

Does Peer Pressure and Time Management Play a Role in Academic Stress Among Medical Students?

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ABSTRACT

Academic stress refers to the physical and mental responses of students to academic challenges that are beyond their ability to cope. It can result in significant stress levels and anxiety, especially during exams and other assessments. A study was conducted on undergraduate medical students at Manipal University College Malaysia to investigate the relationship between peer pressure, time management, and academic stress. A total of 130 responses were collected via questionnaires distributed through social media and the data was analysed using Epi Info software. The results showed medical students experienced slightly higher levels of academic stress due to factors such as study pressure, workload, worrying about grades, and self-expectation. However, they experienced slightly lower levels of academic stress due to despondency. Our study also revealed a significant association between peer pressure and academic stress caused by despondency but no significant difference between time management and academic stress. Among the demographic variables, family income is found to be significantly associated with academic stress due to self-expectation and worrying about grades. In conclusion, medical students experienced moderate level of academic stress across all sources of stress. Academic stress among medical students can be caused by factors such as peer pressure and poor time management skills. Effective time management

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abilities can aid students in managing their academic responsibilities and decreasing academic stress.

INTRODUCTION

Stress is related to important individual physiological, psychological, and behavioural symptoms. Stress may be a natural and essential variety of protection for the survival of the humankind. Students from higher education level of health sciences may present with low academic performances if they are engulfed in stress. They are not able to acquire the mandatory knowledge and the skills required in the future. Academic stress is known as how the body reacts to academic-related challenges that surpass the adaptive capabilities of scholars. Stress levels may escalate to significant proportions in some students, to present with symptoms of anxiety, especially during tests and examination periods. The prevalence of academic stress varies from program to program as well as country to country. It is estimated that 10–30% of scholars experience a point of educational stress during their academic careers [1]. School and academic courses are predicted to be the place and time for personal growth, achievement, and psychological well-being. However, research shows that there are many negative effects of academic stress on students' mental state. Study shows that 40% of students with academic stress suffer from psychological disorders like depression. Among them, a small percentage seek treatment [2].

It is important to understand the sources of academic stress. Factors associated with academic stress proved by previous studies include excessive assignments, social skills, and peer competition [3]. Mental health conditions like depression, anxiety, behavioural issues, and irritability play an important role in academic stress [4,5]. Personal reasons for stress include financial problems, changes in living environment, and problems with personal life [6-8]. Apart from that, educational system plays a significant role in academic stress. Overcrowded lecture halls, lack of facilities and resources, the immensity of the syllabus, long study hours, and rote learning requirements are the factors contributing to academic stress [4,9-11]. Thus, understanding and recognizing the sources of academic stress will steer students to minimise obstacles in coping with academic stress.

Individuals encounter peer pressure during the adolescent era because they frequently seek solace in their peers and plan to follow their lead without considering if it is right or wrong for them [12]. According to social contextualization concepts, engaging in social interactions often lead to engaging in certain behaviours, like taking naps and drinking during the working or school days [13]. Peer pressure has different consequences on students' academic achievement in the classroom. Peer pressure has consequential impact upon academic performances in both positive and negative ways. Based on previous studies, teenagers desire to find solace in those they encounter while being around their peers, but they aren't even aware of the intellectual influences their classmates have on them [14].

One of the factors associated with academic stress is the ability to manage time, either effectively or poorly, which can lead to a different outcome. Time management is defined as clusters of behavioural skills that are important in the organisation of the study and course load [15]. Time management is a concept that facilitates productivity and reduces stress levels. In this modern era, in which people are living in the hustle and bustle of everyday life, developing a habit of good time management becomes important. This leads to inadequate time to carry out other leisure activities such as reading, watching movies, and playing sports. Based on a study conducted in a private college in South India, healthcare fields such as nursing requires multitasking most of the time, therefore proper time management skill is compulsory to cope with their busy schedules and time limitation to reduce avoidable pressure [16]. It is shown that time management is salient, and a candidate or a scholar can complete their assigned tasks within a given duration. As we know, efficient use of time also reduces anxiety and stress as we can finish a given task on time and we can multitask well with good time management. By having good time management, multiple goals can be achieved, not only in academic performance but also in many other aspects [17]. In relation to academics, procrastination is a behaviour that prohibits the well-being of performance as people will always tend to do things only at the last moment despite knowing that it will get them into trouble. In conjunction with this, the habit of deferring till the last moment causes anxiety and a distressed state of mind. However, good time management skill is adamant to avoid procrastination. According to one study from South India, a statistically significant relationship between procrastination, time wasting and academic stress are observed among undergraduate nursing students participated in this study [16].

