared to those with poor planning skills (Aeon & Aguinis, 2021).

Academic performance refers to measurable learning outcomes achieved by students, typically assessed through grades, cumulative grade point averages (CGPA), examinations, and continuous assessments. In medical education, academic performance reflects not only theoretical understanding but also readiness for clinical training and professional competence. Scholars have

consistently emphasized that behavioural and self-regulatory factors, such as disciplined study routines and structured time allocation, significantly influence academic outcomes among university students (Broadbent & Poon, 2021). Despite growing international research on learning strategies and academic success, empirical evidence focusing specifically on first-year medical students in Nigerian state-owned universities remains limited. Many existing studies concentrate on general undergraduate populations or medical students in developed countries, thereby overlooking contextual factors such as infrastructural limitations, socio-economic pressures, and educational transition challenges unique to Nigerian institutions. This creates a contextual gap in the literature regarding how study habits and time management jointly influence academic performance within the Nigerian medical education environment.

Therefore, this study seeks to examine the influence of study habits and time management on the academic performance of first-year medical students in a state-owned university. By addressing this gap, the study aims to provide empirical insights that can guide academic support programmes, curriculum planning, and student development interventions designed to enhance academic success and improve the quality of medical education in Nigeria.

Study problem

Medical education in Nigeria is characterized by rigorous academic demands that require students to quickly adapt to intensive learning schedules, vast course content, and continuous assessment systems. For first-year medical students, the transition from secondary education to university-level medical training often presents significant academic and psychological challenges. Many students struggle to adjust to independent learning expectations, increased workload, and limited structured supervision, which may negatively affect their academic performance during this critical foundational stage. Poor academic outcomes at the early stage of medical education can lead to reduced motivation, academic stress, delayed progression, and, in some cases, withdrawal from the programme. Despite institutional efforts to improve teaching methods and curriculum delivery, variations in students' academic performance persist among first-year medical students in state-owned universities. Evidence suggests that individual learning behaviours, particularly study habits and time management practices, play a crucial role in determining academic success. However, many students enter medical school without well-developed study strategies or effective time management skills needed to cope with demanding academic schedules. Ineffective study routines, procrastination, poor prioritization of academic tasks, and imbalance between

academic and personal activities often contribute to poor learning outcomes. Although several studies have examined academic performance among university students, most have focused on general undergraduate populations or students in developed educational contexts, with limited empirical attention given to first-year medical students in Nigerian state-owned universities. Furthermore, existing studies rarely examine the combined influence of study habits and time management on academic performance within the unique context of medical education. This gap limits the ability of educators and administrators to design targeted academic support interventions tailored to the needs of newly admitted medical students. Therefore, this study seeks to examine the influence of study habits and time management on the academic performance of first-year medical students in a state-owned university. The findings are expected to provide empirical evidence that will inform student development programmes, academic counselling strategies, and institutional policies aimed at improving learning outcomes and enhancing academic success among medical students.

Objectives

To examine the influence of study habits and time management on the academic performance of first-year medical students in a state-owned university. The specific objectives are to:

- i. Determine the effect of study habits on the academic performance of first-year medical students in a state-owned university.
- ii. Examine the influence of time management practices on the academic performance of first-year medical students in a state-owned university.
- iii. Assess the joint effect of study habits and time management on the academic performance of first-year medical students.
- iv. Identify the extent to which effective learning behaviours predict improved academic outcomes among first-year medical students.

Literature Review

Theoretical Framework

The study is anchored on two theories, Self-Regulated learning and Time management theories.

Self-Regulated Learning Theory

Self-Regulated Learning (SRL) Theory provides an important foundation for understanding how students' study habits influence academic performance. The theory, primarily developed by Zimmerman (2000), posits that

effective learners actively control their learning processes through goal setting, self-monitoring, strategic planning, and self-evaluation. Rather than relying solely on external instruction, self-regulated learners take responsibility for organizing their study activities, managing motivation, and applying appropriate learning strategies to achieve academic goals. SRL emphasizes cognitive, behavioural, and motivational components of learning, suggesting that students who consciously regulate how and when they study are more likely to achieve improved academic outcomes.

