



Teacher–Student Relationship and Perceived Learning Outcomes among Phase I MBBS Students: A Cross-Sectional Study

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ABSTRACT

Background: Interaction between teachers and students affects both the intellectual and the emotional development of the medical students, especially at initial preclinical years. During this academic transition from school to medical university, the teachers not only teach but serve as mentors, emotional guides, and moral role models. While existing studies have addressed some aspects of teacher behavior and learning cultures, fewer studies have ventured into the perceptions of Phase I MBBS students especially in South Asian settings.

Objective: The current research was undertaken to assess the perceptions of Phase I MBBS students regarding teacher–student relationships and their association with perceived learning outcomes.

Methodology: A cross-sectional online questionnaire survey was conducted among 150 Phase I MBBS students at Government Medical College, Srinagar, J&K, India, in 2025.

The pre-tested questionnaire consisted of Likert-scale, multiple-choice, and open-ended questions which assessed the students' perception of safety, favoritism, emotional support, and ideal teacher characteristics. Quantitative results were presented using descriptive statistics and chi-square tests, and qualitative responses were coded thematically.

Results: Of 150 students (65% private school, 60% female), 88% indicated being encouraged by teachers and 82% perceived their teachers as friendly. However, 42% perceived favouritism and only 60% claimed students were treated equally by teachers. Positive attributes (friendliness, clarity, sensitivity) and concerns (favouritism to high-achievers, no feedback) were revealed in open-ended comments. Students proposed solutions such as implementing anonymous feedback mechanisms and promoting more balanced participation among all learners.

Conclusion: While most Phase I MBBS students perceive their teachers as supportive and encouraging, concerns of favoritism and bias are still relevant. The study emphasizes that student involvement makes the teachers friendly, fair, and emotionally supportive. Institutional strategies like facilitating teacher development, ongoing feedback, and integration strategies can promote the quality of the educational environment.

Keywords: Teacher–student relationship, Medical education, Learning environment, Student perception.

INTRODUCTION

The teacher–student relationship is the backbone of quality learning, particularly in a demanding field such as medicine [1]. Teacher–student relationship has a significant impact on motivation, emotional intelligence, learning engagement, and academic performance among the students. During preclinical years of MBBS courses, students undergo the transition from school to medical college [2,3]. It is during these years that the role of a teacher goes beyond just imparting facts or simply delivering information [4]. They also serve as role models, provide emotional support, and help instill moral values [5-7]. Previous studies in medical education have briefly discussed the requirement of teachers' availability,

impartiality, and communicative style as much as effective learning environments. The undesirable qualities of bias, partiality, or non-communicativeness can downgrade students and divert their learning process [8-10]. This study will attempt to find out the attitude of Phase I MBBS students toward their teachers and what qualities they appreciate. This study will also try to find what they see in teachers' behavior as useful, biased, or fair.

AIMS AND OBJECTIVES

Aim

To evaluate the Phase I MBBS students' attitude towards their teacher–student relationship and learning outcomes.

Objectives

- To find out how safe the students feel when interacting with their teachers.
- To identify the perceived existence of favoritism or bias in teacher attitude.
- To identify the effect of approachability of teacher, criticism, and emotional support on the academic enthusiasm and classroom participation of students.
- To identify the teacher personality characteristics most valued by students.

METHODOLOGY

Study Design: Cross-sectional, observational study.

Study Population: Phase I MBBS students of Government Medical College, Srinagar during the academic year 2025.

Inclusion Criteria: Phase I MBBS students; willingness to provide informed consent.

Data Collection Tool: The Google Forms questionnaire was pre-tested. It included:

- Demographic information (age, gender, educational level)
- Likert-scale items regarding teacher–student relationships
- Yes/No and multiple-choice items regarding perceived prejudice
- Suggestion space (open-ended questions)

Sample Size: 150, convenience sampling technique was used

Ethical Considerations: Informed consent was obtained voluntarily from all participants. Personal identifiers were not collected.

Data Analysis: Data were analyzed using SPSS version 2022. Descriptive statistics were expressed as frequencies, percentages, and mean \pm standard deviation. Internal consistency of Likert-scale items was assessed using Cronbach's alpha. Associations between categorical variables were analyzed using chi-square test

Internal consistency of the Likert-scale items was assessed using Cronbach's alpha coefficient, which was 0.81, indicating good internal consistency. Correlation between variables such as gender and perception of bias were analyzed using chi-square tests. Open-ended responses were coded thematically for qualitative data.