A prior investigation has examined the correlation between peer pressure and academic stress among students on internal medicine postings, finding a significant relationship [18]. Other studies in different countries have looked into the connection between time management and academic stress among public university students, discovering an inverse association between the two [19]. Similarly, previous research has demonstrated a significant relationship between peer pressure, time management, and academic performance among adolescents [20]. Nevertheless, there is limited data on the link between peer pressure, time management, and academic stress among Malaysian medical students, which is crucial for designing coping strategies to ensure mentally and physically healthy doctors in the future. Hence, the objective of our study is to determine the relationship between peer pressure, time management, and academic stress, as well as to identify the factors that contribute to academic stress among undergraduate medical students in our institution.

METHODS

A cross-sectional study was conducted from July 2022 to August 2022 among the undergraduate medical students in Manipal University College Malaysia (MUCM). The target population of this study is undergraduate medical students who were attending clinical years.

The sample size is calculated using CDC Epi Info software. We considered margin of error of 6%, estimated population size of 600 medical students, and a study estimate of 16.8% which showed high academic stress among students [19]. The minimum sample size calculated was 119. We included non-response rate of 10% and our final sample size is calculated as 133. We used a non-probability convenience sampling method in this study. Volunteers are invited to answer the questionnaires and students who provided written informed consent, undergraduate students who were attending Bachelor of Medicine and Bachelor of Surgery (MBBS) programme are recruited. Only first response from the respondent is taken if there were multiple responses from a single participant. We excluded students who were attending Foundation in Science and Bachelor of Dentistry programmes. The students are given information sheet that contained all necessary information about the study and are asked to provide written informed consent before responding to the questionnaire. Participants are given complete freedom to choose whether to participate in the study. There were no incentives or coercion used to encourage participation. Any information provided by participants would be kept confidential and used only for this study's purposes, with their anonymity and privacy safeguarded. The study was approved by the Research Ethics Committee at the Faculty of Medicine, Manipal University College Malaysia (MUCM), Malaysia.

To collect data, we utilized Google Forms to create an electronic survey, which we distributed through social media platforms such as WhatsApp and email. The survey consisted of five sections, beginning with an information sheet and consent form, followed by sections on demographics, peer pressure, time management, and academic stress. Demographic information included age, gender, ethnicity, family income, and academic year. The peer pressure scale was modified from a previous study [20] and comprised of 14 items using a 4-point Likert scale to measure the level of peer pressure among medical students. The validated time management scale, consisting of 16 items, was also adapted from a previous study [20] and used a 4-point Likert scale. Reverse coding was done for negative statements of time management scale. Lastly, the academic stress scale was adapted from a previous study and consisted of 16 items using a 5-point Likert scale to measure five factors: "Pressure from study" (the stress that students feel from their daily studies, expectations from parents, competition with peers, and worries about their future prospects), "Workload" (the level of stress or difficulty that students believe they experience in relation to their homework, academic tasks, and exams), "Worry about grades" (stressful emotions resulting from being unhappy with academic grades), "Self-expectation stress" (stressful emotions that arise when personal expectations are not fulfilled), and "Despondency" (feeling dissatisfied and lacking confidence and focus when it comes to academic studies) [21]. The questions were divided into these factors based on their content, with four questions measuring pressure from study, three questions measuring workload, three questions measuring worry about grades, three questions measuring self-expectation stress, and three questions measuring despondency. As English is the language of instruction in our college, we did not translate the original English questionnaire to the local language. The internal consistency of peer pressure, time management and academic stress scales were calculated using Cronbach's alpha coefficient. The Cronbach's alpha coefficient value of peer pressure scale was 0.873 and time management scale was 0.844. Cronbach's alpha coefficient of each factor in academic stress scale was calculated in which pressure from study was 0.778, workload was 0.790, worry about grades was 0.869, self-expectation stress was 0.888, and despondency was 0.828.

Data was entered in Microsoft Excel and analysed using epi info version 7.2. In this cross-sectional study, the independent variables were age, gender, ethnicity, family income, peer pressure and time management. The dependent variables were academic stress among medical students. Frequency and percentage were calculated for categorical data, while mean and standard deviation were calculated for quantitative data. To assess peer pressure and time management, total scores were calculated. Higher total scores for peer pressure indicates a greater level of peer pressure experienced by the students, while higher total scores for time management indicates better time management skills. About academic stress, a total score was calculated for each factor and a higher score indicates a greater level of academic stress experienced by the students. Multiple linear regression analysis was used to determine the association between independent variables and academic stress. P value <0.05 was considered statistically significant.