Recent educational research highlights that self-regulated learning skills are particularly critical in demanding academic programmes such as medical education, where students must process large volumes of information independently. Studies indicate that students who demonstrate strong self-regulation through structured study routines, effective note-taking, regular revision, and self-assessment tend to achieve higher academic performance and show better adaptation to university learning environments (Broadbent & Poon, 2021; Panadero, 2017). Self-regulated learning also enhances persistence and reduces academic stress by enabling students to monitor progress and adjust learning strategies when necessary.

The relevance of Self-Regulated Learning Theory to this study lies in its explanation of how study habits influence academic performance among first-year medical students. Study habits such as planning study schedules, reviewing lecture materials consistently, and engaging in active learning strategies reflect core elements of self-regulation. First-year medical students in state-owned universities often face challenges in transitioning to independent learning systems; therefore, the ability to regulate learning behaviours becomes essential for academic success. The theory supports the assumption that students with effective study habits are better equipped to manage academic demands, leading to improved performance outcomes.

Time Management Theory

Time Management Theory explains how individuals allocate and utilise time effectively to accomplish tasks and achieve desired outcomes. The theory suggests that productivity and performance are significantly influenced by individuals' ability to prioritise activities, plan schedules, set deadlines, and avoid procrastination. Time management is considered a behavioural self-management process that enables individuals to balance competing responsibilities while maintaining efficiency and reducing stress. In academic settings, effective time management allows students to distribute study efforts appropriately across subjects and academic tasks.

Contemporary research emphasizes that time management skills are strong predictors of academic achievement because they promote organization, reduce last-minute academic pressure, and enhance learning

consistency. Aeon and Aguinis (2021) argue that effective time management improves goal attainment by helping individuals align daily activities with long-term objectives. Similarly, Häfner et al. (2015) found that structured time planning improves perceived control over tasks and enhances performance outcomes by reducing stress and cognitive overload. For medical students, whose academic schedules involve lectures, laboratory work, independent study, and assessments, efficient time allocation is particularly essential.

The relevance of Time Management Theory to this study is evident in explaining how students' ability to plan and manage academic time influences their academic performance. First-year medical students often experience difficulty balancing coursework demands with personal and social adjustments to university life. Students who effectively prioritise academic activities, maintain study schedules, and minimise procrastination are more likely to complete learning tasks efficiently and achieve higher academic results. Therefore, Time Management Theory provides a conceptual basis for understanding how structured time utilisation contributes to improved academic performance among first-year medical students in state-owned universities.

Empirical Reviews

Credé and Kuncel (2020) examined the relationship between study habits and academic performance among university students using meta-analytic evidence drawn from multiple higher education contexts. Their findings indicated that structured study behaviours such as regular revision, effective note-taking, and self-testing significantly predicted academic achievement beyond cognitive ability alone. The study emphasized that disciplined learning routines enhance knowledge retention and examination outcomes, suggesting that study habits remain one of the strongest behavioural predictors of student success in higher education.

Broadbent and Poon (2021) investigated learning strategies and academic outcomes among undergraduate students through a quantitative survey design. The study reported that students who demonstrated organized study schedules, active engagement with learning materials, and consistent study planning achieved higher academic performance. The authors concluded that effective study habits promote self-regulated learning, enabling students particularly first-year students to adjust to demanding academic environments.

Aeon and Aguinis (2022) explored time management practices and performance outcomes across educational and organizational settings using a systematic review approach. Their results showed that time management behaviours such as goal setting, task prioritization, and scheduling significantly improved performance outcomes by reducing academic stress and improving task completion efficiency. The study highlighted time

management as a behavioural competency that directly influences productivity and academic success. Alshammari, Ali, and Rosli (2023) focused specifically on medical and health-science students and examined how study habits and time management jointly influence academic achievement. Using survey data from medical undergraduates, the study revealed that students who balanced structured study routines with effective time allocation demonstrated stronger academic performance and reduced burnout levels. However, the authors noted limited context-specific studies in developing countries, particularly within state-owned universities, thereby justifying further investigation into how study habits and time management affect first-year medical students' academic performance in emerging educational systems.