RESULTS

A total of 150 Phase I MBBS students participated in the study. Among them, 90 (60%) were females and 60 (40%) were males. Regarding educational background, 97 (65%) students had completed their premedical schooling from private institutions, whereas 53 (35%) had studied in government schools.

The majority of students reported a positive perception of the teacher–student relationship within the medical learning environment. Overall, 114 (76%) students agreed or strongly agreed that they felt comfortable asking questions during classroom interactions, indicating a generally supportive academic atmosphere. Similarly, 123 (82%) respondents perceived their teachers as friendly and approachable.

Teacher behavior appeared to exert a substantial influence on student motivation and engagement. A large proportion of participants 132 (88%) reported that encouraging teacher behavior positively affected their enthusiasm toward learning and classroom participation. In addition, 105 (70%) students acknowledged receiving constructive feedback from teachers during the learning process.

Despite the predominantly positive responses, concerns regarding fairness and equality in teacher behavior were also identified. Only 90 (60%) students believed that teachers treated all students equally, while 63 (42%) respondents perceived some degree of favoritism or bias in teacher interactions. Favoritism was commonly perceived toward academically high-performing or more outspoken students.

Thematic analysis of open-ended responses further supported the quantitative findings. Frequently reported positive teacher attributes included friendliness, clarity in teaching, understanding nature, and emotional support. Conversely, the major concerns raised by students included favoritism, inconsistent feedback, and occasional gender-based bias. Students suggested the implementation of anonymous feedback mechanisms, structured mentorship systems, and balanced classroom participation strategies to improve the overall educational environment.

Comparison of responses based on gender and schooling background demonstrated minor variations in perception; however, these differences were not statistically significant ($p > 0.05$). Female students reported slightly higher perceptions of favoritism and emotional sensitivity, whereas students from private school backgrounds appeared more comfortable participating in classroom discussions.

Overall, the findings indicate that a positive teacher–student relationship contributes substantially to student motivation, emotional comfort, and learning engagement during the early phase of medical education, although concerns related to perceived bias and unequal attention remain areas requiring institutional attention.

Table 1: Quantitative Results

Statement	Frequency	% Agree/ Strongly Agree	Mean \pm SD
I feel comfortable asking questions in the class	114	76%	3.92 \pm 0.84
Teachers are friendly	123	82%	4.11 \pm 0.76
Teachers treat all of us equally	90	60%	3.52 \pm 0.98
I have seen favoritism	63	42%	2.87 \pm 1.05
Teacher behavior motivates me	132	88%	4.31 \pm 0.71
Teachers provide me with feedback	105	70%	3.74 \pm 0.91

Qualitative Open-Ended Themes

- Teacher Positive Attributes: Friendliness, understanding, clear teaching.
- Issues Raised: Favoritism towards high achievers or confident students, lack of feedback, perceived gender bias in a few cases.
- Suggested Actions: Implement anonymous criticism, regular mentoring, more balanced assessment.

DISCUSSION

The teacher–student relationship represents a fundamental component of the educational environment in medical training, particularly during the early preclinical years when students undergo the transition from school-based learning to the demanding academic and emotional framework of medical education. The present study explored the perceptions of Phase I MBBS students regarding teacher behavior, emotional support, fairness, and their influence on learning outcomes. The findings demonstrate that supportive and approachable teacher behavior positively influences student motivation, participation, and classroom comfort, while perceived favoritism and inconsistent feedback remain important concerns affecting the educational climate.

A majority of students in the present study reported feeling comfortable interacting with teachers and asking questions during classroom sessions. Furthermore, most respondents perceived their teachers as friendly and motivating. These observations are consistent with previous studies in medical education demonstrating that approachable faculty behavior fosters psychological safety, active learning, and academic engagement among students. Early medical training is often associated with increased academic stress and emotional adjustment challenges; therefore, supportive teacher–student interactions assume particular importance during this phase. Positive faculty behavior may enhance self-confidence, reduce anxiety, and encourage students to participate more actively in academic discussions [11-16,17].