RESULTS

A total of 124 clinical year medical students participated in this study. 53.2% of the students was 22 years or older of age, 50.8% was female students, 46% was Indian ethnicity and 35.5% was Chinese. Among the students, 43.5% was from the family who were top 20% and 40.3% was from the family who were middle 20% of the Malaysian household income. [Table 1]

Table 2 shows that the mean of peer pressure scale among medical students was 29.0 and the mean of time management scale was 45.0, while the mean of academic stress total score was 51.3. [Table 2]

Table 3 shows the linear regression analysis of association between demographic factors and academic stress. Peer pressure was significantly associated with academic stress due to pressure from study ($b=0.11$; $P<0.05$). Female students had significantly higher score of academic stress due to worry about grades ($b=1.25$; $P<0.05$) and despondency ($b=1.04$; $P<0.05$) than male students. The students who were from top 20% of the Malaysian household income had significantly lower score regarding worrying about grades ($b=-1.76$; $P<0.05$) and self-expectation ($b=-1.97$; $P<0.05$) than those from bottom 40% of the Malaysian household income. There was statistically significant negative association between time management and academic stress total score ($b=-0.38$; $P<0.05$). Among domains of academic stress, despondency ($b=-0.20$; $P<0.001$) showed negative significant relationship with time management. [Table 3]

Table 1: Demographic characteristics among undergraduate medical students (n = 124)

Variable	N (%)
Age (years)	
≤22	66 (53.2)
>22	58 (46.8)
Gender	
Male	61 (49.2)
Female	63 (50.8)
Ethnicity	
Malay	16 (12.9)
Chinese	44 (35.5)
Indian	57 (46.0)
Others	7 (5.6)
Family income	
B40 (< RM 4360)	20 (16.1)
M40 (RM 4360 – RM 9616)	50 (40.3)
T20 (> RM 9619)	54 (43.5)

Table 2: Peer pressure, time management and academic stress among medical students

Variable	Mean (SD)
Peer pressure (16-64)	29.0 (6.8)
Time management (16-64)	45.02 (7.7)
Academic stress	
Pressure from study (4-20)	13.0 (3.1)
Workload (3-15)	10.1 (2.5)
Worrying about grades (3-15)	9.9 (3.2)
Self-expectation (3-15)	9.6 (3.4)
Despondency (3-15)	8.7 (3.1)
Total score (16-80)	51.3 (12.4)

Table 3: Multiple linear regression analysis of association between demographic factors and academic stress among clinical year medical students

Variable	b (regression coefficient)					
	Pressure from study	Workload	Worrying about grades	Self-expectation	Despondency	Total score
Age (years)						
≤22	Ref	Ref	Ref	Ref	Ref	Ref
>22	0.43	-0.07	0.12	-0.44	-0.69	-0.65
Gender						
Male	Ref	Ref	Ref	Ref	Ref	Ref
Female	0.60	0.23	1.25*	1.12	1.04*	4.24
Ethnicity						
Malay	Ref	Ref	Ref	Ref	Ref	Ref
Chinese	0.06	1.24	-0.61	-0.51	-0.95	-0.77
Indian	1.03	0.73	-0.47	0.50	-0.28	1.51
Others	2.40	1.96	0.75	2.29	1.45	8.85
Family income						
B40 (< RM 4360)	Ref	Ref	Ref	Ref	Ref	Ref
M40 (RM 4360 - RM 9616)	-0.91	-0.98	-0.52	-0.70	-0.44	-3.54
T20 (> RM 9619)	-0.81	-0.67	-1.76*	-1.97*	-0.69	-5.90
Peer pressure	0.11*	0.02	0.08	0.04	0.05	0.29
Time manageme	0.02	-0.05	-0.08	-0.07	-0.20***	-

nt						0.38*
Adjusted R ²	11.4%	8.5%	17.7%	14.0%	32.1%	18.0%

R²=coefficient of determination; *P<0.05, **P<0.01, ***P<0.001

DISCUSSION

We conducted a cross-sectional study to investigate how peer pressure, time management, and academic stress relate to clinical year medical students. We also examined other factors that contribute to academic stress in medical students. Our study found that medical students experience a moderate level of academic stress, which is caused by various factors such as pressure from study, workload, worrying about grades, self-expectations, and despondency. These stressors may be due to the challenging aspects of attending medical university, such as a demanding curriculum, clinical rotations, and exams [22]. Our findings are consistent with a descriptive cross-sectional study conducted among undergraduate students in the departments of medicine and pharmacy in Malang, Indonesia, which reported a higher-than-average prevalence of academic stress among medical students at 61% [23].

