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AFRO-CARIBBEAN PARENTAL INFLUENCE:
FAMILY CHRONICLES OF THE EDUCATIONAL JOURNEY
FROM CHILD TO MEDICAL STUDENT

by

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ABSTRACT

Many ethnic groups in the United States have struggled for the opportunity to be identified as an individual group. In academia, these students are often aggregated into a larger category, with little acknowledgment for the difference in their cultural heritage. Along with these cultural differences, Afro-Caribbean parents and their children are met with other challenges in the pursuit of lifelong goals (Sowell, 1978). The decision to become a medical doctor is one that can often not be made alone. Using the framework of Cultural Ecological Theory and Social Construction (Ogbu 1990, 1992; Berger & Luckman, 1991) this study was conducted to determine whether Afro-Caribbean parents influence their children to become medical doctors. The research results in this qualitative study identified major themes, among others, to include: (1) collaborative efforts in pursuit of dreams and goals, (2) surpassing parental achievements and (3) the ability to cope with negative experiences. Afro-Caribbean parents, students, faculty and administrators in higher education can gain from the findings of this study, an awareness of the importance of trusted relationships and early exposure to health careers.

Keywords: Afro-Caribbean, parents, children, career, medicine, medical doctor, diversity, within group, culture, higher education

To my entire family:

My dad, Mervyn, aka 'Gerry', you taught me the importance of securing a good education. I remember being at your graduation when you received your Bachelor's degree. That has always been an inspiration to me, along with your unwavering encouragement and support.

My mother, Yvonne, your never ending support has given me the strength to continue on, even when things seemed grim. You taught me to have faith and to remember that I can do all things through Christ who strengthens me.

My brother, Gerrard, you gave me pep talks during the highs and the lows and encouraged me to plug away and keep going. The regular check-in's, motivational talks and you tube clips helped keep me inspired to see this through to the end.

My son, Cameron, you challenged me and inspired me in every way unimaginable during this process. From making sure that I did "my homework," to giving me big hugs when I returned from a full day at the library working on my dissertation. I am hopeful that what you have seen will have a positive effect on you in the years to come.

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LIST OF ACRONYMS

AAMC American Association of Medical Colleges

CET Cultural Ecological Theory

URM Underrepresented Minority

VIGNETTE

Selwyn arrived in New York City in February, 1967. His only understanding of winter was from letters sent by his older brother who had migrated to New York two years prior. "Boy, it cold like dog nose!" the letters would say. Selwyn thought to himself, "It can't be that bad."

As he exited John F. Kennedy airport, the cold wind lashed against Selwyn's face. Immediately his heart dropped. He questioned whether he had made the right decision to leave behind his hot and lively country of Trinidad and Tobago. In his heart, he was torn. He left behind all of his childhood friends and aging parents. His brother had convinced him to come to the United States. "What you doing there? Staying to pick up mangoes all day?" This was the land of hope and dreams; but to Selwyn, it appeared to be solely about laws and hard work to make ends meet.

Selwyn was able to find steady employment as a school bus driver. One day when he dropped the students off at the school, he was introduced to Janet. It was Janet's first year of teaching at the high school and she too was a Caribbean immigrant. The two got along quite well, sharing their stories of growing up in the Caribbean. They often discussed the challenges they faced in their new land and their hopes and dreams for the future.

A few years later Selwyn and Janet were married. Shortly after their marriage, they welcomed their son, Steve. Selwyn decided to begin night school in an effort to further his education and get better qualifications for a more lucrative job. As the years went on, Steve did well in school. He showed an avid interest in art and also did well in literature and mathematics. "What you want to be when you grow up son, a doctor or a lawyer?" In a world where career choices were endless, only these two occupations held the same reverence for Selwyn as they did in his home country.

In the Caribbean, most of the doctors and lawyers in Trinidad and Tobago at that time were primarily of European or Asian descent. It was quite rare to find a medical doctor of African descent. It was also the case in New York. Selwyn realized that in the United States, with hard work, any dream was possible. He envisioned Steve as a medical doctor. He and Janet committed themselves to making the necessary sacrifices to ensure that Steve would go on to become a medical doctor.

CHAPTER 1 INTRODUCTION

Background

Because of the ethnic diversity that exists among Blacks in the United States, it is imperative that the experiences and perceptions of Black ethnic groups be researched.

--Hall & Carter, 2006

The passage of the 1965 Immigration and Nationality Amendments saw the influx of Caribbean immigrants, particularly West Indians, to the United States (Kasinitz, 1992). Over the years, my family and friends have questioned the self-identification category on the U.S. Census. "Do I check Black/African American or some other race?" This encounter peaked my curiosity as the Census accounts for differences in Hispanic identity yet does not provide a distinction for the myriad of multiracial and multiethnic groups that exist for people of Caribbean origin. Massey, Mooney, Torres, and Charles (2007) described Caribbean immigrants as individuals from non-Spanish speaking islands in the West Indies. This region includes persons of African descent (i.e., Afro-Caribbean) who reside in the Anglophone Caribbean as well as the mainland nations of Guyana and Belize. As an offspring of Afro-Caribbean parents, I have always been fascinated with the lack of awareness that exists in the U.S. when discussing the life, culture, and identity of Caribbean-Americans.

Since 1965, almost 90% of immigrants have come from Latin America and the Caribbean, with roughly 8.7% of Black immigrants making up the U.S. Black population (Keller, 2001; Pew Research Center, 2015). The influx of Caribbean immigrants to the U.S. began just prior to 1980, and since this period Caribbean immigrants have continued

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to represent a large portion of the total number of foreign-born immigrants in the United States. Figure 1 highlights an almost 5% increase in persons from the Caribbean who have entered the United States.

Period of Entry: 2010
(Percent distribution. Data based on sample. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see www.census.gov/acs/www/)

	Before 1980	1980 to 1989	1990 to 1999	2000 or later
Foreign born	19.6	18.6	27.2	34.7
Africa	9.1	12.9	26.5	51.5
Asia	16.5	20.7	26.6	36.2
Europe	39.5	11.7	24.6	24.2
Northern America	42.0	10.0	20.4	27.6
Oceania	19.1	15.7	24.3	40.9
Latin America	16.7	19.8	28.4	35.2
Mexico	16.0	18.8	30.7	34.5
Other Central America	10.7	23.3	26.6	39.4
South America	15.5	18.1	25.7	40.7
Caribbean	24.5	21.1	24.4	30.0
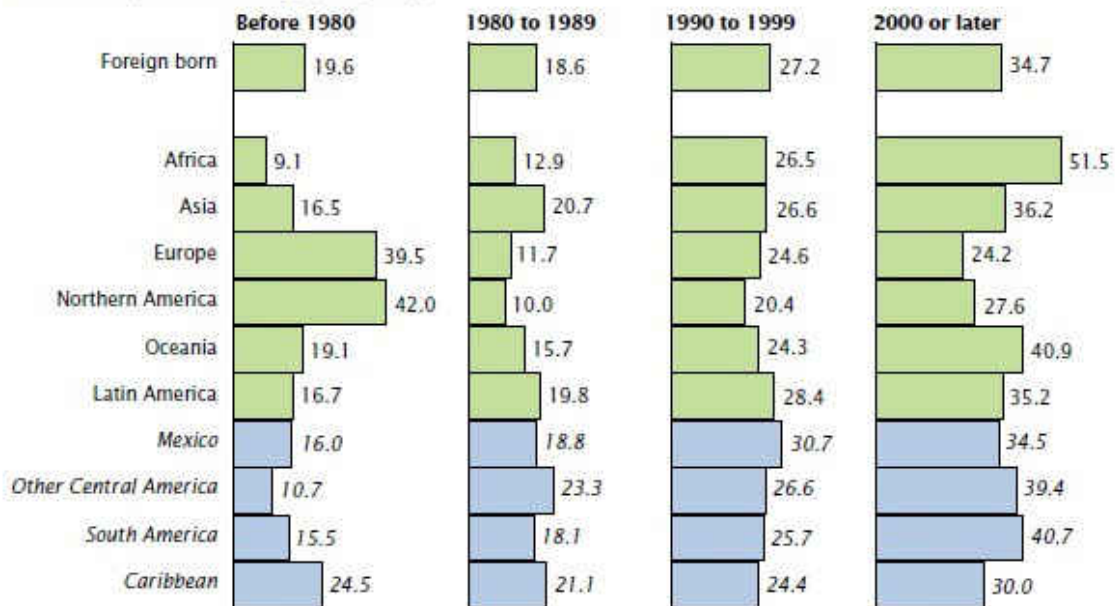
Source: "The Foreign-born Population in the United States: 2010," by E.M. Grieco, Y.D. Acosta, G.P. de la Cruz, C., T. Gryn, L.J. Larsen, E.N. Trevelyan & N.P. Walters (2012). Washington, DC: U.S. Census Bureau.

Figure 1. The Foreign-born Population of the United States: 2010

Numerous minority immigrants have relocated to the United States primarily based on a desire to improve their economic well-being, obtain greater opportunities and as a result, increase their social capital/mobility (Ogbu, 1992). As such, the Caribbean has been viewed as having both the largest Black immigrant group and the primary

source of growth of the Black population in the United States (Keller, 2001). Many Afro-Caribbean people now call the United States their home and, like my family, are still deeply rooted in preserving the culture and traditions from their native island. In addition to maintaining their ties to their homeland, it has been my personal experience that education is deemed an essential part of the cultural capital of West Indian immigrants. Like many of my Afro-Caribbean family and peers, I have been indoctrinated to believe that education creates opportunities that will provide a foundation for higher incomes, status advancement, and upward social mobility (Baker, 2005; Waters, 1999).

Afro-Caribbean people have not been recognized as a distinct ethnic community since their migration to the U.S. in the 1970s. The federal government ascribes to the usage of the category Black or African American to describe an individual with any ancestry related to Black racial groups of Africa (U.S. Census Bureau, 2004). This is demonstrated in Figure 2 which illustrates that almost 33% of Blacks who entered the United States were foreign-born but does not account for their nations of entrance. Beyond immigration, no distinction is made for Blacks. In terms of data collection, Afro-Caribbean people are categorized as a homogenous group alongside the African American community (Alex-Assensoh & Hanks, 2000). Efforts have only recently been made by the U.S. Government Census Advisory Committee to allow the 2020 census to provide detailed ethnic reporting for persons of African descent to include people of Caribbean origin (National Advisory Committee [NAC], 2014).

Foreign Born by Year of Entry: 2004

(Percent distribution. Data based on sample limited to the household population and exclude the population living in institutions, college dormitories, and other group quarters. For information on confidentiality protection, sampling error, nonsampling error, ar definitions, see http://factfinder.census.gov/home/en/datanotes/exp_acs2004.html)

	Before 1990	1990 to 1999	2000 or later
Total	48.8	32.9	18.3
White alone, not Hispanic	57.5	27.8	14.6
Black alone	49.0	33.0	18.0
Black alone, not Hispanic	48.8	33.4	17.8
Black alone or in combination	49.0	33.0	18.0
Black alone or in combination, not Hispanic	48.7	33.4	17.9
Black *and* White	47.2	32.7	20.2
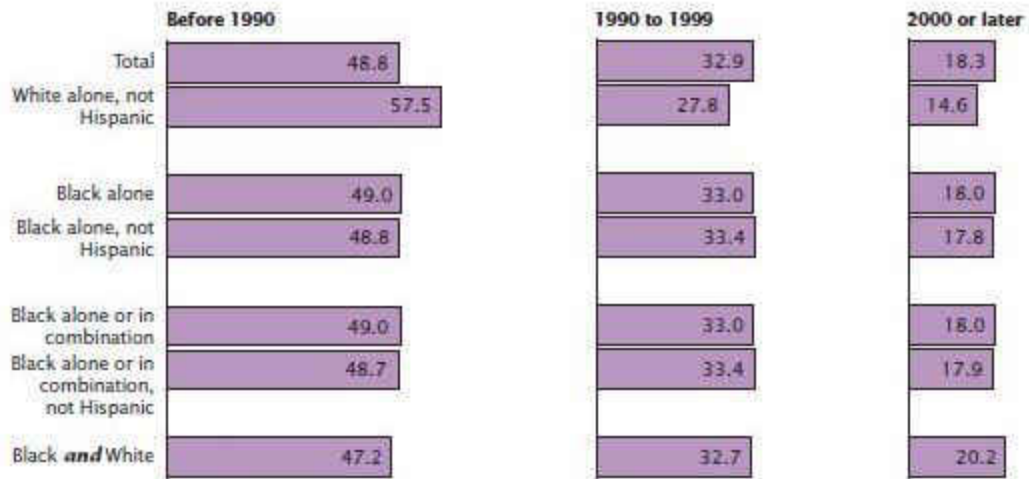
Source: American Community Survey Reports. (2007). The American Community-Blacks 2004. ACS-04. U.S. Department of Commerce. Economics and Statistics Administration. Washington, DC: U.S. Census Bureau.

Figure 2. The Foreign-born American Community in 2004.

Within the U.S., academic institutions continue to cite the importance of conducting research on patterns of migration, cultural parenting practices, and the influence of these variables on students' academic achievement (Mitchell, 2005; Ogbu, 2003; Rong & Brown, 2001). Phinney (1996) noted that culture, minority status, and ethnic identity all play a role in understanding ethnicity. These can also be beneficial in understanding the influence of Afro-Caribbeans on their children's career choices. Also, social class and social networks have roles in contributing to Afro-Caribbean adolescents' level of ethnic identification (Waters, 2001) and may also account for varying levels of influence on their children. Because education is highly regarded in the Caribbean community, it may be a vital part of understanding why Afro-Caribbean

parents seek to promote this achievement with their children. Figure 3 denotes the portion of Caribbean immigrants who enter the U.S. with a bachelor's degree or higher. Almost 50% of Caribbean immigrants arrive with a high school diploma or less. Only 18.5% possess a bachelor's degree or higher. This may perhaps speak to the reasons for moving to the U.S. in order to seek out educational opportunities. These data peaked my curiosity to discover ways to improve higher education attainment, especially as it relates to Afro-Caribbean students who chose to become medical doctors.