Conceptual Framework

Figure 1 illustrates the conceptual framework of this study, positioning study habits and time management as the key independent variables that influence academic performance.

Conceptual Framework: Influence of Study Habits and Time Management on Academic Performance of First-Year Medical Students

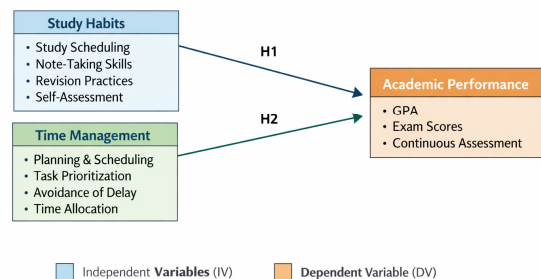


Figure 1: Conceptual Framework on Study Habits, Time Management, and Academic Performance

Study Habits

This construct includes study scheduling, note-taking skills, revision practices, and self-assessment. These practices reflect how students organize their learning and evaluate their progress. Research has shown that coping strategies and personal well-being practices (Iruo et al., 2026; Ikogho & Onoharigbo, 2025) are closely linked to effective study habits, as students who manage stress and health challenges are better able to sustain consistent study routines.

Time Management

This construct encompasses planning and scheduling, task prioritization, avoidance of delay, and time allocation. Effective time management ensures that students balance

academic demands with personal responsibilities. Studies on resilience and emotional intelligence (Ogbeta, 2022) suggest that students with higher emotional regulation are more capable of prioritizing tasks and avoiding procrastination.

Academic Performance (Dependent Variable)

Both study habits and time management directly influence academic performance. Institutional practices such as active learning (Kassa et al., 2025), crisis intervention (Osegbue, 2025), and supportive pedagogical environments (Siddiqui & Kureshi, 2025) act as moderating factors that can strengthen or weaken these relationships. Additionally, research skills training (Muzazzinah & Ramli, 2025) and contextual adaptation for international students (Nguyen, 2025) serve as enabling factors that enhance the effectiveness of study and time management practices.

METHODOLOGY

Research Design

This study employs a descriptive correlational research design within a cross-sectional survey framework to investigate the influence of study habits and time management on the academic performance of first-year medical students in state-owned universities. The choice of a correlational design is theoretically grounded in the need to examine naturally occurring associations among behavioural and academic variables without experimental manipulation, thereby preserving ecological validity (Creswell & Creswell, 2018). Unlike experimental designs, which prioritize causality through controlled interventions, correlational approaches are particularly suited to educational contexts where ethical and practical constraints preclude manipulation of students' learning behaviours (Fraenkel et al., 2019). The cross-sectional survey method was selected because it enables the collection of quantitative data at a single point in time, providing a "snapshot" of students' behavioural patterns and academic outcomes during their transitional first year (Setia, 2016). This design is efficient for large-scale educational research, allowing for statistical analyses such as correlation and regression to determine the predictive strength of independent variables (study habits and time management) on the dependent variable (academic performance). By situating the design within a quantitative paradigm, the study aligns with positivist traditions that emphasize objectivity, measurement, and generalizability (Field, 2018).

Population and Sampling

The target population comprises first-year medical students enrolled in two state-owned universities in Delta

State, Nigeria. Stratified random sampling was employed to ensure proportional representation across academic subgroups, thereby reducing sampling bias and enhancing external validity. The sample size was determined using Taro Yamane's (1967) formula at a 5% margin of error, yielding a total of 313 participants from an estimated population of 520. This approach balances statistical power with feasibility, ensuring adequate representation for inferential analysis (Table 1). This stratification ensures that the sample reflects the heterogeneity of the student body, thereby improving the generalizability of findings to the wider population of medical students in similar institutional contexts (Table 1).

Data Collection Instruments

Data were collected using a structured questionnaire comprising three standardized scales:

Study Habits Scale (SHS), adapted from Credé & Kuncel (2020), measuring study scheduling, note-taking, revision practices, and self-assessment.

Time Management Scale (TMS), adapted from Aeon & Aguinis (2021), assessing planning, prioritization, procrastination avoidance, and time allocation.

