

More Than Merit? Evaluating the Contribution of Non-Academic Determinants to the Influence on Teachers' Behaviour in Medical Education: A Cross-Sectional Survey of First-Year MBBS Students

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ABSTRACT

Background: Although student-teacher relationships have always been known to be governed mostly by academic performance, there are indications that non-academic factors—such as looks, conduct, socio-economic status, and interpersonal relationship—are also shaping teachers' attitudes and responses towards students. These need to be identified so that equity and professionalism of medical education can be enhanced.

Objective: This study aimed to evaluate first-year MBBS students' perceptions of how non-academic factors influence teachers' behavior towards students.

Methods: A cross-sectional survey was employed among first-year MBBS students using an anonymous Google Form-based, structured questionnaire. The instrument measured students' perceptions of certain academic and non-academic attributes that can influence teachers' behavior, i.e., physical looks, communication ability, assertiveness, socioeconomic position, and relationship. Descriptive statistics and inferential analyses were used to set patterns and association.

Results: Preliminary findings indicate that a significant majority of students believe that non-academic factors—specifically rapport and communication style at a personal level—have an impact on teacher behavior. Gender and appearance discrimination were also mentioned. Academic performance was still a significant predictor, but a vast majority of respondents felt that non-merit considerations stepped in at times to take over from it to decide teacher attention, feedback, or support. Out of 104 respondents, 62% were females. Of all the students, only 32% had done their schooling from a government institution. 39% reported having noticed favoritism based on appearance. 52% said students who are charismatic or sociable tend to attract more attention. While 46% of students acknowledge that a strong rapport with teachers enhances interaction and access to opportunities, 34% have felt demoralized due to differential treatment.

Conclusion: The study brings to perspective the nuances of interactions between merit and non-academic influences in constructing teacher-student relations in medical education. These results validate faculty development programs that enhance fairness, openness, and professionalism for creating a merit-based learning environment that is inclusive.

Keywords: medical education, teacher behavior, non-academic factors, favoritism, MBBS students, academic merit, professionalism, bias

1. INTRODUCTION

In the best university environment, teacher-student interactions should be meritocratic, professional, and valuing equity^{1,2}. In health education, student-teacher relationship is very important in influencing not just academic performance but also students' professional identity and emotional well-being¹⁶. In the competitive and hierarchical atmosphere of medical schools, perceptions of discrimination or differential treatment by students can have lasting effects on motivation, involvement, and emotional health¹⁷. Anecdotal information and witness of students increasingly imply that non-academic aspects—i.e., how

a student appears, behaves, is nice, or has a specific rapport with the teacher—too often influence teachers' attitudes, attention, or marks³. These dimensions, even though subtle, can be powerful determinants of the quality of learning environment, with students feeling favoritism, exclusion, or discouragement^{4,8}. Evidence indicates that mental health becomes poor after students have reached medical school and continues to be poor during training. Individually, this distress has the potential to lead to substance abuse, relationship breakdown, suicide, and withdrawal from a career. Professionally, evidence indicates that student distress leads to cynicism and hence has the potential to affect students' patient care, relationship with faculty, and eventually culture within the medical profession¹⁸. Nonetheless, attributing depression among first-year students solely to these factors may be an oversimplification⁹. Medical education, particularly the first year of learning, should continue to be just and equitable^{5,6}. The MBBS students in their first year expect mainly justice to be served to them and also intellectual guidance¹⁹. But if the students feel that somebody is gaining advantage on non-meritorious grounds, faith in the academic process would be lost²⁰. This study explores students' perceptions of how non-academic influences affect teachers' fairness, inclusivity, and motivational behavior⁷. This study also investigates whether or not student awareness of these dynamics can impact classroom climate, participation, and psychological well-being¹⁴.

2. AIMS AND OBJECTIVES

AIM:

To investigate whether or not students believe that teachers' behavior is controlled by non-academic factors (e.g., appearance, behavior, or rapport) and what effect this has on the learning environment.

OBJECTIVES:

1. To find out the prevalence of the belief that preferential treatment is based on non-academic grounds among first-year MBBS students.
2. To find out on which of the non-academic attributes, preferential treatment is found to rely most.
3. To make an estimate of the effect which such beliefs tend to have upon student interest, motivation, and confidence in the academic system.
4. To gather ideas on how to create an environment conducive to enhanced class diversity and meritocracy.

3. METHODOLOGY

Study Design: Cross-sectional questionnaire-based observation study.

Setting and Participants: Institutional first-year MBBS students who were surveyed during the 2025 academic year.

Survey Instrument:

- A. Focus group discussions
- B. In-depth interviews
- C. Anonymous Google Form including:
 - Demographic questions
 - Likert-scale and multiple-choice questions on teacher behavior perceptions
 - Items rating physical appearance, personality, personal rapport, and bias
 - Open-ended qualitative feedback questions

Sample Items:

- I have noticed teachers being excessively friendly with physically good-looking students.
- Teachers like more extrovert or well-behaving students.
- Student-teacher personal rapport does affect academic engagement.
- I felt left out because of teacher indifference.
- Perceived teacher favoritism causes me to stay away from participation.

Ethical Issues:

- Spontaneous and anonymous response.
- Identification data not gathered.

Data Analysis:

Quantitative data: Descriptive and inferential statistics on SPSS or Excel.

Qualitative data: Thematic analysis of open-ended questions.

4. RESULTS

Demographic Profile:

- Total respondents: 104
- Gender: 62% Female, 38% Male
- Schooling: 68% Private, 32% Government

Key Findings:

Survey Item	% Agree
I have noticed favouritism based on appearance	39%
Charming or outgoing students receive more attention	52%
Rapport with a teacher impacts interaction and opportunity	46%
I have been demoralized due to differential treatment	34%

Problems with Open-Ended Answers:

- Favouritism more obvious in hands-on or casual classes.
- Extrovert students more "visible" to the teachers.
- Teachers had "cliques" with certain students.