Educational Attainment: 2010
(Percent distribution of population 25 and older. Data based on sample. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see www.census.gov/acs/www/)

	Less than high school graduate	High school graduate or equivalency	Some college or associate's degree	Bachelor's degree or higher
Total	14.4	28.5	28.9	28.2
Native	11.0	29.7	30.9	28.4
Foreign born	31.7	22.5	18.8	27.0
Africa	12.1	20.0	27.7	40.3
Asia	16.2	16.6	18.7	48.5
Europe	15.2	25.2	23.3	36.4
Northern America	10.0	20.1	27.5	42.5
Oceania	14.0	23.2	30.0	32.9
Latin America	46.8	25.3	16.7	11.2
Mexico	60.1	23.0	11.6	5.3
Other Central America	49.7	24.8	16.5	9.0
South America	17.3	28.5	26.4	27.8
Caribbean	26.7	30.1	24.8	18.5
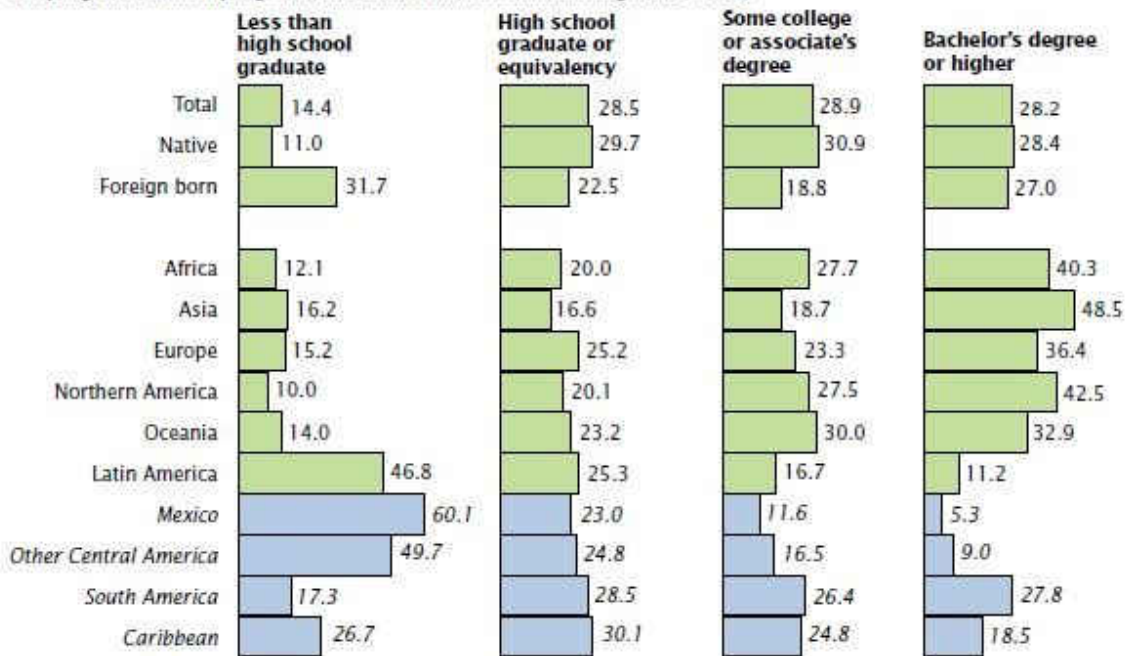
Source: "The Foreign-born Population in the United States: 2010," by E.M. Grieco, Y.D. Acosta, G.P. de la Cruz, C., T. Gryn, L.J. Larsen, E.N. Trevelyan & N.P. Walters (2012). Washington, DC: U.S. Census Bureau.

Figure 3. Educational Attainment in 2010 Among Immigrants

Statement of the Problem

Social scientists are aware of the need to obtain an overall sense of the effects of parental involvement in student achievement and minority student education outcomes (Jeynes, 2003). Parental involvement has four components: parental expectations, parental interest, parental involvement in school, and family community (Hoge, Smit, & Crist, 1997). Parental expectations are the most important factors that contribute to parental involvement and are especially beneficial for academic achievement in African Americans and Latinos (Jeynes, 2003).

Extensive literature exists on parental influence on K-12 level children and their educational attainment (Areepattamannil & Lee, 2014; Raleigh & Kao, 2010; Spera, Wentzel, & Matto, 2009; Suizzo et al., 2012). Research on parental influence and immigrant children academic achievement (Fuligni, 1997; Roopnarine, Krishnakumar, Metindogan, & Evans, 2006; Smith, Schneider, & Ruck, 2005) has been conducted showing that parents transmit their aspirations to their child's academic achievement. A vast amount of literature covers parental influence on K-12 students and their early career selection; however, there is a gap in the literature in terms of how parenting styles influence the educational pathways for children as they transition from higher education to professional degree studies.

Connor et al. (2004) stated that there was a need to better understand parental influence in terms of the higher education career decision making process with their children. According to Raleigh and Kao (2010), immigrant parents should uphold college aspirations for their children. This is a critical piece for understanding parenting influence

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and aspirations from an Afro-Caribbean viewpoint. Researchers have shown that Caribbean immigrant children are expected to obey parental orders and that there are parental expectations for successful academic outcomes (Gopaul-McNicol, 1993; Navarez & Garcia,1993). As researchers become more aware of the need to provide culture-specific resources to enable success, the literature and findings related to parental influence and educational outcomes specifically among the Afro-Caribbean community will continue to expand. For example, Mitchell (2005) was the first to investigate acculturative factors to further understand academic achievement among Caribbean immigrant adolescent students.

The college degree is a general prerequisite for entrance into the medical profession. As such, persistence in science education at the K-12 levels functions as a mechanism for further training in STEM fields at the post-secondary level (Bonous-Hammarth, 2000). Parental attitudes towards science were shown to be more closely related to a child's science aspirations than general parent involvement in children's schooling or general parent aspirations (Archer et al., 2012). Chen (2001) studied parental expectations for high school children's science education performance among American, Chinese-American and Chinese parents and students. The results of this study confirmed the high performance of Chinese-American students and suggested that strong academic performance may have been the result of culturally transmitted values, beliefs, and behaviors. Cole & Espinoza (2008) conducted research on Latino high school students enrolled in STEM majors in order to determine the factors that affect their academic performance. The findings in this study indicated that non-college educated

parents may be limited in their ability to influence their children's academic decisions.

Alternate resources such as college faculty and peers could contribute to improving the

student's academic performance, as this could ultimately affect the pursuit or attainment

of an advanced degree (Pascarella & Terenzini, 2005).

Cantor, Miles, Baker, and Barker (1996) stated that there was a need to increase

minority medical school enrollment in proportion to the underrepresented minorities in

the U.S. population. In an interview regarding institutional policies and administrative

practices, Dr. Brian Smedly, co-founder and executive director of the National

Collaborative for Health Equity, spoke of Black males in medicine:

> [It] is important to measure, actively monitor, and take steps to improve the
>
> institutional climate for diversity among all students, faculty, [and] administrators
>
> so that diversity is seen as a value, [and] it is seen as being synonymous with
>
> quality education. Too often … attitudes [are] expressed subtly, not just in
>
> medical schools but in all kinds of higher education settings, that diversity is not .
>
> . . important for quality of education and educational experiences. We need to
>
> communicate the opposite, that diversity is critical, particularly, again, in a much
>
> more diverse society for training and for success post medical school.
>
> (Association of American Medical Colleges [AAMC], 2015, p. 31)

Likewise, Dr. Lawrence Sanders, Jr., president of the National Medical Association, also

supported this need, stating: "Efforts to reverse the downward trend in the numbers of

African-American men enrolled in medical school must start early in childhood' (AAMC,

2015, p. 38).

Metz (2013) noted that having a diverse medical population adds to the breath of educational outcomes for all students in the medical community. One of the objectives of a diverse community is to promote diversity among scientists and those in health care (Johnson & Bozeman, 2012). In a study of high educational attainment of Chicana-MDs, JDs and PhDs, it was noted that their parents were exceptionally hard-working individuals who set high standards of academic performance for them. Chicanas turned to their families for emotional support despite their parents being unable to provide educational and career guidance (Gandara, 1982, 1994). Duran and Weffer (1992) studied Mexican-American immigrant students and how family background factors influenced behavior and successful outcomes. They found that although family education values did not have a significant impact on achievement outcomes, students' perceptions of parental expectations and the importance of their families' viewpoints did influence their educational views. Gibson (1988) reported that Sikh immigrant children were successful in school because they were able to maintain their ethnic identity while assimilating in the American educational environment. According to Hirschman, Alba, and Farley (2000), Afro-Caribbeans did not demonstrate educational enrollment deficit. This suggests that some Afro-Caribbeans may be successful in protecting their children from opposing cultural influences.

I chose to focus on Anglophone Afro-Caribbean persons so as to avoid the introduction of 'language' as another variable that may possibly play a role in 'influence'. Also, from an historic perspective, the islands that I focused on comprised the British West Indies. I selected U.S. medical students rather than foreign medical school students

as foreign medical schools tend to have academic requirements that differ from U.S. medical school requirements. My intention to study Afro-Caribbean parental influence on their children's decisions to become medical doctors was based on my heritage and interest in the culture. It was, by no means, a study to create digression or comparison to those in the African American community. It is my hope that this study will be beneficial to both communities, but, especially those of Afro-Caribbean decent.

<center>Purpose and Significance of the Study</center>

Individuals who migrate to the United States often seek a common objective of fulfilling the American Dream and, thus, desire to offer their children better opportunities for growth via education as the conduit to upward mobility. Researchers have suggested that minority ethnic students perceive greater barriers to meeting their academic goals as compared to their White counterparts (McWhirter, 1997). Simultaneously, at the time of the present study, there was a lack of literature to explain the academic challenges experienced by Afro-Caribbean parents as well as Afro-Caribbean students who chose to obtain medical degrees. At present, students who choose to pursue a career in medicine must take core science courses in higher education, and there are varying attitudes of ethnicities and families toward science. This is important in this study as parental encouragement has been observed to have a significant impact on a student's science aspirations (DeWitt et al., 2013). Therefore, a better understanding of how Afro-Caribbean parents impact their children's decisions to become medical doctors may

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provide answers that will be useful in developing resources and curricula to increase the number of Afro-Caribbean physicians in U.S. communities across the nation.

Education, at all levels, can create opportunities to achieve higher incomes, status advancement, and upward social mobility (Baker, 2005; Waters, 1999). Figure 4 demonstrates how earnings and unemployment correlate in the U.S. Given that the majority of Afro-Caribbean immigrants enter the U.S. with a bachelor's degree or less, it is evident that as they become more educated and attain higher levels of education, they can also become more marketable and increase in financial gain. Likewise, they can also become examples to their offspring by creating a platform of experience and expectations, thereby enabling them to obtain the same or greater levels of education and surpass their overall earnings.

Earnings and unemployment rates by educational attainment

Unemployment rate in 2014 (%)	Educational attainment	Median weekly earnings in 2014 ($)
2.1	Doctoral degree	1,591
1.9	Professional degree	1,639
2.8	Master's degree	1,326
3.5	Bachelor's degree	1,101
4.5	Associate's degree	792
6.0	Some college, no degree	741
6.0	High school diploma	668
9.0	Less than a high school diploma	488
All workers: 5%		All workers: $839

Source. "Current Population Survey," U.S. Department of Labor (2015). U.S. Bureau of Labor Statistics. *Note.* Data are for persons age 25 and over, Earnings are for full-time wages and salary workers

Figure 4. Earnings and Unemployment Rates by Educational Attainment: All workers.

Hughes et al (2006) claimed that there is an element responsible for parents'
transmission of values and information to their children. This researcher found that ethnic
socialization (i.e., the ethnic group by which one acquires and develops values and
perceptions and identifies self), is the factor responsible for parents' transmission of
values and information to their children. Palmer (1983) stated that a quality education is
highly encouraged among Caribbean nationals and that parents take it as their
responsibility to instill this belief into their children. However, there is a cost that
accompanies these expectations. Alfred (2003) stated that the Caribbean women in her
study believed it to be necessary to renegotiate their identity, language, and academic
cultural behaviors in order to meet the expectations of the American academic culture.

Cabrera and La Nasa (2000) and Yosso (2005) have promoted conducting
research to further understand factors that contribute to the academic success of minority
students. For example, Alfred (2003) examined the importance of challenging educators
to facilitate the learning of culturally diverse learners without having them sacrifice their
ethnic identity. This would be particularly helpful in studies such as mine, as Afro-
Caribbean parents and students alike may be forced to reckon with the barriers that exist
in the ivory tower while trying to preserve their cultural and self-identity. This may also
be an issue for Afro-Caribbean students who do not have an immediate family member
who has attended medical school. Although such students can receive support and
guidance, there is no one in their home that they can rely on to teach them how to
position themselves to be best prepared for medical school. In his study, Xu (1998)
found a positive association in terms of influence when it came to a physician-parent and

the child's decision to pursue a career in medicine. In comparison, the medical students with a non-physician parent group, although they comprised the larger portion of the sample in this study, were less likely to be influenced in choosing a career in medicine or in selecting a medical specialty.