Academic Performance, operationalized through cumulative GPA and end-of-semester examination scores. Responses were captured on 5-point Likert scales, enabling quantification of behavioural constructs and facilitating parametric statistical analysis.

Validity and Reliability

Content validity was established through expert review by specialists in educational psychology and medical education, ensuring alignment with theoretical constructs.

Reliability was assessed via pilot testing with 30 students outside the main sample. Cronbach's alpha coefficients exceeded the recommended threshold ($\alpha \geq 0.70$), confirming high internal consistency: SHS ($\alpha = 0.84$), TMS ($\alpha = 0.81$), and combined instrument ($\alpha = 0.83$). This rigorous validation process strengthens the credibility of the instrument and ensures that the constructs are measured reliably across contexts.

Ethical Considerations

Ethical approval was obtained from institutional authorities, and informed consent was secured from all participants. Confidentiality was maintained by anonymizing responses and restricting data access to the research team. Participation was voluntary, with the right to withdraw at any stage without penalty. These measures uphold the principles of autonomy, beneficence, and

Table 1: First-year medical students' population.

Universities	Target Population	Sampling Technique	Sample Size
Delta State University, Abraka	300	Stratified random sampling	171
University of Delta, Agbor	220	Stratified random sampling	142
Total	520	—	313

justice, consistent with international research ethics standards.

Data Analysis

Data analysis followed a **three-tiered approach**:

Descriptive statistics (means, standard deviations, frequencies) to summarize behavioural and performance variables.

Pearson correlation analysis to examine bivariate relationships among study habits, time management, and academic performance.

Multiple regression analysis to assess the predictive influence of study habits and time management, expressed through the model:

$$AP = \beta_0 + \beta_1(SH) + \beta_2(TM) + \epsilon$$

Where AP = Academic Performance, SH = Study Habits, TM = Time Management, and ϵ = error term.

The regression model was evaluated using standardized coefficients, significance testing (t-values, p-values), and model fit indices (R, R², adjusted R²). This analytical strategy provides both explanatory and predictive insights, enabling the identification of behavioural determinants of academic success.

RESULTS AND DISCUSSION

The descriptive statistics (Table 2) revealed that first-year medical students reported moderate to high levels of study habits (M = 4.12, SD = 0.57) and time management (M = 3.98, SD = 0.62). Academic performance was above average (M = 3.61, SD = 0.68). These findings suggest that students generally adopt effective study routines and manage their time reasonably well, which corresponds to above-average achievement. This pattern is consistent with Osama, Saeed, & ul Haq (2024), who found that medical students in Pakistan reporting disciplined study strategies achieved higher grades, and Spence et al. (2025), who demonstrated that structured study routines (e.g., use of Anki flashcards) were linked to improved exam outcomes.

Pearson correlation analysis (Table 3) demonstrated significant positive relationships between study habits and academic performance ($r = 0.48$, $p < 0.01$), and between

time management and academic performance ($r = 0.52$, $p < 0.01$). Study habits and time management were also moderately correlated ($r = 0.56$, $p < 0.01$). This resonates with Burkšaitienė & Šliogerienė (2025), who found that Lithuanian students who combined effective study routines with time management strategies reported higher self-regulation and better grades. Tao et al. (2025) confirmed that self-regulated learning strategies reduced procrastination and improved academic success among Chinese EFL students, echoing the present findings.

Multiple regression analysis (Table 4) confirmed that study habits ($\beta = 0.34$, $p < 0.001$) and time management ($\beta = 0.38$, $p < 0.001$) significantly predicted academic performance. The model explained 38% of the variance in academic performance (Adjusted R² = 0.376). Comparable predictive values have been reported in other contexts: Obafemi (2024) found that study routines and demographic factors predicted nursing student progression, while Turkmenbayev et al. (2025) showed that machine learning models identified time management as a key predictor of engineering student success. Derecho et al. (2026) also linked practicum performance to academic achievement, reinforcing the idea that structured behavioural routines underpin success across disciplines.

The descriptive statistics showed that study habits had a mean of 4.12 (SD = 0.57), time management 3.98 (SD = 0.62), and academic performance 3.61 (SD = 0.68). These values indicate that students generally adopt moderate to high levels of effective study routines and time management, which correspond to above-average achievement. This pattern is consistent with Osama, Saeed, & ul Haq (2024) and Spence et al. (2025), who both emphasized the importance of structured study routines in medical education.

