


Relationship Between Study Habits And Academic Achievement In Students Of Medical Sciences In Kermanshah-Iran [Letter]

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Dear editor

We read with great interest the study by Jafari et al which explored the links between study habits and academic achievement of medical-science students.¹ The study concluded that there was a significant albeit weak ($r=0.235$, $p<0.001$), relationship between “desirable” self-reported study habits and academic achievement across relevant disciplines. Further, the authors demonstrated that 81.3% of students reported “moderate” study behaviours, which appears in agreement with current literature.^{1,2} Moreover, the authors exposed demographic factors that correlate with poorer outcomes including living situation (dormitories) and probation history.

We would like to commend Jafari et al for their contribution to our scientific understanding and offer some comments regarding this study.

Jafari et al used the Palsane and Sharma Study Habit Inventory (PSSHI) tool to determine the study habit scores of participants. Whilst the PSSHI has been validated by relevant studies, it may not be the most appropriate tool to assess the study habits which contribute most to academic performance.^{3,4} We question the relevance of the “well-being” domain, in which 48% of study participants scored unfavourably.¹ Similar studies which used the PSSHI, reported that the weakest association between academic performance and a singular PSSHI domain was “well-being”.^{4,5} This suggests that the “well-being” domain is least relevant to producing improved academic outcomes, and it’s inclusion may negatively skew participants results, leading to a decreased association between overall PSSHI score and academic performance, particularly if individuals generally score poorly in this domain. We recommend that future researchers investigating the association between study habits and academic achievement should modify the PSSHI, to accurately capture the relevant study habits, which underpin successful learning.

Additionally, whilst there was a significant difference ($p=0.009$) between students living at home vs. dormitories (PSSHI 46.98 and 43.58 respectively), this was not reflected in the academic achievement between each subgroup, although statistically significant ($p=0.049$) the actual GPA score differences between these two groups (15.87 vs. 15.89) is negligible, this brings the real-life relevance of this finding into question, especially given the mean GPA was 15.73 ± 0.15 for the entire cohort.¹ This further supports our estimation that PSSHI score is only a weak predictor of academic performance.

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Jafari et al concluded:

the majority of study habits can be taught and corrected, (thus) it is recommended that students' study habits should be measured at the time of their entry to university, ..., so they can receive training in order to learn or modify study habits.

Whilst the premise of this conclusion is likely correct, we would like to expand by suggesting that educators must first identify the highest-yielding study habits, as only these habits will lead to measurable improved academic outcomes for students. For example, there is little point focusing on “well-being” study habit if this does not lead to desired results in academic performance. Despite repeatedly stating the importance of study habits, the authors make no recommendations on evidence-based approaches to improve habits, making the results less meaningful to its target audience. As medical students we read the paper with no clear direction on how to improve our academic outcomes or what further steps to take.

Disclosure

The authors report no conflicts of interest in this communication.

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