Soethout, Heymans, and Ten Cate (2008) suggested that more research must be conducted to provide insight on biographical and academic achievement characteristics and medical career preferences. It was my intention to take this several steps further. It is clear that the Afro-Caribbean population is a prevalent ethnicity in the United States. Along with this comes the responsibility to recognize that this particular ethnic group has the capacity to produce children who can become educated and contribute to the health care of the nation's people. But first, it is necessary to understand the ways in which Afro-Caribbean parents guide and influence their children to decide to become medical doctors. By exploring various facets of literature, this study may result in some answers as to how Afro-Caribbean immigrants can seek the best academic gains for their children. Lastly, it can also serve as a foundation for administrators in pre-medical and medical institutions to provide a more concrete understanding of the ways in which they can offer more support and provide appropriate resources to students of this ethnic group.

<div align="center">Conceptual Framework</div>

The researcher applied two theoretical frameworks, cultural ecological theory (CET) and social construction in the present study. Both theories capture the essence of culture and minorities and were deemed appropriate for this study. The conceptual

framework allowed me to focus on parents and children as individuals and as duos and also provided a basis to appreciate how they ascribed meaning to their experiences.

Cultural Ecological Theory (CET)

Ogbu (1990, 1992), in his cultural ecological theory (CET), attempted to explain why different minority groups adapt differently to school and other institutionalized settings, achieve at different rates, and acquire literacy and numeracy differently. Introduced by Ogbu (1993), CET has shown that the side effects of slavery have seeped into the African American society. According to the author, many more minority students than majority students self-impose these restrictions and believe that they will never be able to achieve school success. The biosocial perspective has been used to study African Caribbean families and in particular, Trinidadian fathers' interactions with offspring (Flinn, 1982). However, the cultural ecological framework was applicable to this study, as it focuses on adaptive strategies that parents use in addition to providing a foundation for understanding the challenges faced by minority immigrants (Ogbu, 1981). The CET has been used in a number of studies that pertain to minority student performance and academic achievement (Foster, 2004). It has typically been utilized within the context of education of American ethnic minorities and has even extended to schooling of ethnic minorities in Europe (Luciak, 2004). I chose the CET as the lens for this study as it contributes to a body of work that captures the ethnic and cultural identities and parent-child relationships of Caribbean immigrant minority families.

The CET focuses on ways that culture, identity, and societal forces impact the educational outcomes of minority groups. It serves as a platform to analyze the way in

which minorities see the world and how they behave in it (Ogbu & Simons, 1998). The CET explores students' use of cultural background and how this prepares students both academically and socially (Awokoya & Clark, 2008). Foster (2004) highlighted the fact that cultural ecological theory stands out as an established theory used for minority approaches to schooling. Ogbu's primary concern was not only to investigate poor academic performance among minority students, but to understand how school failure pervades some groups while others are able to successfully overcome it (Smartt, 2008). Though it has been noted that voluntary minorities form self constructs of themselves, this is an area that was further examined in this study. Stepick (2003) wrote that Ogbu's major premise is to examine how immigrant students are able to be successful among their peers as well as fit into U.S. society based on their ethnicity and race.

There are four main tenets to CET: (a) community forces and system forces, (b) involuntary and voluntary minorities, (c) cultural differences/discontinuities, and (d) involuntary minority survival strategies.

Conceptualization: Community Forces and System Forces

Ogbu found that there are two approaches to understanding factors that influence minority student school performance. The first he termed as system forces. This focused on how society and the academic institutions treat minorities. Ogbu also believed that the cultural influence on minorities and their response to societal treatment and schooling played a role in how they would succeed. For this concept, Ogbu coined the term community forces. Ogbu believed that the large majority of research failed to address the impact of community forces on minority responses to schooling. Foster (2004) noted that

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Ogbu saw the need to have community forces provide a supportive structure for system forces.

For the purpose of this study, parental influence was hypothesized as a community force. Parents can have a significant influence on the direction of their children's careers as they seek questions of identity and move towards independent learning (Middleton & Loughead, 1993). Ibrahim, Ohnishi, & Wilson (1994) noted that cultural values play a significant role in the career decision-making process. These cultural values are then shaped by the cultural context of the individual and form the basis of their self-evaluation, their evaluation of others and their establishment of personal goals (Brown, 2002). Ogbu (1981) posited that community forces are responsible for the differences in school performance between immigrant and nonimmigrant minorities, considering whether minority students regarded their association with school as one that posed a threat to their cultural identity.

Typology: Voluntary, Involuntary, and Autonomous Minorities

Ogbu (1985) classified minorities into one of three different types. This typology was developed because Ogbu believed that it was not possible to understand minority academic achievement without the distinction. He believed that each kind of minority had a different set of experiences and that this would later impact them in their school relationships.

According to Foster (2004), Ogbu defined voluntary minorities as those individuals who chose to immigrate to a host country and sought out the host country based on institutional opportunities. School can provide opportunities for upward

mobility, and individuals who perform well in school and remain focused on obtaining valuable knowledge and skills from academic institutions can prosper (Gassama, 2012). Volunteer minorities learn the host country's academic norms and quickly adapt to these behaviors. They deem this behavior necessary for their academic success in the host country.

For the purpose of this study, voluntary minorities were used to refer to Afro-Caribbean immigrants to the U.S. This is appropriate, as a previous study by Gibson (1991) used the distinction of involuntary and voluntary minorities in studying West Indian youth.

Obgu also defined involuntary minorities. He described these individuals as those who had no choice in their migration which was usually due to forced migration or enslavement. This category of minorities will not be used in this study.

The autonomous minority is the third typology that Ogbu introduced. These individuals include persons who are victims of prejudice based on racial, ethnic, linguistic, or cultural identities that are not supported by national constitution. This definition was not used in the framework of this study.

Cultural Differences/Discontinuities

Ogbu made reference to three types of cultural differences that exist between the minority and majority populations and within minority populations. The cultural discontinuities (universal, primary, and secondary) were based on students' backgrounds and the expectations of schools. Ogbu described universal discontinuities as differences between home and school culture and language. Primary discontinuities were defined as

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those differences between the student's cultural norms and the cultural norms of the schools they attended. Because this can be experienced by volunteer immigrants who attend schools in a host country, it also initially creates a platform for possible learning and social adjustments. In this study, primary discontinuities were represented by career selection and observing the differences associated with career aspirations and selection for the minority and majority populations. Secondary discontinuities, more frequently associated with involuntary minorities were not used in this study.

Involuntary Minority Survival Strategies

Ogbu's argument for this concept is that involuntary minorities are largely academic failures due to their internalized mechanism of undermining academic success. Since this study was primarily focused on voluntary minority students, this concept was not used.

Social Construction

Students often internalize the lessons they learn from their interactions in society. Social constructionism looks at how relationships are created, the process by which this is done and how meanings are derived from those relationships (Stead, 2004). This theory is applicable to my study as it focuses on the human experience and relates to how Afro-Caribbean parents influence their children. Constructionists support the view that knowledge is created by the interactions among individuals in society (Schwandt, 2003). According to Berger and Luckman (1991), there are two tenets that exist for the social

construction of reality: (a) society exists as an objective reality and (b) society exists as a subjective reality.

Objective reality is primarily based on how people interact with the social world and how the social world then reverts to influencing people. As a result, routines and habits are created over time, and the individual experiences this type of knowledge as objective. The behavior continues to be reaffirmed via the interactions with others (Andrews, 2012). Subjective reality originates from primary forms of socialization. Although social construction did not emerge from the immigrant population, I selected this theoretical framework as it provided a basis for understanding how parents and children made sense of their environment as well as the impact it had on culture and their identity. As identity and status labels are placed on individuals by society, they are influenced to accept these constructs as meaningful to their self-identity (Andrews, 2012). This reality is heavily influenced by significant people in their lives who share and encourage them via conversation. As a result, the individual internalizes this as reality (Berger & Luckman, 1991). Figure 5 demonstrates how the CET relates to both Afro-Caribbean parents and their children in the pursuit of a medical degree and how this relationship is also affected by the overall social construction of their reality.
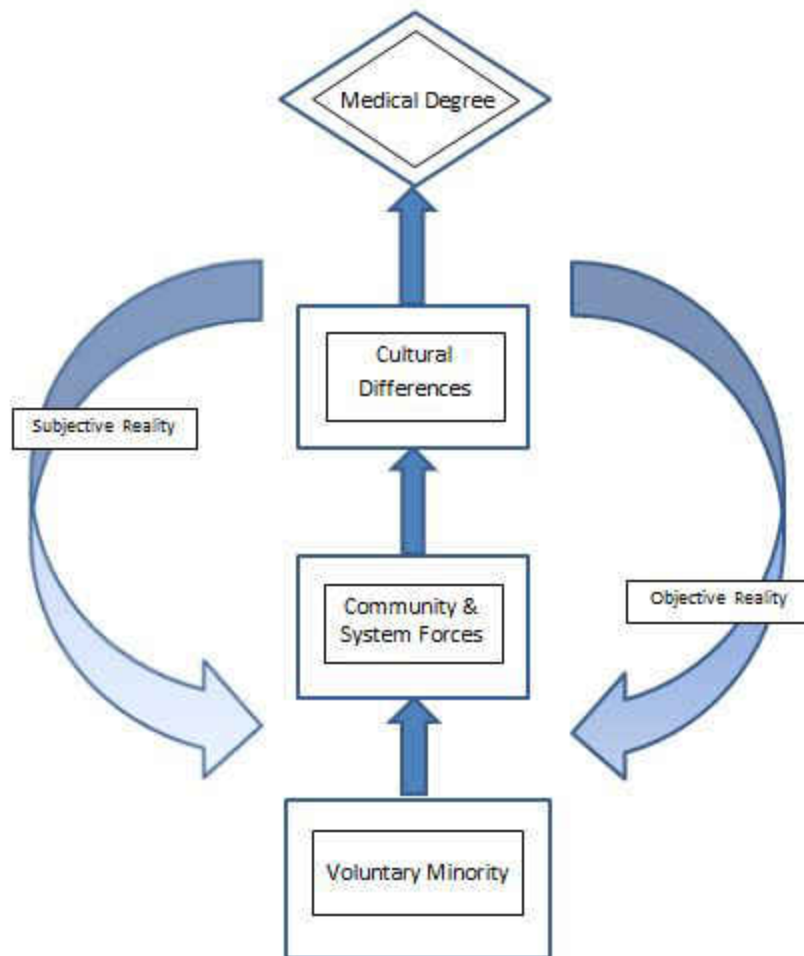
Note. © 2015 Carlene D. Grant

Figure 5. Relationship between CET tenets and principles of social construction

Research Questions

1. How do Afro-Caribbean families construct the path to become a medical

    doctor?

2. In what ways do Afro-Caribbean families make sense of whether their culture

    and identity influence becoming a medical doctor?

Definition of Terms

The following defined terms will be used interchangeably throughout this study:

Academic Achievement/Educational Achievement/Academic Success. The achievement

of a degree at any level of higher education.

Afro-Caribbean/Black Caribbean. An individual from non-Spanish speaking islands in

the West Indies (Massey et al., 2007). This term includes persons of African descent from

the Anglophone Caribbean, including mainland nations of Guyana and Belize.

Family(ies): For the purpose of this study, a parent and a (medical student) child.

West Indian. Persons from the English-speaking Caribbean nations. (Hall & Carter,

2006).

Positionality

Growing up in an Afro-Caribbean household, it was not uncommon to hear my

parents emphasize the importance of getting a good education. When my parents

migrated to the United States in the mid-1970s, the social climate in the United States

was still filled with racial issues. With only a high school degree, my father was

determined to set the example for his children that education could provide a better life.

He put himself through night school while working and my mother stayed home to take

care of us. My brother and I quickly got used to our routine of coming in from school,

completing homework and when my father came in from work we would all sit at the

table to eat dinner. It was at the dinner table that my brother and I would hear the stories

about their childhood days in Trinidad and how they often grew up wondering what their

future would hold. From the stories alone, I knew that I came from a heritage that was rich in culture and of a proud people. My father would frequently speak about the Father of the Nation, the late Dr. Eric Williams, the first Prime Minister of The Republic of Trinidad and Tobago. I was intrigued by Dr. Williams' stories and speeches and after learning more of his personal goals, I knew that I wanted to have a career that focused on academic achievement.

Another infamous topic at the table was my father's recollection of stories of his childhood days and the boys from his small fishing village. Quite often he would tell us about how intellectually gifted many of the young men were, ". . . he could have been doctor or lawyer," I would hear. Instead, the young men became tradesmen, and they continued on to live their version of a happy life which often included copious amounts of rum. "Get your education now! Do not wait until later," my father would say while my mother gently nodded in the background. I remember being praised for bringing home good grades and the excitement I had when report card time came around. To me, it seemed apparent that since I did very well in math and science that the obvious career option for me, and one that would be acceptable to my parents, was to go into medicine.

During my undergraduate career, I felt that a career as a medical doctor would be the only acceptable career that would make my parents most proud of me. I kept the idea of going to medical school in my mind but deep down inside I felt that it was not my true calling. I knew that I faced a conflict; either fulfilling my parent's dream, or trying to discover my own. Happily, I chose the latter. I wanted a career that would allow me to investigate cultural and academic phenomena from an educational viewpoint.