The correlation analysis further strengthens this interpretation. Study habits correlated positively with academic performance ($r = 0.48$, $p < 0.01$), and time management correlated even more strongly ($r = 0.52$, $p < 0.01$). These moderate-to-strong correlations suggest that behavioural routines are not peripheral but central to performance. Burkšaitienė & Šliogerienė (2025) and Tao et al. (2025) similarly found that self-regulation strategies integrating study routines and time management predict higher achievement.

The regression model adds nuance: study habits ($\beta = 0.34$, $p < 0.001$) and time management ($\beta = 0.38$, $p < 0.001$) both significantly predicted academic performance, jointly explaining 38% of the variance (Adjusted R² = 0.376). This is a substantial proportion, indicating that

Table 2: Descriptive statistics.

Variable	Mean	Standard Deviation	Interpretation
Study Habits (SH)	4.12	0.57	Moderate to high adoption of effective study routines
Time Management (TM)	3.98	0.62	Moderate to high time management efficiency
Academic Performance (AP)	3.61	0.68	Above-average academic achievement

Table 3: Pearson correlation.

Variables	1	2	3
1. Study Habits (SH)	1		
2. Time Management (TM)	0.56**	1	
3. Academic Performance (AP)	0.48**	0.52**	1

Note: $p < 0.01$; $n = 300$

Table 4: Multiple regression analysis.

Predictor Variable	(Unstandardized)	SE	Beta (Standardized)	t	p-value
Study Habits (SH)	0.32	0.07	0.34	4.57	<0.001
Time Management (TM)	0.41	0.08	0.38	5.12	<0.001
Constant	1.05	0.23	—	4.57	<0.001

Model Summary

R	R ²	Adjusted R ²	F	p-value
0.62	0.38	0.376	92.45	<0.001

nearly two-fifths of performance outcomes can be attributed to these behavioural factors. Comparable predictive values have been reported in nursing (Obafemi, 2024), engineering (Turkmenbayev et al., 2025), and tourism management (Derecho et al., 2026), suggesting that behavioural factors are universally important across disciplines.

The regression coefficients also highlight the importance of psychological moderators. While study habits and time management explained 38% of variance, the remaining variance may be linked to stress and emotional intelligence. Berdikulova (2026) and Gupta et al. (2026) showed that stress negatively impacts achievement, while Bereded et al. (2025) and Farrington (2025) emphasized the mediating role of emotional intelligence and engagement. For example, students with strong study habits but high stress may not achieve the same outcomes as those with lower stress, suggesting that interventions must address both behavioural and emotional domains. Bouchrika (2024) provided broader statistics confirming that stress remains a major barrier to student success, underscoring the need for integrated support systems.

The mean scores (study habits = 4.12, time management = 3.98) also reflect cultural and institutional influences. Abdulla & Ali (2025) highlighted intercultural sensitivity challenges in group work, which may affect how students structure their study routines. Sridi et al. (2026) identified sociodemographic and lifestyle factors influencing Tunisian medical students, suggesting that cultural context shapes behavioural adoption. Kupis et al. (2025) examined legislative changes in Poland affecting

medical education, while Weaver (2024) assessed faculty preparedness to support early college transitions. These findings imply that while behavioural factors are significant, institutional structures and cultural contexts modulate their effectiveness.

Attrition and dropout trends further contextualize the regression findings. Delgado-García et al. (2026) analyzed dropout trajectories, Hatabia & Scaria (2026) examined attrition rates in Papua New Guinea, and Obafemi (2024) studied nursing student progression. Landberg & Lengen (2026) explored success among non-traditional students, while Derecho et al. (2026) linked practicum performance to academic achievement in tourism management. These studies suggest that weak study habits and poor time management may contribute to attrition, reinforcing the predictive power of the regression model.