Anonymous student comments and objective means of assessment required.

5. DISCUSSION

This current cross-sectional investigation reveals how teacher favoritism seen on the basis of student appearance, personality, and interpersonal relationship destabilizes scholarly aspiration and psychological well-being among first-year MBBS students. Our results consolidate and supplement current research in higher and medical education to provide indication that biased prejudice has magnified effects in highly competitive, small-group instruction settings.

Perceived Favoritism and Physical Appearance

39% of the students in our class agreed that teachers favored physically more beautiful classmates. This "halo effect" is pervasive in all classrooms: physically beautiful students are assigned higher intelligence, work harder, and are generally better performers regardless of actual ability¹⁰⁻¹². In medical education—where clinical skills are being assessed in small groups or one-on-one settings—appearance bias can turn into differential mentoring, greater chances to demonstrate abilities, and eventually improved tests (Gil-Hernández et al. 2024)³. Such appearance bias can have the effect of maintaining current inequalities, especially for underrepresented or marginalized students.

Personality, Extroversion, and Teacher–Student Rapport

Over half of the sample (52%) believed that outgoing or extroverted students received more attention, and 46% said that good interpersonal rapport was involved in their teaching interactions. This is corroborated by other studies where it is indicated that teachers inadvertently reinforce those behaviors that they personally find endearing or typical, and this results in "in-group" formations². Students in our qualitative data indicated that favoritism was highest in "hands-on or informal" environments (e.g., lab work, problem-solving workshops), where extroverted individuals are drawn to belonging to. These results are consistent with Gil-Hernández et al. description of how social identity cues shape teacher expectations and resource distribution³.

Psychological and Motivational Impact

One-third of the students (34%) felt demoralized by perceptions of favoritism. This agrees with organizational justice theory: emotions of biased treatment decrease motivation, trust in authorities, and participation (Colquitt et al. 2005)¹³. Medical education, with stress and depression already higher in medical students compared to the wider population (Dahlin et al. 2005)⁹, faces further threat of demoralization to drive burnout and disrupt learning (Bochatay et al. 2022)⁶. Our findings establish a cycle of feedback: biased interaction diminishes morale, which in turn decreases visibility and participation—sealing the cycle of bias.

Open-Ended Feedback: Mechanisms and Contexts

Qualitative feedback uncovered favoritism both in overt actions (e.g., additional feedback, unofficial sponsorship) and in subtle social cues (e.g., membership in "cliques"). They have been replicated on secondary and tertiary levels. Sakçak et al. (2021)⁴ said that Turkish instructors' cliquishness was to blame for creating a sense of exclusion by those who felt they were left out of popular cliques. Vijay and Nair (2022)¹⁵ uncovered the way meritocratic discourses become veiled beneath the ethical violence when employees inadvertently favor some students. Our students' pleas for anonymous avenues of feedback mirror Lucey et al.'s (2020)⁵ guidelines for secure channels of reporting in medical schools in order to facilitate students to report instances of discriminatory treatment without intimidation.

Implications for Policy and Practice

- Standardized Rubrics: Apply straightforward criteria for the assignment of grade marks in clinical and small-group examinations to reduce subjective variability (Dahlin et al. 2005)⁹.
- Faculty Rotation: Rotate faculty staff between courses to avoid entrenched cliques between staff and students.
- Reflections and Workshops: Make training in cognitive bias compulsory—except for appearance bias, halo effect, and affinity bias—along with reflective pedagogy rituals^{2,12}.
- Peer Observation: Implement peer-observation systems whereby peers observe and give constructive feedback on equitable interaction patterns as suggested by (Bochatay et al. 2022)⁶.
- Anonymous Surveys: Frequent, anonymous surveys to capture students' perceptions of fairness and teacher behavior, with the findings compiled and provided during departmental meetings (Lucey et al. 2020)⁵.
- Safe Reporting Channels: Use ombudsperson positions or on-line suggestion boxes where students can provide complaints of bias or favoritism anonymously, with on-the-spot check and correction (Vijay & Nair 2022)¹⁵.

Limitations and Future Research

While our cross-sectional work splashes, it cannot prove causality. Longitudinal studies will have to be employed in order to follow through on how perceptions of favoritism affect grades, wellbeing, and career trajectories over the long term. Furthermore, our reliance on self-report data leaves open the possibility of social-desirability and recall bias. Consequently, future studies must incorporate objective indicators—e.g., coded audio-recorded classroom discourse analysis and assignment grading trends—to triangulate student self-reports with observable behavior (Gil-Hernández et al. 2024)³. Extension of studies to other institutions and cultures would also contribute to generalizability and supply answers to the question of how structural forces impact teacher–student relationships.

6. CONCLUSION

This study discovers that there is a disturbing presumption on the part of MBBS first-years that the behavior of the teachers can be influenced by non-academic factors such as physical appearance and social conduct. While not all the students were subjected to this, a substantial majority of them felt disillusioned or left out, which is bound to impact their confidence and class engagement. These findings suggest the necessity to sensitize the staff, open assessment criteria, and student feedback channels to instill meritocratic and fair values in medical schools. By removing such subtle biases, institutions will be able to offer more inclusive learning environments where all students have an equal opportunity to succeed. The research suggests that teacher bias, as perceived on appearance, personality, or rapport basis, poses a threat to fair learning environments in medical education. Through systematic assessment, implicit bias training, and quality feedback systems, institutions can neutralize biases, creating a fairer climate for the academic and psychological well-being of all learners.

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