My decision to work in medical education and in higher education has exposed me to a wealth of experiences. I have had the privilege to work with and mentor many Afro-Caribbean pre-med and medical students and exchange stories of the role our parents played in our careers. On the other hand, my privilege has also exposed me to issues that many of these students face. Unlike their majority counterparts, many Afro-Caribbean pre-medical students and medical students do not have parents, siblings or relatives who are in the medical profession. I have had the pleasure of meeting some of the parents, and can see some of the influence that they feel in knowing that their child is on their way to becoming a medical doctor. However, I also know that many of these parents are not aware of the challenges that the students face when entering classrooms and often being forced to disconnect temporarily from social activities in order to achieve their goals. Thus, this dissertation emerged as an effort to determine how Afro-Caribbean parents influence their children to pursue a medical degree. It is my hope that medical education administrators and institutions, Afro-Caribbean parents and their children will benefit from this study by having a further understanding of how the parents of this specific ethnic group influence the lives of their children and their career decisions.

Summary

For quite some time African-American students and Caribbean-American students have been viewed as operating within the context of the same minority population. Afro-Caribbean immigrants are one of the largest growing ethnic sectors in the U.S.; and as such, their children are being educated in U.S. schools. Although quite a bit is known

about parents and their influence on their children's career decisions, it has not yet been determined if the same premise holds true for members of the Afro-Caribbean community. Examination of these areas allowed me to investigate whether there is something unique about the decision-making process for Afro-Caribbean children who decide to become medical doctors, as well as to determine whether there are factors that administrators and medical institutions can utilize to support and encourage students in this ethnic group to achieve their academic goals.

CHAPTER 2
LITERATURE REVIEW

Introduction

There are important differences between children of different generational

cohorts particularly in their psychological developmental stages, in their socialization

processes in the family, and the society at large, as well as in their orientation toward

their homeland (Rumbaut, 2004). These differences can have distinct implications for

individuals' perceptions of discrimination and how they perform academically. They

create a narrow set of indicators to determine educational success and create a different

type of discrimination that divides minority students from their culture and intellectual

autonomy (McNeil, 2000). This narrowing of opportunities for success may present

itself as an issue for Afro-Caribbean students who are frequently grouped with African

American students. Both of these minority groups face challenges in relying on their

background knowledge to complete admissions tests, thereby insuring that they take

preparatory courses in order to be successful. This results in students being directed on

a curricular path that does not take into account their culture or learned approaches to

problem solving strategies or critical thinking (Baker, 2005).

Caribbean people also comprise the largest group (36.7%) in the 45 to 64 year

age range. These statistics could prove valuable in the career preparation of the

increasing numbers of ethnic minority group members in the United States (Fisher &

Padmawidjaja, 1999). A better understanding of these data may contribute to increasing

the number of physicians of Afro-Caribbean heritage in many underserved communities

in the U.S. with large Caribbean diasporas. It is important to develop and establish learning environments that promote and foster multicultural practices which, in turn, allow these students to feel supported (Chavez & Guido-Debrito, 1999). The first part of this literature review will be concerned with immigration and identification, the self-identification, within-group distinction, and ethnicity in other cultures.

The second and third primary areas that I will focus on in this literature review are parental influence and students and their career selection. I chose to explore parental influence in order to determine whether this has been the major source of impact on Afro-Caribbean students who decide to become medical doctors. This section of the literature review will include a discussion of immigration of Afro-Caribbean people to the United States so as to better understand how they view themselves as an ethnic group in American society. The second part of this section will include a review of literature focused on parenting. The review will include aspects of culture, parenting styles, expectations, and socialization in an effort to provide a basis for understanding how Afro-Caribbean parents influence their children and whether this influence impacts children's career decisions to become medical doctors.

The final section of this review will focus on students and career selection. This area of the review will be concentrated on the challenges faced by underrepresented students in medical institutions. In the second half of this section, I will review career selection literature, including some relevant theories that exist on career selection, the influence on children's career choices, and specifically the choice to pursue a medical degree.

<u>Immigration and Identification</u>

  The United States experienced a significant change in the number of immigrants admitted to the country during the 1960s (Keller, 2001). Foner (2001) stated that more than 500,000 West Indians had moved to New York City alone since 1995. This comprises the largest Black ethnic group in the city with more than one million Black U.S. residents indicated as being of West Indian ancestry. In 2013, national statistics from the Department of Homeland Security indicated there have been approximately 5,600 immigrants from Guyana, 5,000 from Trinidad and nearly 19,000 from Jamaica. In 2005, Caribbean Blacks represented 60% of the Black immigrants living in the United States and were a major source of growth in the total U.S. Black population (McKinnon & Bennett, 2005). Most settled in large cities, in particular New York, Miami, and Fort Lauderdale (Frazier, 2007; Hall & Carter, 2006).

  According to James (2002), Sowell a prominent researcher of ethnic groups and West Indians in the United States, attributed much of the migrant Afro-Caribbean individual's success in the United States to a culture that encompasses beliefs, religion, language, values, norms, mores, and kinship patterns. Sowell also claimed that between 1908 and 1924 the teaching profession was the largest category for immigrant blacks. Caribbean immigrants desired to improve their education and skills when they came to the United States and often attended night school to earn more qualifications. As a result, many Caribbean teachers often went on to educate themselves to become doctors and lawyers (James, 2002). This fact directly ties into my interest in pursuing this study.

Merolla (2013) explained that having an understanding of how underrepresented groups achieve academically would allow for an improvement in racial equality, especially in terms of socioeconomic and social status. As more individuals in the U.S. have become educated, there has been an expansion of social policies pertaining to educational attainment. Recent data indicate that although there has been an improvement in terms of educational degrees earned among minorities, significant strides still need to be made in order to attain equality in the academic attainment realm. A clear example of this area of opportunity can be found in Thomas' 2012 report on Black Caribbean immigrants to the U.S. Thomas stated that the more recent Afro-Caribbean immigrants had lower socioeconomic status in their country of origin and were generally overrepresented among less-educated groups in the U.S.

Mahler (2001) has stated that as families relocate, there can be changes to support networks, relationships, and emotional well-being among the family. For Afro-Caribbean immigrants in the United States these associations have been relevant in terms of culture, adaptation, and acculturation. Jackson, Forsythe-Brown, and Govia (2007) explained that most research in this context has focused on Hispanics and Asian Americans but that not much has been done on Black immigrant families.

Self Identification

Identification, according to Freud, is an act of imitation; it enables a child to think, feel and behave and adapt to other's beliefs, values and standards (Kinket & Verkuyten, 1997). Learned ethnic identity includes rituals, symbols, and behavior that manifest themselves from underlying values, beliefs, and assumptions (Ott, 1989).

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Sociologists have generally used race to refer to physical appearance and ethnicity to refer to culture, language, or descent (Hirschman et al., 2000). However, there is a fine line in the definition in the self-definitions of individuals (Landale & Oropesa, 2002). Children of Caribbean immigrants who identify as ethnic West Indians have tended to see more positive outcomes for individual effort and initiative (Waters, 1994). According to Waters (1994), first-generation black Caribbean people in the United States prefer to identify with their native origin and ethnic identity, (i.e. Jamaican or Trinidadian), but second-generation West Indians in the United States take a more active role in emphasizing their ethnic background. This is in contrast with their parents' ethnic groups' values which include valuing education, strict discipline for children, a strong work ethic, and social mobility.

Stepick and Stepick (2002) wrote that numerous longitudinal studies of immigrant youth in schools have been conducted on academic achievement and ethnic identity. Though this has been lacking in the Caribbean diaspora, it is interesting to note that there is a distinction of ethnic groups used for Hispanic groups. This is evident in a report by the Pew Hispanic Center which highlighted that in terms of their identity, most Hispanics prefer to use their family's country of origin, (e.g. Mexican, Puerto Rican), than race (Taylor, Lopez, Martinez, & Velasco, 2012). The U.S. Census lists two ethnic categories, Hispanic and non-Hispanic. However, Puerto Ricans have often viewed race as related to nationality, culture, or birthplace (Rodriguez 2000). In their study, Landale and Oropesa (2002) demonstrated that Puerto Ricans identify with their national origins rather than the color of their skin. Stepick and Stepick (2002) stated that immigrant youth were likely to

retain some identification with their birthplace rather than adopt the pan ethnic identity of being Black. In addition to recognizing how individuals identify themselves culturally, there is a need to understand the factors that may affect academic self-concept, an individuals' self-perception of their academic ability (internal reference). The assessment of how others in the school setting perceive individual academic behavior (external reference) should also be accounted for (Köller, Daniels, & Baumert, 2000). Thus, achievement among minority immigrant student populations, such as Caribbean Americans, who typically face significant cultural adjustment issues can be further explored (Mitchell, 2005). The means by which Afro-Caribbean people identify themselves culturally in the United States prompts further inquiry of with-in group distinction and how this type of ethnic identification plays a role in various cultures. These concepts will be highlighted in the following sections.

<div align="center">*Within-group Distinction*</div>

West Indian societies were founded on the basis of slavery and colonialism (Waters, 1999). Presently, there are one-size-fits-all labels that lump ethnic groups together even though they differ widely in national and class origins, phenotypes, languages, cultures, generations, migration histories, and modes of incorporation in the United States (Rumbaut, 1994). The purpose of this study is not to compare African Americans to West Indians as in other studies (Ogbu, 1990); rather I intend to focus on what elements are present in the Afro-Caribbean experience of parents on their children's journey to becoming physicians. Black Caribbean nationals tend to be viewed the same as the African American who were born and raised in the United States (Gopaul-McNicol,

1993). However, culturally, there are many differences. For example, when compared to African Americans, Afro-Caribbean immigrants tend to relate their children's failure as due to their lack of effort (Gopaul-McNicol, 1993). Sowell (1978) argued that West Indians tend to be overrepresented in the black American community in terms of their education and occupational status. Sowell also noted that the significant representation of West Indians in professional occupations was based on Afro-Caribbean culture of success which existed during slavery. West Indians, according to Forsythe (1975), have had strong beliefs in self, discipline, and determination, and that it has been this mentality that contributes to their successful initiatives. Similarly, Waters (1999) observed that Reid, a scholar in the study of foreign-born blacks in the 1930s, asserted that West Indians value education and hard work.

Immigrant socialization involves the bicultural effort of attempting to promote self-esteem within one's own culture and dealing with the harsh realities of the wider society (Juilan, McKenry, & McKelvey, 1994). Second generation West Indians have been interested in pursuing jobs that are typically outside of the immigrant network connections, which quite often are jobs that require higher education (Henke, 2001). Many researchers have not considered within-group ethnic differences especially as they pertain to the Black population in the United States who are often studied monolithically (Hall & Carter, 2006). In their study of West Indian immigrants and U.S. born children, Bashi and Clark (2001), observed that the perception of success in education was related to the belief that the West Indians were an independent ethnic group in terms of cultural values and work ethic.

Strategies parents use to socialize their children and the effect of those strategies on children's developmental outcomes have not proven to be generalizable across or within cultures (Smith & Moore, 2012). There is little empirical research on Black immigrant students' home life and parenting and examining the influence on these students' academic achievement (Fisher, 2005; Codjoe, 2007).

Boyd-Franklin (1989) remarked that Black West Indians in the United States were worthy of study in the research and clinical arenas. Alex-Assensoh & Hanks (2000) stated that although Afro-Caribbeans share the same phenotype as African Americans, they are a voluntary immigrant group who distinguish themselves from their African American counterparts by their unique ethnocultural identity. Within-group variation seems particularly relevant for Blacks because of the varied histories, multifaceted influences, and diverse circumstances of Black populations in the United States (Phelps, Taylor, & Gerard, 2001). West Indian immigrants have tended to define themselves by nationality rather than by race. For example, many first generation Caribbean immigrants have tried to avoid being classified as born Black American and have self-identified as "other" by choosing a marker such as "Jamaican-American" to distinguish themselves (Shaw-Taylor, 2009). In the United States, West Indian children have been grouped with Black American children and sometimes have not received services that other immigrant children are given (Gopaul-McNicol, 1993).

Ethnicity in Other Cultures

Race refers to a sociobiological construct in which society places people in a social and value hierarchy depending on history, traditions, and personal experiences,

whereas ethnicity refers to perceived common ancestry, perceptions of a shared history, and shared symbols of peoplehood (Cornell & Hartmann, 1998). Until recently, the majority of educational and social science research has categorized all Black people into one ethnic group, leading to the assumption that they constitute a homogenous ethnic group (Phelps et al., 2001). "Grouping all Latinos together ignores a host of factors that affect the education experience of specific Latino ethnic groups. . . ." (Guzman, Santiago-Rivera & Hasse, 2005, p. 4). Ethnic identity, however, is often considered a social construct (Waters, 1990). Many common traits exhibited among African Americans, Hispanics and Asian Americans are due to incorporating their experience with slavery, conquest, and/or colonization (Julian et al., 1994). This was investigated using an interview protocol by asking questions that highlight parents' motivations to ensure that their children attain educational success. Findings suggest that ethnic parents are highly motivated to enhance their children's success and provide intervention strategies that would benefit their children (Julian et al, 1994). As early as 1978, Bartz and Levine observed that African-American parents expected their children to use their time wisely and to be involved in decision making, an aspect that remains relevant in terms of the decision-making process in career selection. Ainsworth-Darnell, and Downey (1998) explained that immigrant minorities come to the U.S. with an expectation to improve their lives. The researchers also found that though African Americans valued their academic experience, they failed to exert the necessary effort to ensure their success. The present study will explore these findings as they pertain to Afro-Caribbean students in

this investigation of the role of parental influence in positive attitudes towards academic achievement.