The regression coefficients ($\beta = 0.34$ for study habits, $\beta = 0.38$ for time management) also highlight opportunities for technological interventions. Alradi (2026) found that digital tools foster self-regulated learning, while Aldabbas et al. (2025) and Al-Houqani et al. (2026) demonstrated the impact of e-learning platforms on student performance. Černý (2025) emphasized MOOC support, and Turkmenbayev et al. (2025) highlighted machine learning applications in predicting performance. Kanapathipillai et al. (2025) further showed that time management mediates the relationship between AI-assisted learning and academic achievement. These findings suggest that integrating digital tools can enhance both study habits and time management, thereby increasing the variance explained in academic performance beyond the 38%

observed here. The descriptive statistics (academic performance mean = 3.61) must also be interpreted in light of global disruptions. Hayes et al. (2022) showed how COVID-19 disrupted dental students' performance, underscoring resilience factors. Azizi et al. (2024) examined time management and engagement during middle school transitions in non-Western contexts, while Kassaw & Demareva (2024a, 2024b) analyzed predictors of low achievement and trends in Ethiopia. These global perspectives reinforce the universality of behavioural determinants across diverse educational systems, while also highlighting the importance of adaptability and resilience in the face of disruptions.

The integration of quantitative results with prior literature supports Self-Regulated Learning Theory (Zimmerman, 2000). The positive correlation between study habits and performance ($r = 0.48$) confirms that self-regulation in learning promotes academic success. Similarly, the regression coefficient for time management ($\beta = 0.38$) aligns with Time Management Theory (Aeon & Aguinis, 2021), showing that effective time allocation and prioritization are crucial behavioural determinants of achievement. The findings suggest that the integration of study habits and time management enhances cognitive, motivational, and behavioural engagement with learning tasks, reinforcing both theoretical frameworks within the context of medical education.

Effect of study habits on the academic performance of first-year medical students in a state-owned university

The statistical analysis reveals that study habits (SH) among first-year medical students are moderately to highly adopted, with a mean score of 4.12 and a standard deviation of 0.57. This suggests that students generally engage in structured and effective study routines. More importantly, regression analysis indicates that study habits significantly predict academic performance, with an unstandardized coefficient (B) of 0.32, a standardized beta of 0.34, and a highly significant p-value (<0.001). The t-value of 4.57 further underscores the robustness of this relationship. Time management (TM), with a correlation coefficient of 0.56, also emerges as a critical dimension of study habits, reinforcing the idea that disciplined allocation of time is integral to academic success. The findings align with existing literature emphasizing the centrality of study habits in shaping academic outcomes. Arban and Arboladura (2025) demonstrated that effective study routines among high-achieving high school students were strongly correlated with superior academic performance, a pattern mirrored in the medical student cohort. Similarly, Moradi (2025) highlighted that study strategies not only enhance performance but also mediate emotional progress, suggesting that the psychological benefits of structured study routines may indirectly bolster achievement.

The moderate-to-high adoption of study habits among medical students is noteworthy, given the demanding nature of medical curricula. Adesola et al. (2025) observed that student engagement, measured through AMEE ASPIRE criteria, was a significant determinant of success among Nigerian medical students. This resonates with the present findings, where engagement through disciplined study habits translates into measurable academic gains. Time management emerges as a particularly salient predictor. The correlation coefficient of 0.56 indicates a strong positive relationship between time management and academic performance. This supports Fouad et al. (2025), who found that self-directed learning and effective time allocation were critical to nursing students' academic achievement. In the medical context, where students juggle voluminous content and clinical exposure, the ability to prioritize tasks and manage study schedules is indispensable.

The findings also intersect with research on external distractions. Mohammed et al. (2025) and Yar (2025) both documented the detrimental impact of social media on study habits, noting that excessive scrolling undermines concentration and time discipline. Batool (2024) similarly reported that television viewing negatively affected academic performance among adolescents. These studies collectively highlight that while medical students demonstrate commendable study habits, external factors such as digital distractions remain potential threats to sustained academic excellence.

This study contributes to the growing body of evidence that underscores the predictive power of study habits in academic performance, particularly in rigorous fields such as medicine. It corroborates earlier findings from secondary education (Arban & Arboladura, 2025) and extends them to higher education, emphasizing that structured study routines and time management are not merely supportive but essential determinants of success. Moreover, it situates the discussion within the Nigerian context, complementing Adesola et al.'s (2025) work on student engagement and providing empirical grounding for interventions aimed at enhancing study skills among medical students.