Teacher behavior was also identified as a significant contributor to student motivation. Nearly nine-tenths of participants agreed that encouraging teacher attitudes improved their enthusiasm toward learning. This finding supports earlier educational research showing that constructive mentorship and positive reinforcement are strongly associated with improved academic engagement and professional development in medical students. In competency-based medical education, teachers are increasingly expected not only to impart knowledge but also to act as facilitators, mentors, and professional role models. The present findings reinforce the importance of emotionally supportive teaching practices in fostering a learner-centered environment.

Despite the overall positive perception, the study also identified concerns regarding fairness and equality in teacher behavior. A considerable proportion of students perceived favoritism or unequal treatment, particularly toward academically stronger or more outspoken students. Similar observations have been reported in studies evaluating the hidden curriculum in medical education, where differential teacher behavior may unintentionally influence students' confidence, participation, and sense of belonging [18,19]. Perceived favoritism can adversely affect classroom inclusivity and

may discourage quieter or academically struggling students from engaging actively in learning activities. These findings highlight the need for increased awareness among faculty members regarding unconscious bias and equitable student interaction.

Feedback emerged as another important theme in the present study. Although a majority of students acknowledged receiving constructive feedback, a substantial proportion still perceived inadequacies in individualized academic guidance. Effective feedback is recognized as an essential component of medical education, helping learners identify strengths, correct deficiencies, and improve performance. Inconsistent or selective feedback may contribute to dissatisfaction and perceived inequity among students. The implementation of structured and standardized feedback mechanisms may therefore improve transparency and enhance student satisfaction.

The qualitative responses provided further insight into student expectations from teachers. Students valued qualities such as friendliness, understanding, clarity in teaching, and emotional sensitivity. At the same time, concerns regarding favoritism, insufficient feedback, and occasional gender bias were identified. These findings indicate that students expect medical teachers not only to possess subject expertise but also to demonstrate professionalism, empathy, fairness, and effective communication skills. Such attributes are particularly relevant in anatomy and preclinical teaching, where students often experience academic stress and psychological adjustment during the initial phase of medical education [16].

The findings of the present study have important implications for improving the educational environment in medical institutions. Faculty development programs focusing on inclusive teaching practices, effective feedback delivery, mentorship skills, and awareness of unconscious bias may help strengthen teacher–student relationships. Similarly, anonymous student feedback systems and structured mentoring programs may provide opportunities for early identification and correction of educational concerns [19].

The present study has certain limitations. Being a single-center cross-sectional study, the findings may not be generalizable to all medical institutions. The study relied on self-reported perceptions, which may be influenced by recall bias or social desirability bias. In addition, the cross-sectional design limits assessment of longitudinal changes in teacher–student dynamics over the course of medical training [20].

Overall, the present study demonstrates that positive teacher–student relationships play a crucial role in promoting motivation, emotional comfort, and learning engagement among Phase I MBBS students. However, perceptions of favoritism and inconsistent feedback indicate areas requiring institutional attention. Strengthening mentorship practices, promoting equitable interaction, and fostering emotionally supportive educational environments may enhance both student well-being and academic outcomes in undergraduate medical education.

Implications for Practice

- Anonymous Feedback Channels: Through the implementation of an anonymous feedback channel, institutions can place issues of unfairness without recourse in the spotlight. Ongoing review and action on this feedback will provide a guarantee of evenhandedness.

- Mentor Training Workshops: Faculties trained on unconscious bias and inclusive pedagogy techniques can increase mentors' sensitivity towards favoritism and its consequences.
- Standardized Feedback Procedures: Standardized procedures for providing feedback—e.g., formal format, and documentation—can ensure all students receive timely, constructive feedback.

LIMITATIONS

As with any cross-sectional study, causal inference is restricted; we cannot assign student attitudes to the mentorship program itself. And self-reported data will be confounded by social desirability, but anonymity reduced the risk. And lastly, this single-center study may not adequately reflect variability across different cultural and curricular settings.

CONCLUSION

The study demonstrates that supportive teacher–student relationships positively influence motivation and classroom engagement among Phase I MBBS students. However, perceived favoritism and inconsistent feedback highlight the need for structured mentorship and equitable educational practices.

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