Unlike African-Americans, Hispanic persons in the United States are represented by four groups: Mexican, Puerto Rican, Cuban and other Hispanic origin. (Sandefur, Martin, Eggerling-Boeck, Mannon, & Meier, 2001). Differences within Hispanic subgroups include immigration history, geographic distribution, income and education levels, and occupational distribution (Sandefur et al., 2001). One complication for black Hispanics is whether they identify with their subgroup or identify more as African American (National Research Council, 2004). Likewise, many Asian Americans identify with a particular subgroup based on a distinct language, culture, education, income level, and immigration history (National Research Council, 2004). Table 1 highlights the ethnic groups in the United States and highest level of parental education attainment. It also highlights the fact that Blacks, which includes African and African Caribbean people, have one of the lowest rates of attainment for doctoral or professional degrees as compared to other races/ethnicities. This information is related to the anticipated outcomes of the interview protocol of this dissertation. Demographic questions have been developed and will be incorporated in the interview protocol that allow for disclosure of the participating parents' personal academic achievements.

Table 1

United States Parental Academic Achievement by Ethnic Subgroup

	Percentage of Parents with Doctoral or Professional Degree (2008)	
Ethnic Group	Mother	Father
White	2.3	5.6
Black	0.7	1.8
Hispanic	0.5	1.1
Asian	3.1	10.7
Native Hawaiian/Pacific Islander	5.8!	4.4!
American Indian/Alaska Native	‡	5.3!

‡. *Reporting standards not met! Interpret data with caution.*

Note. Adapted with permission from *Status and Trends in the Education of Racial and Ethnic Groups* by S. Aud, M. Fox, & A. KewalRamani (NCES 2010-015). Washington, DC: U.S. Government Printing Office.

<u>Parenting</u>

The literature reviewed confirmed that Afro-Caribbean immigrants to the U.S. value and seek educational opportunities not only for themselves but for their offspring as well. A large part of the Afro-Caribbean culture is to pass on the value of education as part of their heritage. Parental support plays a strong role in academic and career development (Ferry, Fouad, & Smith, 2000; Keller & Whiston, 2008). Parenting behaviors that are inappropriate in one culture may be considered supportive in another (Chao, 2001; Russell, Crockett, & Chao, 2010). Results of studies on European American middle-class families in the United States have diluted the awareness of variances in the understanding of parent–child relationships in other cultures (Chao, 2001). This section of my literature review will look at the various aspects that may contribute to parental influence on their children.

Culture

Research on Caribbean parenting and childhood is still a newly developing area. Copious amounts of literature exist on parenting styles and their influences on child behavior (Hines & Holcomb-McCoy, 2013;Taylor, Hinton, & Wilson, 1995; Wentzel, Feldman, & Weinberger, 1991). Understanding parental involvement allows for influencing the academic outcomes of Afro-Caribbean youth, and this is one of my objectives in conducting this research. In addition to understanding the influence of culture, I will also explore how culture, parenting styles, influence, expectations, ethnic socialization, ecological influence, and socioeconomic status play in Afro-Caribbean parents' roles in the academic journeys of their children becoming medical doctors. Sorkhabi (2005) examined types of parental practice across cultural communities, defining them as (a) authoritarian, (b) authoritative, and (c) indifferent or indulgent.

Studies of the prevailing parenting style in English-speaking Caribbean countries are consistent with the concept of authoritarian parenting which has been defined as parents who value reasoned communication and provide guidance without being overbearing (Baumrind, 2005). Parenting in West Indian families has been described as very harsh, controlling, and lacking in communication and the use of reasoning (Brown & Johnson, 2008; Mathurin, Gielen, & Lancaster, 2006; Smith & Mosby, 2003). Roopnarine, Jin, & Krishnakumar (2014) suggested that though variations exist in parenting styles across the Caribbean, Afro-Caribbean parents emphasize autonomy with their children as compared to other Caribbean ethnic groups. These parents also value obedience of children to their parents, the roots of which are attributed to the Christian

belief widely held among West Indian parents of "spare the rod and spoil the child." (Jaeger et al., 2013). Parental beliefs of authoritarian parents about child development align with culturally derived values about what is required to ensure that the child is a competent individual within the community (Super & Harkness, 1986).

Hoge et al. (1997) attempted to define parental involvement as consisting of four components: parental expectations, parental interest, parental involvement in school, and family community. Of the four components they found that parental expectations were the most important. What this indicates is that parental involvement appears to affect all levels of academic achievement: GPA, standardized tests, and other measures as well (Jeynes, 2003). Kids raised by authoritative parents are more likely to become independent, self-reliant, socially accepted, academically successful, and well-behaved (Kamins & Dweck, 1999).

The mundane stress of being a subgroup minority in the current educational environment can have a powerful effect on underrepresented students (Carroll, 1998). It can interfere with the academic success of the student. Hill et al. (2004) observed that parent academic involvement among families with lower parental education levels increased adolescents' educational and career aspirations if they desired to be upwardly mobile.

Afro-Caribbean immigrants represent a significant number of legal immigrants in the United States, but their academic achievements have frequently gone unnoticed (Butcher, 1994). In a British study, Connor et al. (2004) found that parental and familial

influence on minority ethnic students was very heavily applied in order to see that the children succeeded by means of gaining higher education qualifications.

There has been limited research in terms of understanding what motivates minority students to obtain a professional degree. As of 2008-2009, there were 1.7 million Afro-Caribbean immigrants to the United States. In other words, approximately 49% of all Black immigrants to the United States were of Caribbean descent (Thomas, 2012). Among this group, 35% to 45% had attended college; however, half did not earn a degree (Mitchell, 2005). As culture plays an integral role in family influence, the following section of this literature review is focused on how parenting styles may influence how Afro-Caribbean children learn and internalize the value of education as part of their heritage.

Parenting Styles

Baumrind's (2005) framework of parenting behaviors is based on responsiveness (warmth and autonomy support) and demandingness (claims parents make on children by regulating their behavior). Baumrind (2005) maintained that the ideal parenting method was authoritative, characterized by high levels of warmth and emotional support as well as a balance of responsiveness and demandingness. Authoritarian parents were described as restrictive, dictatorial, and users of corporal punishment (Baumrind, 2005; Querido, Warner, & Eyberg, 2002). Researchers have suggested that though there is a positive association between authoritarian parenting and behavioral problems for European American children, this is not the case for African American children (Lansford, Deater-Deckard, Dodge, Bates, & Petit, 2004). For example, in Jamaican households, exhibition

of low warmth and high levels of rejection by parents have been shown to predict problematic functioning in adolescents (Armistead, Forehand, Brody, & Maguen, 2002). Authoritative parents enforce their directives and autonomy support by encouraging critical reflection and reasoning (Baumrind, 2005). Fathers who were more spiritual were more likely to use the authoritative parenting style with sons (Roopnarine & Hossain, 2013).

Associations have been found to exist between authoritative parenting style and school success (Baumrind, Larzelere, & Owens, 2010; Davidov & Grusec, 2006). Explaining the reasons for rules, and talking with children to help them understand their mistakes is what makes authoritative parenting style an inductive style of discipline, as it helps them become more empathic, helpful, conscientious, and kind to others (Knafo & Plomin, 2006). Researchers have shown that parents who do not react negatively for academic mistakes are more likely to have children who are better learners and resilient problem solvers (Kamins & Dweck, 1999). In their study of American students, Bednar and Fisher (2003) found that undergraduates from authoritative families were more likely than others to say that their parents, not their peers, would influence their moral decisions. Some researchers have reported little or no difference in academic performance in African-American and Chinese-Americans children from authoritarian and authoritative homes. However, Chao (2001) reported that an authoritative parenting style does not necessarily produce the same outcomes for different ethnic groups in the United States.

Association noted with authoritarian (and permissive) have less positive outcomes when it comes to internalizing and externalizing and paying attention (Gadeyne, Ghesquiere, & Onghena, 2004). Authoritarian parenting has been characterized as having high control and low warmth (Baumrind, 1967). This information reveals that children raised in authoritative households, and exposed to authoritarian discipline may also achieve less at school. In a Dutch study, children with authoritarian parents were observed to be less helpful, less popular, and less mature in their reasoning about moral issues (Dekovic & Janssens, 1992). A common trait of authoritarian caregiving is to shame a child for poor performance; this may lead to exhibiting poor performance on problem-solving tasks (Kamins & Dweck, 1999). Dornbusch et. al., (1987) found that the authoritarian parenting style was linked to lower school grades for all ethnic groups in their study. Leung and Kwan (1998) suggested that children with relatively less-educated parents did better in school when they were from authoritarian homes. Trinkner, Cohn, Rebellon, and Van Gundy (2012) showed that children who identified their parents as more authoritarian were more likely to reject their parents as legitimate authority figures. Adolescents who have been raised with authoritative parents have exhibited lower levels of depression but higher levels of achievement and competence over time (Liem, Cavell, & Lustig, 2010). In a study of Caribbean adolescents, Liem et. al. found that Caribbean parents did not use an authoritarian style as their primary parenting style; they had more of a tendency to utilize a mix of authoritative and neglectful parenting. Brown and Johnson, (2008) and Ricketts and Anderson, (2008) claimed that authoritarian parenting styles tended to be used more by Caribbean parents. The interview protocol of the present

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study will explore various parenting styles. This may also allow for further understanding of parenting influence on a child's education and vocation. The following section of the literature review will expand on this subject area.

Parental Influence on Education and Vocation

Previous research findings as related to parental influence over child's vocation are consistent with the idea that parental beliefs and interactions may play a role in their children's career choices. For example, in a study by Taylor, Harris, and Taylor (2004), parents believed that they had more influence than anyone else over their child's career aspirations but that they had no control over career development. Researchers in this area (Mau & Bikos, 2000; Otto, 2000) indicated that family and parent education and income play a role in a child's career aspirations. These studies were limited, as the ethnicity of the participants was not disclosed. As such, the findings may not have reflected the same experience based on the ethnic and racial challenges that Afro-Caribbean parents and their children may face. Stewart, Stewart and Simons (2007) found that a student's educational progress was largely influenced by expectations and parental aspirations.

Jeynes (2005) concluded that children who have highly involved parents have better academic outcomes in elementary and secondary school. Some studies of parental involvement in education have included racially and ethnically diverse samples (Rowley, Helaire, & Banerjee, 2010). There has been a limited analysis regarding race or ethnicity in parenting practices associated with children's achievement (Banerjee, Harrell, & Johnson, 2011). Parental involvement in schooling has been identified as a solution for

increasing school productivity and the academic performance of socially disadvantaged

groups (Cibulka & Kritek, 1996).

Nicholas, Stepick, and Stepick (2008) studied the pathways to academic success

of Haitian students. They defined three ways in which students attained success: (a)

constant motivated achievers were those who held concrete beliefs about success with

their academic goals, (b) persistent strivers were those who continue to work hard but

have below average academic performance, and (c) late bloomers were those who

eventually recognize the importance of education. Based on the students' success, it was

shown that constant motivated achievers and late bloomers were motivated to succeed for

their family rather than themselves. Constant motivated achievers and persistent strivers

responded to strict parental upbringing by stating their parents' expectations of having to

do well in school and reach academic goals on behalf of their parents. Late bloomers

found that academic achievement would please both their parents and later on their own

children. In general, in this community, parental pride was important, and sending a child

to college was a reflection of family achievement and status. In line with these findings,

the next section of the review contains the results of delving into literature related to

parents' expectations for their offsprings' educational attainment.

Parental Expectation

Understanding the role of parental expectation on career choice is not as simple as

asking parents how far they think their children will go in school or forecasting what

professional schools they will attend. Parental expectation is defined as the desires,

wishes or goals that parents have with regard to their children's future attainment. It does

not focus on the reality of what the child can be expected to achieve (Seginer, 1983).

Scholarly inquiry on parental expectations has been largely conducted on European

American, middle-class samples. In very few instances have researchers accounted for

the context of race or ethnicity in shaping parental expectations or the academic

outcomes associated with them (Vartanian, Buck, & Cadge, 2007). Parents' academic

expectations facilitate a relationship between family background and academic

achievement (Benner & Mistry, 2007). Parental expectations can function as a form of

communication that conveys to students the value their parents place on achievement

(Yamamoto & Holloway, 2010).

Parental expectations play a critical role in children's academic success. Students

whose parents hold high expectations were observed to have higher grades, achieve

higher scores on standardized tests, and aspire to attend college when compared to those

with low expectations (Yamamoto & Holloway, 2010). Researchers have characterized

parental expectations as beliefs or judgments that parents have about their children's

highest level of academic achievement. For example, Blau and Duncan (1967) reported

that a child's occupational attainment was largely influenced by parents' level of

education. Parents' status attainment has been defined as "a function of two main causal

components: a cognitive-motivational component which includes educational and

occupational expectations and a contextual component which is formed by the set of

social and organismic factors affecting their enactment" (Haller & Portes, 1973, p. 69).

Cognitive-motivational includes others' influence, mental ability, and academic

performance (Baksh & Martin, 1984).

Parental aspirations and expectations are conceptually distinct. However, the terms are sometimes used interchangeably. I have chosen to query this phenomenon by asking the interview participants direct questions regarding their educational experiences as it compares to their satisfaction with their overall life achievements. Specifically, the first research question as to how Afro-Caribbean parents construct their children's paths to becoming medical doctors and its sub-questions are tied to the CET which is closely linked to parental aspiration. The second research question as to the ways Afro-Caribbean parents make sense of how their culture and identity influence their children's paths to becoming medical doctors and its sub-questions focus on the SCT and are associated with parental expectation.

Researchers have examined parental aspirations and expectations separately but have combined the two into a single variable for analytic purposes (Bandura, Barbaranelli, Caprara, & Pastorelli, 1996). Parental aspirations include the value parents place on education, parents' personal goals, community norms about schooling and professional and personal success (Carpenter, 2008). Cultural differences exist in parents' views about the factors that contribute to high achievement (Yamamoto & Holloway, 2010). Osler (1999) stated that little is known about black and ethnic minority students who are successful within the school system or their life histories and how they affect their subsequent occupational decisions. In their research, Okagaki and Frensch (1998) found that Asian American parents viewed motivation and hard work as the basis of academic success. Yamamoto & Holloway (2010) discovered that a positive relationship found between students' prior academic performance and parental expectations among

European American families did not necessarily hold true for racial/ethnic minority families.