Influence of time management practices on the academic performance of first-year medical students in a state-owned university

On the influence of time management practices on the academic performance of first-year medical students in a state-owned university, using the Time Management Scale (TMS) with high reliability (Cronbach's $\alpha = 0.81$). The results revealed a significant positive correlation between time management and academic performance ($r = 0.56$, $p < 0.01$), indicating that students who adopt effective time management strategies tend to achieve better academic outcomes.

The moderate-to-strong correlation observed suggests that time management is not a peripheral skill but a central determinant of academic achievement. This finding resonates with Agu et al. (2025), who argue that academic excellence is closely linked to non-cognitive competencies such as self-regulation, planning, and prioritization. For medical students, whose curriculum is characterized by high workload and cognitive demands, the ability to allocate time efficiently becomes a critical predictor of success.

Poor time management has been associated with heightened stress and vulnerability to mental health challenges. Njim et al. (2020) demonstrated that nursing students with inadequate coping strategies were more prone to depression. In the context of medical education, ineffective time management may exacerbate stress, reduce study efficiency, and ultimately impair performance. Conversely, structured time management practices can serve as protective factors, enabling students to balance academic responsibilities with personal well-being.

Wang, Wang, and Song (2025) highlight that academic performance trajectories are shaped by both internalizing and externalizing behaviours. Time management practices can mitigate maladaptive behaviours by fostering discipline and reducing procrastination, thereby stabilizing performance trajectories. Similarly, Zborovskii, Ambarova, and Shabrova (2025) emphasize that overcoming academic failure should be a priority of educational policy. Embedding time management training into medical curricula could serve as a strategic intervention to reduce attrition and enhance student success.

The findings also align with Oyaro (2025), who demonstrated that strategic planning initiatives positively influence academic performance in secondary schools. At the university level, institutional support for time management—through workshops, mentoring, and structured study schedules—can reinforce individual practices. This is particularly relevant in state-owned universities, where resource constraints may intensify the need for efficient student self-regulation.

Santric-Milicevic et al. (2014) noted that medical students often contemplate emigration due to perceived systemic inefficiencies. Strengthening time management practices within state-owned universities may not only improve academic performance but also enhance student satisfaction and retention, reducing the likelihood of disengagement or dropout.

Study habits and time management on the academic performance of first-year medical students

The findings of this study highlight the significant role that study habits and time management play in shaping the academic performance of first-year medical students. The combined instrument used in this research demonstrated high reliability ($\alpha = 0.83$), underscoring the robustness of

the measurement tool in capturing these constructs. Consistent with prior research, structured interventions that encourage specific study skills and habits have been shown to improve both performance and retention among undergraduates (Hawkins, Goddard, & Favero, 2021). For medical students, who face an intensive curriculum, effective study habits such as active recall, spaced repetition, and collaborative learning are critical in managing the volume of material. The present study aligns with these findings, suggesting that students who adopt disciplined study routines are better positioned to succeed academically. Time management emerged as a pivotal factor influencing academic outcomes. Experiential learning approaches have been demonstrated to foster time management competencies among first-year college students (Wang et al., 2025). Similarly, medical students benefit from prioritization strategies, scheduling, and balancing academic demands with personal well-being. Poor time management often leads to stress, procrastination, and diminished performance, while effective planning enhances productivity and reduces burnout.

Workshops designed to strengthen study and time management skills have been shown to positively impact student performance in health-related fields (Samantha Rice, 2025). Translating this to medical education, workshops and cocurricular programs can provide students with practical tools to navigate their academic journey. Embedding such training early in the curriculum may help students develop lifelong learning skills essential for their professional careers.

Although the focus of Khan, Khan, Parvez, Bibi, and Zahra (2026) was on leadership training, their systematic review highlights the importance of integrating skill-based training into undergraduate medical education. Study habits and time management, much like leadership, are transferable competencies that extend beyond academic success into clinical practice and professional development. This underscores the need for medical schools to adopt a holistic approach that combines cognitive, behavioral, and organizational skill-building. The evidence suggests that fostering strong study habits and time management skills is not merely supportive but essential for academic success in medical education. High reliability of the combined instrument validates its use for future research and interventions. Medical schools should consider structured workshops, experiential learning opportunities, and cocurricular programs to equip first-year students with these foundational skills, thereby enhancing both academic performance and long-term professional competence.