Our study examined the relationship between peer pressure and academic stress, specifically focusing on factors such as workload, worry about grades, self-expectations, and despondency. We found no significant correlation between peer pressure and academic stress related to these factors. However, we did find a significant positive association between peer pressure and academic stress related to pressure from studying. Medical students experiencing high levels of peer pressure had higher academic stress related to pressure from studying. This may be due to these students struggling to keep up with their peers, leading to anxiety, a loss of self-esteem, and a lack of confidence. When their friends performed well in exams, these students felt inferior, and over time, they lost hope and gave up trying [24]. These findings align with those of a descriptive cross-sectional study conducted among medical students in the Internal Medicine department in Davao, Philippines. That study also found a significant association between the level of peer pressure and academic stress among medical students [18]. Several studies have examined the association between peer pressure and academic stress among medical students. For example, a study by Nikodijevic et al found that peer pressure was significantly associated with academic stress among medical students in Serbia [25]. Similarly, a study by Salem et al found that peer pressure was a significant predictor of academic stress among medical students in Egypt [26]. In contrast, a study by Hamdi et al found no significant association between peer pressure and academic stress among medical students in Kuwait. The authors suggested that this may be due to cultural differences and the fact that medical students in Kuwait may not experience the same level of peer pressure as students in other countries [27].

Our study showed significant negative association between time management and academic stress due to despondency. High levels of time management skills among medical students were linked to lower levels of academic stress caused by despondency, which refers to dissatisfaction, lack of confidence, and focus in academic studies. Our findings were consistent with previous studies, including a cross-sectional study conducted among medical students in a private college in Mangalore, India, which reported that up to 60% of participants regretted wasting study-related time. Various other studies have also shown that poor time management is associated with academic

stress. A study conducted by AbuAlRub et al. (2015) aimed to explore the relationship between time management and academic stress among medical students. The study found a significant negative correlation between time management and academic stress, indicating that students who had good time management skills experienced lower levels of academic stress compared to those with poor time management skills [28]. Effective time management involves prioritizing tasks and using time wisely to organize work, and it has been observed to affect academic performance [29]. Similarly, a study by Alzahrani et al. (2019) found that poor time management skills were significantly associated with higher levels of academic stress among medical students [30]. Furthermore, people with good time management skills have been found to experience lower levels of psychological and physical stress [29,31].

Additionally, we examined how age, gender, ethnicity, and family income is related to our study. Our findings showed that female students had notably higher scores for both worrying about grades and feeling despondent compared to male students. A study by Alzahrani et al. (2019) found that female students reported higher levels of academic stress compared to male students [30]. Furthermore, students from the top 20% of Malaysian households in terms of income had significantly lower scores for academic stress due to worry about grades and self-expectation compared to those from the bottom 40%. In a study that looked at the association between demographic factors, depression, anxiety, and stress among undergraduates, it was found that lower family income was linked to an increased risk of experiencing stress and depression. The researchers suggested that this may be due to financial difficulties faced by students, such as the high cost of medical education and the need to work part-time jobs to support their families [31]. These challenges can cause students to feel distracted and less focused on their academics, leading to academic stress and falling behind their peers. Furthermore, financial conflicts within low-income families may also contribute to a sense of hopelessness and negative outlook for the future. Overall, the preoccupation with financial concerns can negatively impact students' academic performance and induce academic stress [32].

There are various recommendations which we would like to propose to deal with academic stress experienced by medical students during their clinical years. Medical schools must give priority to provide access to mental health resources like therapy and counselling services to support students in managing their stress levels and prevent burnout. Encouraging self-care practices, such as regular exercise, mindfulness techniques, and effective time management strategies can help students prioritize their mental and physical health and manage their academic workload. To reduce the sense of isolation and stress among students, medical schools should foster a supportive learning environment that promotes collaboration, communication, and mentorship between students and faculty. Academic support resources like tutoring or study groups can also be provided to students to help them manage the academic demands of their coursework and clinical rotations. Addressing the underlying causes of stress, such as excessive workload, financial concerns, and a competitive environment, may require medical schools to re-evaluate their curriculum, workload, and expectations placed on students. Encouraging open communication between students and faculty can help identify sources of stress and find solutions, thereby creating a culture of support and understanding among the medical school community.

There were a few limitations in this research. Survey responses rely on self-reported data, which may be affected by social desirability bias. Our study may not capture the full scope of academic stress experienced by clinical year medical students. Other factors such as family or financial stress may also impact their academic performance. Moreover, this study may not capture contextual information about academic stress, such as the nature of stressors, the frequency, and duration of stress. The results of this study may not be generalizable to other populations beyond clinical year medical students, such as pre-clinical students or medical professionals. Moreover, the cause-effect relationship cannot be observed in our research. We recommend future study to explore the coping mechanisms used by medical students to manage academic stress. This can help identify effective coping strategies and develop interventions to promote positive coping mechanisms. Future research can investigate the impact of institutional support, such as mental health resources and academic support services, on academic stress among medical students. This can help identify effective strategies for supporting students and reducing academic stress.

CONCLUSION

Peer pressure and time management are significant contributors to academic stress among medical students. However, the association between peer pressure and academic stress may vary depending on cultural and contextual factors. Good time management skills can help students manage their academic workload effectively and reduce academic stress. More research is required to investigate these connections and to create successful measures to assist medical students in coping with peer pressure, enhancing their time management abilities, reducing academic stress, and enhancing academic performance.

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