High parental expectations seemed to be motivated by the desire to have their children surpass their own educational and occupational levels, allowing them to be in a better position to make a positive contribution to their racial-ethnic group (Fisher & Padmawidjaja, 1999). An examination of parental attributions and the role it plays between parental expectations and students' academic performance may lead to understanding of the processes affecting student response to parental expectations in different racial/ethnic groups (Yamamoto & Holloway, 2010). Researchers have shown that African-Caribbean parents are concerned about their children's academic experience and often feel the need to become directly involved (Crozier, 1996; Reay, 1998). Positive beliefs held by African American parents regarding education has led to placing high value on academic expectations for their children (Ford and Harris, 1997). The earlier that parental involvement begins, the more powerful effects it will have on an older child's educational process (Cotton & Wikelund, 1989). Parent's contributions to their child's educational experiences are also influenced by the child's understanding of their ethnic experiences. Ethnic socialization is discussed in the following section to provide further groundwork for understanding parental influence.

Ethnic Socialization

Racial/ethnic socialization is the process through which parents help shape their children's attitudes and understanding about the impact of race via specific messages and practices (Murray & Mandara, 2002). Practices include teaching children about their

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culture of origin, allowing them to develop sense of ethnic and cultural pride. Racial/ethnic socialization practices also familiarize children with their cultural background. The positive effects of parental involvement as a result of ethnic socialization in education can be seen as early as preschool (Arnold, Zeljo, Doctoroff, & Ortiz, 2008). In their study, Roopnarine, Krishnakumar, Narine, Logie, and Lape (2013) observed that ethnic socialization behaviors were affected by material rewarding and harsh parenting and not by positive parenting and rules for children in Afro-Caribbean families. It was also observed that African-Caribbean parents have lower levels of rule setting and harsh parenting when compared to other Caribbean ethnic families. This evaluation was based on pre-school children but provides a reference for the observation of behavior among parents of Afro-Caribbean medical students. Table 2 displays the various cultural differences in parenting strategies among Caribbean subgroups. These differences may be a part of the cultural and societal norms of the parents' generation which are then passed down to their offspring. These differences will also be explored as part of the interview protocol which seeks to explore culture and how it relates to parenting style. The literature aids in understanding how the home influences outcomes and this will be further investigated in the discussion on ecological influence.

Table 2

Mean Comparisons of Parenting Strategies and Ethnic Socialization (N = 1,282)

Strategies	African Caribbean	Indo-Caribbean	Mixed-ethnic Caribbean
Positive behaviors	2.97_a (.61)	3.26_b (.56)	3.24_b (.54)
Rules	3.61_a (.56)	3.79_b (.37)	3.80_b (.36)
Material rewarding	2.24_a (.81)	2.54_b (.80)	2.41_c (.78)
Harsh parenting	1.63_a (.63)	1.49_b (.56)	1.62_{ac} (.64)
Ethnic socialization	0.91_b (.57)	1.14_a (.64)	0.87_b (.63)

Note. Standard deviations appear in parentheses next to means. Scores with differing subscripts within rows signify ethnic differences.*$p<.05$. **$p<.01$, ***$p<.001$.
Source: Reproduced with permission from "Relationships Between Parenting Practices and Preschoolers' Social Skills in African, Indo, and Mixed-ethnic Families in Trinidad and Tobago: The Mediating Role of Ethnic Socialization" by J. L. Roopnarine, A. Krishnakumar, L. Narine, C. Logie, & M. E. Lape (2013), *Journal of Cross-cultural Psychology*.

Ecological Influence

Family ecology refers to how the family operates and is a reflection of the interactions between the family as a social system and other societal institutions and systems (Harrison, Wilson, Pine, Chan, & Buriel, 1990). Family structure, church attendance and parent monitoring are also areas by which a parent may influence their child. These factors can also be evaluated for their role in academic achievement (Hines & Holcomb-McCoy, 2013). Woolley and Grogan-Kaylor (2006) examined ecological influence on academic success of African-American students. They found that home academic culture, (i.e., encouraging children to do well in school), had an impact on academic performance. The immediate family plays an important role in the lives of many Afro-Caribbean immigrants and as a result forms a support system as well as the basis for cultivation of cross-national ties. These all play a role in allowing for adaptation to both the social and academic environment.

Walberg's (1984) belief was that the home environment can influence learning outcomes. Walberg posited that the stimulating psychological aspects of the home environment requires optimization to increase student achievement of cognitive and affective outcomes. Therefore, the home environment can impact learning outcomes for (immigrant) children and strongly influence children's desire to achieve academic success (Ogbu, 2003; Walberg, 1984). Pinder (2012) found that Afro-Caribbean parents spent significantly more time assisting their children with homework than did non Afro-Caribbean parents. This is significant because the best predictor of Afro-Caribbean students' science achievement is performance motivation to do science. Males and females in West Indian society have been socialized differently from childhood; girls are often more sheltered and encouraged to be obedient whereas boys are encouraged to be independent and strong (Evans & Davies, 1997).

Individuals who place importance on various aspects of their life, (e.g., academics, religiosity, family relations), and value that domain will have motivational consequences related to behavior and motivation toward that domain (Osburne & Jones, 2011). Ogbu (2003) cited the oppositional culture perspective, noting its assertion that Black students do not believe in educational attainment as a path to social mobility because of the influence of ongoing barriers that Black Americans face. This then creates skepticism about the value of educational pursuits and results in lowered academic achievement and attainment for Black students. In contrast, Steele (2003) noted that Black students have historically placed a value on the importance of education, but something depresses greater numbers of black students from the highest level of

achievement. The socioeconomic status literature discussed in the following section may contribute to further understanding of why some Afro-Caribbean students do not go on to pursue careers as medical doctors.

Socioeconomic Status

Hill et al. (2004) suggested that parents who have higher socioeconomic status typically have higher prestige occupations which then serve as a point of reference for their children's occupational aspirations. Brown and Johnson (2008) studied parenting among rural, urban inner city, and urban middle class Jamaican families and discovered that although harsh corporal punishment was used in the home, parents also valued the children's opinions when making family decisions. Smith et al. (2005) found that perceived parental support had a positive influence on Black Canadian students' educational outcomes. The authors argued that African American students were likely to face constraints from poverty, and this would affect their school performance. Neither parental education level nor socioeconomic levels were found to influence educational achievement of African American children. Waters (2000) noted that Black Caribbean immigrants are economically successful due to their attempts at integration into the U.S. society. As such, literature by Gaines, Jr. & Ramkissoon (2008) stated that second generation Caribbean immigrants lose sense of their Caribbean ethnicity and traditions and experience strained negative attitudes towards work and thus experiencing economic demise.

Jeynes (2003) conducted research on the association between levels of parental involvement and achievement differences between African American, Hispanic and

Asian immigrants. In the study, the effects of parental involvement on immigrant students' achievement were examined, and it was found that parental involvement did have a positive relationship with children of all races and their academic outcomes. Similarly, Cudjoe (2007) examined the effects of parental involvement variables on Afro-Caribbean and African voluntary immigrants' achievement. Cudjoe looked at parents' discussion of school progress, parents' assistance with homework assignments, and parental support as factors that contribute to high academic achievement and positive attitudes toward school. Cudjoe also highlighted the importance of education being held in high regard. He found that regardless of their socio-economic status, parents preferred to have their children engaged in school work, thereby aiding in imparting one's own culture, fostering education, and setting expectations of occupational achievement (Cudjoe, 2007). Tomlinson & Hutchinson (1991) deemed that knowledge of the child's experience in the education system influenced parental involvement and promoted a successful outcome. Henderson & Berla (1994) determined that programs designed with extensive parental involvement could boost low income students' achievement to levels expected for middle-class students. Thus, they viewed parental involvement and training as a solution to inequity.

The literature content presented thus far has focused primarily on the parent. It provides a basis for understanding immigration, identification, and parenting as they relate to the Afro-Caribbean experience and how that experience influences a child's journey in pursuit of a career as a medical doctor. The next section of the literature

review will be focused on the students' experience, discussing the elements related to the choices in career and the academic journey as an Afro-Caribbean offspring.

Students and Career Selection

Kohn (1977) observed that working-class parents emphasize characteristics in their children that will benefit them as they enter adulthood. Ogbu (1978) found that, "An important determinant of school performance is what children and their parents or community expect to gain from their education in adult life" (p. 54). Thus, the relationship between parent academic involvement and aspirations, both direct and indirect, add to a growing body of literature on the longer term benefits of parents' involvement in adolescents' academic lives, especially as related to the future (Hill et al., 2004). This portion of the literature review will address students as the first generation to attend college, the impact of culture and social status, affirmative action in medical school, and the process of career selection. It will also touch on other theories relevant to this topic in an effort to further explore how Afro-Caribbean students make the decision to become medical doctors.

First Generation Students and Parent Academic Background

Choy et al. (2000) conducted a study on at risk students based on family backgrounds and the lack of parental post-secondary education. First-generation students were found to be more at risk for not attending college if their parents had not attended college. The researchers also found that as risk factors, (i.e., low socioeconomic status, single-parent family, having older sibling who dropped out of high school) increased, so

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did the likelihood of schooling being important to children. The research revealed that in addition to peers and school personnel, parental involvement reduced the risk of high school dropout, even if the parents did not attend college. Students were also twice as likely to enroll in college if their parents discussed college planning with them. Parents' educational expectations did not impact the chances of enrolling in a four-year college. Choy (2001) later found that first generation status plays a role in graduate enrollment. First generation students whose parents did not have at least a bachelor's degree were less likely enroll in a first professional degree program compared to those whose parents had a bachelor's degree or higher.

Similarly, Pascarella, Pierson, Wolniak, and Terenzini (2004) stated that first-generation students tend to be at a disadvantage in terms of knowledge about postsecondary education due to factors such as family income, support, educational degree expectations, and planning. It was also noted that first-generation students were more likely to face challenges in acquiring information to make informed decisions about the importance of completing a college degree, which college to attend, and which choices to make while there. It was noted that the level of parents' post-secondary education influenced factors such as which college to attend as well as cognitive and non-cognitive outcomes of college.

Parents' education and other academic variables affect the student's college experience for first-generation students. Hahs-Vaughn (2004) noted that as first-generation students are typically less able to rely on family for support in college, there is more dependence on support from peers, faculty and advisors. First-generation students

who succeeded in obtaining a college degree were less likely to enroll in doctoral or professional degree programs as compared to non-first generation students (U.S. Department of Education, 2001). Likewise, Samuolis, Layburn, and Schiaffino (2001) addressed identity development between adolescents and their parents and the role this plays in later development. The models of attachment between parent and adolescent has been found to be influential for academic and emotional adjustment in college. Specifically, in the transition to college, Samoulis et al. found that there was a high correlation of attachment to mother and attachment to father for both men and women in terms of identity. They also suggested that adolescents who think about their parents and have frequent contact with them may also have a positive influence on a student's identity.

Choy (2001) noted that students whose parents did not attend college were disadvantaged when dealing with postsecondary access and persistence. These students were also faced with additional challenges to stay enrolled and attain a degree. Choy stated that, "As parents' education increases, so does students' likelihood of enrolling in postsecondary education" (Choy, 2001, p. 11). Choy observed that there were lowered educational expectations for students as early as the eighth grade if their parents had not attended college. Similarly, a percentage of those students had no expectations in terms of continuing their education beyond high school. Choy also concluded that high school graduates were less likely to be academically prepared to enter a four-year college if their parents did not go to college.

Stephens, Townsend, Markus, and Phillips (2012) noted that first generation students have a tendency to academically struggle more than peers with at least one parent with a four-year college degree. These students are also faced with the challenge of meeting the expectations of middle-class cultural capital, that is, meeting the expectations set by a middle and upper class norms in order to adapt and be successful within the context of the American university setting. The experiences of these first-generation students are tied into how students perceive family influence on education and career selection. The following section will further highlight student perceptions of parental influence and their career decisions.

Student Perceptions and Social Status

Some researchers have looked at student perceptions of parental expectations as a basis for understanding parental expectations (Gills & Reynolds, 1999). In a study by Fisher and Padmawidjaja (1999), student interviews revealed that parents were influential in career selection based on: encouragement, educational expectations, critical life events, vicarious learning, and work identity. Little is known about minority students' perceptions of parental influence or the specific impact parents have on the career development of minority students (Fisher & Padmawidjaja, 1999). Mexican American students rated parental influence on academic and career decisions higher when compared to other ethnic groups when examining family influences on career development for eighth graders, 12th graders, and community college students (Clayton, Garcia, Underwood, McEndree, & Sheppard, 1993). McNair and Brown (1983) observed that in considering the primary significant predictor for the career decision making of

male and female African American rural adolescents was parental role models, whereas White male students were influenced by other variables. Holden, Hughes, and Desforges (1996) noted that African-Caribbean parents had a tendency to lack involvement in their children's primary school education. Black underachievement has been ascribed to a lack of parental involvement (Hill & Taylor, 2004), culturally inappropriate curriculum and learning styles (Baker, 2005), and lower teacher expectations (Ferguson, 2003). Hidalgo (2000) noted that African American parents make an outstanding contribution to their children's academic experience. Smith et al. (2005) found perceived parental support to have a positive influence on Black Canadian student's educational outcomes. Most researchers have relied on self-reported parenting behaviors rather than the opinions of the children (Gershoff, 2010). This will play a role in this study by means of allowing both the child and parent to give individual accounts of their experiences.