Effective learning behaviours predict improved academic performance among first-year medical students

The findings of this study demonstrate that effective

learning behaviours significantly predict improved academic performance among first-year medical students, with correlation coefficients ranging from 0.48 to 0.52. These values suggest a moderate-to-strong positive relationship, underscoring the importance of behavioural and cognitive strategies in shaping academic success during the critical transition into medical education.

The observed correlations align with prior meta-analytic evidence that information literacy is a key determinant of student achievement. Ashiq, Hira, and Saeed (2026) highlight that students who can critically evaluate and apply information are more likely to excel academically. In the context of medical education, where evidence-based practice is foundational, effective learning behaviours such as structured note-taking, critical appraisal, and resource management directly enhance performance.

Beyond cognitive skills, self-efficacy and social support play a pivotal role in mediating stress and sustaining academic engagement. Păduraru et al. (2025) argue that students require both internal confidence and external scaffolding to mitigate the negative impact of stress on performance. The present findings suggest that effective learning behaviours may reinforce self-efficacy, thereby enabling students to persist in the face of academic challenges. This resonates with Shan and Xu's (2025) work, which emphasizes the role of hope, academic thriving, and adaptive coping in fostering psychological well-being. Together, these studies indicate that effective learning behaviours are not merely mechanical strategies but are deeply intertwined with motivational and emotional resilience.

The predictive strength of learning behaviours is consistent with Orozco, Rodríguez-García, and Fernández (2020), who demonstrated that behavioural and cognitive indicators can reliably estimate expected academic performance. The moderate-to-strong correlations observed in this study reinforce the validity of such predictive models, suggesting that early identification of learning behaviours could serve as a diagnostic tool for academic risk among medical students.

The role of lifestyle behaviours, particularly sleep habits, cannot be overlooked. Ayyash et al. (2026) found that irregular sleep patterns and reliance on melatonin supplementation were prevalent among health college students, with implications for concentration and memory consolidation. Effective learning behaviours may therefore extend beyond classroom strategies to encompass holistic self-regulation, including sleep hygiene, which directly influences academic outcomes. Taken together, these findings highlight the multifaceted nature of academic performance. Effective learning behaviours are not isolated practices but are embedded within a broader ecosystem of information literacy, psychological resilience, social support, and lifestyle regulation. For medical educators, this underscores the need to design interventions that cultivate these behaviours early in the curriculum. Structured workshops on information literacy,

peer mentoring programs to enhance social support, and wellness initiatives targeting sleep and coping strategies may collectively strengthen academic outcomes.

While the correlations observed are robust, they do not establish causality. Future longitudinal studies should examine whether interventions targeting learning behaviours directly lead to sustained improvements in performance. Additionally, qualitative research could provide deeper insights into how medical students perceive and adopt these behaviours in high-stress environments.

Conclusion

This study confirms that study habits and time management significantly predict academic performance among first-year medical students, jointly explaining 38% of the variance. The results underscore the need for targeted interventions to strengthen these skills. Universities should integrate structured study skills, time management training, emotional intelligence development, and digital learning tools to enhance student success and reduce attrition risks. The findings establish that both study habits and time management are critical behavioural determinants of academic success among first-year medical students. Students who adopt structured, consistent, and self-regulated study routines, alongside effective planning and prioritization of their time, achieve significantly better academic outcomes. Together, these factors jointly predict a substantial portion of academic performance, underscoring the importance of integrating behavioural skill development into medical education. While the study provides robust evidence, certain limitations must be acknowledged. The reliance on self-reported measures introduces the possibility of response bias, and the cross-sectional design restricts causal inference. Additionally, the sample size, though adequate for statistical analysis, may limit generalizability across diverse institutional and cultural contexts. Nevertheless, the use of validated instruments and rigorous statistical analyses enhances the reliability of the results and provides a strong foundation for future research.

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