There is evidence that the ethnic and socioeconomic backgrounds of students affect how students are perceived and treated by the adults who work with them within schools (Morrow & Torres, 1995). Ogbu and Simons (1998) stated that minority students such as Caribbean Blacks experience discrimination by their teachers and school administrators, but that the negative impact on their school performance was not long lasting. According to Krauter and Davis (1978), West Indian children develop negative academic habits because of the low expectations placed on them by teachers who are not dedicated to fostering academic success with this student group. Ferguson (1998) argued that the implicit discriminatory practice of low teacher expectations of minority students has contributed to the creation and maintenance of the Black-White achievement gap,

such that Black students perform at an academically lower level than their White peers. These factors contribute to reducing Caribbean immigrant students' academic performance and persistence. It will play a role in the parent's ability to teach children how to deal with external factors in order to attain educational success as well as encourage economic and social well-being over their life span (Santrock, 2002).

Delpit (1995) expressed the belief that students learn and process information when entering school using strategies from the home environment. Once they feel that their culture and community are valued, they go on to develop the confidence to build social and academic achievement (Delpit, 1995). The perception of cultural differences may also contribute to affecting a student's ability towards academic achievement (Trumbull & Rothstein-Fisch, 2011). Some teachers believe that African-Caribbean parents are not interested in their children's academic success or that they had unrealistic expectations for their children (Brar, 1991). The literature provides information regarding academic success and medical school but, more importantly, speaks of the challenges faced by many underrepresented minorities. This issue is apparent in pursuit of the medical degree as will be highlighted in the following section.

Students and the Medical Degree

Medical programs have recognized the need to recruit students from socioeconomically challenged backgrounds. In this case, approximately 90% of these are underrepresented students, (i.e., African American, Hispanic/Latino or Native America). Metz, in a 2013 study, put forth a pipeline program and found that students, whose undergraduate records were initially deemed as not qualifying, could, with intervention,

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go on to be successful in medicine. Further research is needed to understand the role of motivations and social support on college outcomes for ethnic minority first generation college students (Dennis, Phinney & Chuateco, 2005). It has been acknowledged that the demonstration of the "weeding out" process in many premedical classes results in discouraging a students' interest in continuing in the premedical sciences (Barr & Matsui, 2008).

The achievement gap has been present in the college classroom, as it has had direct effects on the performance of the standardized testing performance of many minority students. As early as 1910, the Flexner report served as a major obstacle for African Americans to enter the medical profession by setting academic standards which were unattainable by many African Americans (Metz, 2013). As a result, success on the Medical College Admissions Test has been hampered for many underrepresented students (Metz, 2013). There is also significant documentation to indicate that minority groups have a tendency to have lower performance levels than Whites (Austin, 2012). Thus, the idea is not to lower the academic standards in medicine but to be aware of the needs and inherent traits of the Afro-Caribbean students who are considering or have entered into the profession.

Affirmative Action and the Medical School Experience

The shortage of minority health professionals in the United States has been a longstanding issue. As the field of medicine has evolved, little research has been documented as to why some undergraduates relinquish the dream of becoming physicians (Lovecchio & Dundes, 2002). Professional fields such as medical education continue to

report having fewer numbers of minority students enrolled. Smith et al. (2005) sought to examine whether black students believed that education could lead to success. In 1970, approximately 2.8% of the total number of students enrolled in medical schools was black (United States Medical School Enrollment, 1976). Kalmijin (1996) found that black immigrants from English-speaking Caribbean countries held highly prestigious occupations.

Affirmative action was introduced in the early 1970s and provided a means to increase the number of minority physicians in order to improve the healthcare of those in lower socioeconomic areas (Keith, Bell, Swanson, & Williams, 1985). During this time the Association of American Medical Colleges (AAMC) Task Force on Expanding Educational Opportunities in Medicine for Blacks and Other Minorities sought to increase the representation of minorities in the medical profession (AAMC, 1970). AAMC data in 1992 showed that underrepresented minorities made up 19% of the U.S. population and only 9% of medical school matriculants. African Americans comprised 12% of the U.S. population, yet African Americans accounted for only 7% of medical school matriculants. Of the 1,939 underrepresented minorities accepted, only 1,827 enrolled as new entrants in 1992 (Shields, 1994). According to AAMC data in 2005,

> by 2050, nearly half of the U.S. population will consist of racial or ethnic
> minorities, about one quarter of whom will be Hispanic. In sharp contrast to the
> growing diversity of our nation's population, the diversity among U.S. physicians
> and surgeons is not increasing rapidly enough. Racial and ethnic minorities
> (Black, Hispanic, Native American/Alaska Native, and Native Hawaiian/Other

Pacific Islander) constitute less than 10% of U.S. physicians and surgeons.

(AAMC, 2005, p. 9).

In 2011, self-reported data indicated that of the total 43,919 applicants to medical school, 3,215 were Black or African American (only). Data for all other underrepresented groups were significantly fewer than this. The exception was in Asians with 8,941 total applicants (AAMC, 2012).

Other goals of affirmative action in medicine were to bring the ethnic and racial mix of medical-school classes into balance with that of the general population, provide physicians to treat minority populations; eliminate ethnic and racial barriers within the medical profession and improve the upward social mobility of disadvantaged minority groups by providing access to a prestigious profession (Keith, Bell, Swanson, & Williams, 1985). Affirmative action should be a priority such that there can be an increase the number of minority students to apply and attend medical school (Shea & Fullilove, 1985). Having been shut out from access to prominent careers, affirmative action has allowed blacks to become visible in these occupations (Anderson, 1999).

According to the AAMC, there have been decreased numbers of Black or African American male medical school first-time applicants, accepted applicants, and matriculations, and there is desire to recruit medical school faculty from racially and ethnically underrepresented backgrounds (AAMC, 2012). In order to make significant progress in the recruitment of minorities, institutions must be able to respond to many social cues that indicate the devaluation of certain genders, race, or socioeconomic status (Johnson & Bozeman, 2012). Parents of black immigrants are more likely to be more

educated about ways they can assist their child in developing a strong dossier for

admission to the best colleges and universities (Charles, Torres, & Brunn, 2008). Foster

Jr. (1996) stated that in order for the U.S. to significantly improve in health-care

outcomes, medical schools must have a representative number of underrepresented

minorities in attendance. As early as 2000, Baranzsky, Jonas, & Etzel (2000) reported

that the number of underrepresented minorities that applied to medical schools decreased

within that year. Further research is needed to understand the role of motivations and

social support on college outcomes for ethnic minority first generation college students

(Dennis, Phinney, & Chuateco, 2005). Figure 6 illustrates that parental influence is one of

the leading factors for Black or African American entering medical students. This will

also be explored in the interview protocol by addressing students' desires to pursue a

medical degree (Appendix D).

Competitiveness/Challenge of Medicine
- 28.6%
- 26.9%
- 29.4%
- 30.5%
- 34.2%

Experience with Illness/Accident
- 35.0%
- 23.6%
- 37.2%
- 31.3%
- 24.6%

Parent
- 35.0%
- 32.4%
- 41.1%
- 34.2%
- 28.6%

Science Course
- 30.0%
- 33.1%
- 36.0%
- 39.3%
- 36.4%

Media
- 50.7%
- 53.4%
- 56.6%
- 59.7%
- 54.6%
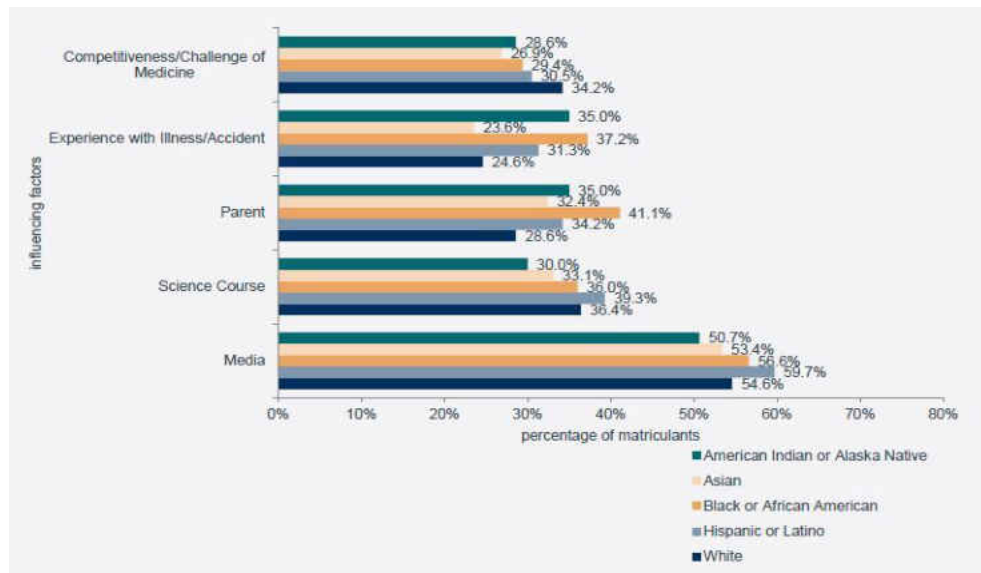
Note. Percentage responding "Very Important"

Source: Reproduced with permission from "Matriculants. Diversity in Medical Education: Facts & Figures 2012." American Association of Medical Colleges (2012), Washington, DC.

Figure 6. Top Five Influencing Factors: Decision to Study Medicine by Race and Ethnicity

Metz (2013) noted that having a diverse medical population adds to the breath of educational outcomes for all students in the medical community. One of the objectives of a diverse community is to promote diversity among scientists and those in health care (Johnson & Bozeman, 2012). The 1910 Flexner report served as a major obstacle for African Americans to enter the medical profession by setting academic standards which were unattainable by many African Americans (Metz, 2013). It has been acknowledged that the demonstration of the weeding out process in many premedical classes results in discouraging a student's interest in continuing in the premedical sciences (Barr & Matsui, 2008). Difficulties can emerge for many minority adult learners when they attend

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learning institutions that have been constructed with an ethnic base of values, behaviors, beliefs, and ways of doing things that differ from their own (Chavez & Guido-Dibrito, 1999). Figure 7 demonstrates the categorization of application to medical schools in the U.S. However, it does not identify the percentage of the Black or African American applicants who were of Afro-Caribbean heritage. Nonetheless, it is evident that there are a significantly lower number of underrepresented students that apply to medical school.
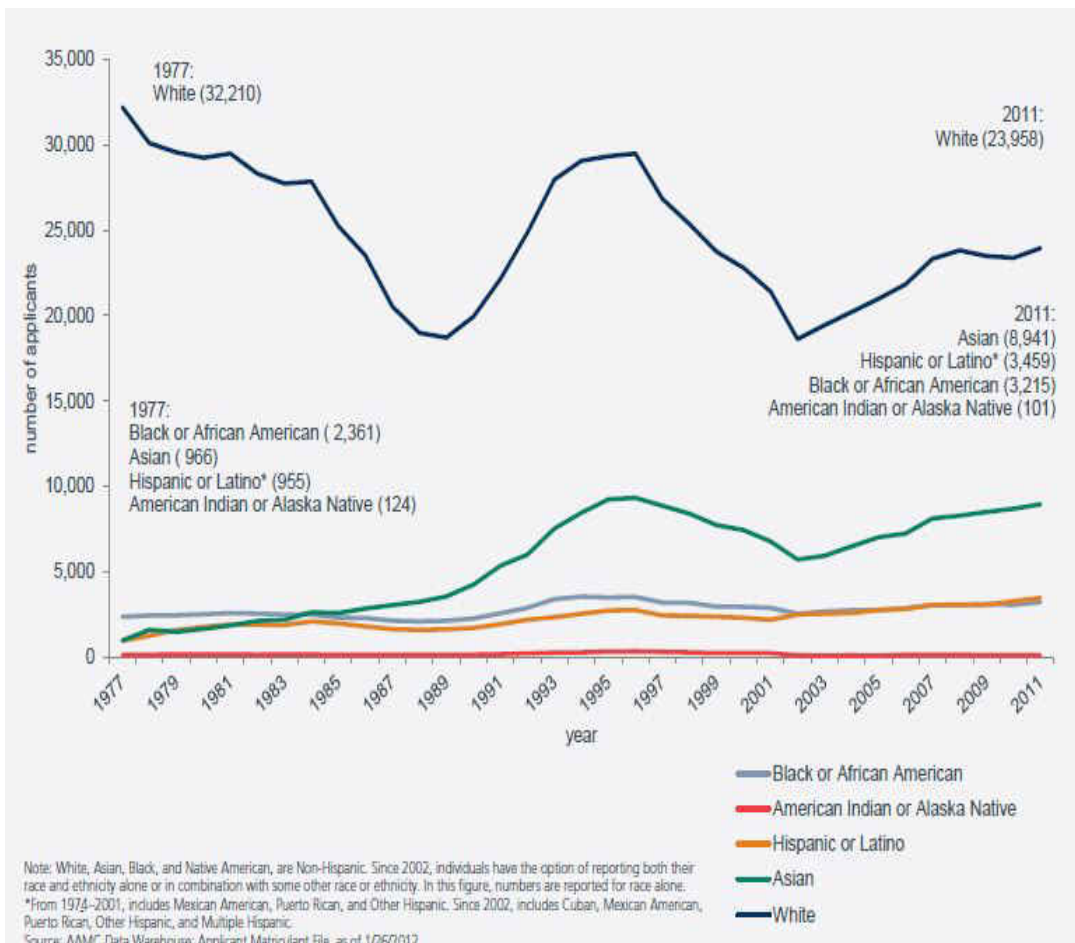
Source: Reproduced with permission from "Matriculants. Diversity in Medical Education: Facts & Figures 2012." American Association of Medical Colleges (2012), Washington, DC.

Figure 7. Medical School Applicants by Race and Ethnicity: 1977-2011.

According to the AAMC, the numbers of Black or African American male medical school first-time applicants, accepted applicants, and matriculants have been decreasing, and there is a desire to recruit medical school faculty from racially and ethnically underrepresented backgrounds (AAMC, 2012). Metz (2103), states that the U.S. population is now comprised of 12.6% African American, and 16.7% Hispanic and Latinos. Data from 2011 indicated that 6.5% of U.S. medical school graduates were African American and 7.1% Hispanic or Latino.

Academic Underachievement in Minorities

Adolescence has been noted to be the most critical time to create a desire for a future career. (Schulenberg, Goldstein, & Vondracek, 1991). The level of parental involvement in children's academics may ensure that students obtain the required academic skills and knowledge that would contribute to their success in a professional occupation (Young & Friesen, 1992). Caribbean immigrants express academic self-confidence, and the soft skills taught by parents of immigrant Blacks may also put them at an advantage in the admissions process (Charles et al., 2008). Hill et al. (2004) suggested that there is inadequate research to determine whether there exists a relationship between parental involvement in their children's academics during the middle and high school years and whether this influences adolescents' aspirations for adulthood. This is an important area to examine because many Caribbean immigrant students exhibit low achievement scores as well as high dropout rates (Mitchell, 2005). In 2001, Rong and Brown reported the four-year completion rate of Caribbean students at only 13%. Agrawal, Visicu, and Carrasquillo (2005) shared some of the barriers that

underrepresented students face in applying to medical school. As shown in Table 3, a total of 19% listed negative parental or cultural attitudes as a negative influence.

Massey, Torres & Charles (2007) stated that approximately 37% of Afro-Caribbean students have representation in higher education institutions across the U.S. It is important that educators make academic and cultural connections to ensure the success of their students (Awokoya & Clark, 2008). "Over the past 10 years there has been increased interest in looking at ways to improve the academic performance of students who are culturally, ethnically, racially, and linguistically diverse" (Ladson-Billings, 1994, p. 15). Dennis, Phinney & Chuateco (2005) also noted that the lack of academic achievement by Black students has been substantially lower than that of other populations.

Courses taken prior to college, such as mathematics, function as sorting mechanisms to identify who will or will not access further training in science, mathematics, engineering and related fields (Sells, 1980). These "sorting" classes present major barriers for African American, American Indian and Chicano/Latino students who drop out of these subjects as early as elementary school because of tracking and other institutional structures that limit opportunities for rigorous academic preparation (Oakes, 1990). The challenge, therefore, is to seek ways to eradicate educational inequalities and to provide more opportunities for Afro-Caribbean students to be supported academically. Caribbean immigrants place importance on education as part of its cultural identity (James, 2002). The United States has a history of limitations when it comes to enrollment of underrepresented groups in higher education (Butcher, 1994).

Table 3

Minority Recruitment Barriers: Medical School Perspectives

Barrier	% Listing as Barrier
Legal/Policy/Regulatory	
Court decisions	33
State/local policies	19
State legislation limiting affirmative actions	14
Educational	
Low MCAT scores	90
Low undergraduate GPA	60
Poor preparation in sciences	55
Absence of high school science interest programs	46
Low educational achievement	40
Lower quality of schools previously attended	34
Lower level of academic achievement among parents	30
Poor communication skills	19
No participation in service-oriented extracurricular activities	17
Socio-cultural	
Absence of role models	77
Lack of peer/community support	45
State/area population not diverse	37
Negative parental and cultural attitudes regarding careers	19
Lack of financial aid	48
Parental income level	39
Difficulties in finding financial resources for your school's programs	28
No financial travel assistance to the required admission interview	27
High application fees	14
Housing issues	12
Recruitment/Admission	
Not enough minority faculty members	71
Other schools in the area targeting URM majoring in sciences	39
Absence of summer enrichment programs at your school	27
Race/ethnicity/gender composition of the admission committee	22
Absence of partnerships with private and public organizations	20
Lack of mentorship programs	
Lack of career development outreach	16
No URM student recruiters	13
Complex application process	10
No pre-admission counseling and application assistance	7
Absence of an office of minority and/or multicultural affairs	7
No faculty member designated to address issues of concern for URM students	7

Source: Adapted with permission from "Progress and Pitfalls in Underrepresented Minority Recruitment: Perspectives From the Medical Schools by J. R. Agrawal, S. Vlaicu, & O. Carrasquillo, O. (2005). *Journal of the National Medical Association, 97*(9), 1226–1231.

Professional fields such as medical education continue to report having fewer numbers of minority students enrolled. Bergen, Jr. (2000) commented that this may perhaps be a reflection of racial barriers that exist within U.S. society. Perhaps one area that contributes to these decreased numbers is the use of standardized tests. Conant (1999) believed that standardized tests could be used to create an intellectual elitist group. Over the years, this form of assessment has been viewed as a means of legitimizing the disabling of minority students' ability to attend professional institutions (Cummins, 1984). Similarly, Smith, Atkins, and Connell (2003) found that higher levels of racial-ethnic pride were related to higher mathematics grades and standardized test scores among Black children. Williams, Fleming, Jones, and Griffin (2007) found that Afro-Caribbean students' confidence scoring of their ability to succeed in mathematics and science as well as the class test scores was significantly higher than their African American colleagues.

It is commonly reported that Blacks, regardless of socioeconomic background, receive substantially lower grades, attain less education, show higher dropout rates and score lower on standardized tests when compared to their White counterparts (Gutman, Sameroff, & Eccles, 2002). For those Blacks who do experience academic success, their experiences are rarely empirically examined (Thomas et al., 2009). Although these literature findings contribute to furthering the knowledge of career selection by URMs, there are also a multitude of alternate approaches to understanding the process of career selection.

Theories Relevant to Career Selection

Although I opted to use an anthropological-based lens for this study, there are five general theories that also capture the development of career guidance and development (Leung, 2008). Although these theories were not selected as the lens for this study, their basic premises will be provided for the purpose of further understanding the multiple avenues for career selection These five theories are: (a) theory of work adjustment, (b) Holland's theory of vocational personalities in work environment, (c) the self concept through of career development by Savickas, (d) Gottfredson's theory of circumscription and compromise, and (e) social cognitive theory.

Social cognitive theory holds that individuals obtain knowledge through their social interactions and observations with others (Bandura, 1977). It also assumes that people can control their own behavior and interact with the environment with goals in mind (Bandura, 2001). Fitzgerald and Betz (1994) commented on the constraining role that cultural factors play in career choice and development. In a study of 128 Latino/a ninth graders, Gushue (2006) argued that little is known about career development and how it pertains to Latinos/as. This study looked at the relationship between ethnic identity and career decision-making self-efficacy and career outcome expectations. Self-efficacy, as termed by Bandura, is the belief in one's abilities in a specific domain (Bandura, 1997). The results of this study indicated that students' identification with their ethnic group had a direct influence on their ability to engage in career exploration. More importantly, the findings suggested that an achieved ethnic identity was directly related to positive expectations and responses to their future careers.

Mau (2000), in his research, looked at career decision-making style and decision-making self-efficacy and its basis in cultural orientation. Although this sample used Asian-Americans as its population, previous students have shown that this group has a tendency to be less autonomous and more conforming and obedient when dealing with authoritative figures (Sue & Kirk, 1972). Woolridge (1995) observed that, in studying problem solving abilities, children from a culture with child-rearing practices that encouraged obedience and conforming to parental authority often were heavily reliant on external stimuli. This then influenced them to rely on others for reinforcement of opinions.

The theory of work adjustment examines the interaction between an individual and their home, work, or school (Dawis et. al., 1968). It assumes that people want to achieve and maintain a relationship with the environment in which they wish to relate. Young & Friesen (1992) noted that parents actively influence their children's career development. In their research, Leung, Hou, Gati, and Li (2011) studied the effects of cultural values and parental expectations on career decision-making in Chinese University students. The authors explained that in Chinese communities, the influence of family on career development is critical. They also explained that young people who are exposed to both Eastern and Western cultures may exhibit a certain degree of conflict in making such important life decisions. The results of their study demonstrated that Chinese individuals have to merge traditional Chinese cultural values and Western values in responding to the demands and opportunities in society. They also found that perceived parental expectations and perceived self-performance influenced career choice. The

authors noted that although this study was specific to Chinese communities in Asia, that the practical findings were connected to the international and cross-cultural literature on career development.

In the discussion of career theory as cultural construction, Stead (2004) stated that little reference has been made to cultural issues in career psychology theories due to the lack of focus on how cultural issues affect career choice and career-decision-making. Blustein (2001) highlighted the notion that most of the career psychology theories regarding cultural issues were mainly used in the context of Caucasian, middle class U.S. individuals; thus, this information would not be applicable to working class individuals.

Holland's theory of vocational personalities in work environment posits that an individual's personality projects onto occupational choices (Spokane & Cruza-Guet, 2005). It looks at how people interact with their environment and how these interactions then result in a career decision. Watson and McMahon (2005) conducted a review of literature of the last three decades on the career development of children. The authors stated that learning is an ongoing process throughout the lifespan of an individual and occurs as a process of development over time. Watson and McMahon considered the influences on and the processes of children learning about being active agents in shaping their careers. They also mentioned that influences on learning may affect the process of learning and vice versa. Society, ethnic differences, parents, and school were some of the factors that may contribute to children's occupational aspirations. The results of this study suggested that influences on and the process of career development learning remain areas to be further researched.

Jodl et al. (2001) studied African American and European American seventh graders to determine the relationship between parents' and adolescents' career aspirations. According to Eccles (1993), parents may influence their adolescents' occupational aspirations via their roles as interpreters of reality and as providers of their experiences. Parenting styles have also been associated with children's academic achievement based on helping with assignments, reading, and involvement at school (Wilson & Wilson, 1992). Figure 8 demonstrates how parents' roles as providers of values and beliefs directly and indirectly influence their children's values and beliefs as well. These areas will be addressed in the interview protocol with questions that seek to identify the importance of academic achievement for the parent and child.
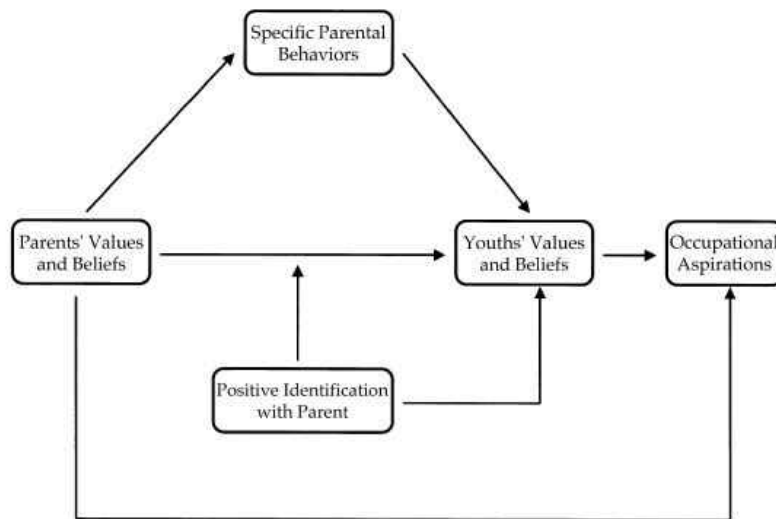
Source: Reproduced with permission from "Parents' Roles in Shaping Early Adolescents' Occupational Aspirations" by K. M. Jodl, A. Michael, O. Malanchuk, J. S. Eccles, & A. Sameroff (2001). *Child Development, 72*(4), 1247-1266.

Figure 8. Parents as Providers of Values and Beliefs and its Effect on Occupational Aspirations

According to Burr (1995) meaning is best understood by looking at the interaction processes between people. From this view, a career is constituted by the individual through interaction with others as they move through time and space; it does not suggest that there is a free rein in how they enact their careers (Cohen et al, 2004). Bandura (1997) held that individuals can develop a method to survive in society without comprising their identities. Bandura (1997) also suggested that students' perceptions of their own identities promote the development of cognitive models that serve as guides in their decision-making and learning skills. These skills allow students to develop independent strategies for success in college (Bonous-Hammarth, 2000).

History, society and culture all contribute to the construction of a career. Meaning is ascribed to each of these factors as relationships are formed among individuals and the community (Young & Collin, 2004). A career represents the combined interaction of self and social experience while also accounting for the construction of meaning in temporal and social contexts as well as in relationship to others (Young & Collin, 2004). Learning to filter and make sense of situations and people occur within many different contexts in the academic setting. These processes can provide insight on how personal values connect to organizational norms and values to influence specific student outcomes (Bonous-Hammarth, 2000).

Bauman (1999) used the term, culture, to describe the historical nature of a group of individuals who share norms, beliefs, symbols, and traditions. Stead (2004) stated that as culture develops through realizations, there is also increased contact between cultures across national boundaries.

In the theory of self concept through career development, careers develop as individuals construct a vocation that expresses their self-concepts and makes their goals in society a reality (Savickas, 2005). Greehalgh, Seyan, and Boynton (2004) studied a range of 14 to 16 year olds in the UK to determine (a) what going to medical school meant to them, (b) how they constructed their own identities as potential medical school applicants, and (c) the resources they used. The results of the study showed that some students viewed a career in medicine as a personal achievement. It was noted that parental support was frequently mentioned without inquiry.

Gottfredson's (1996) theory of circumscription and compromise asserts that as individuals build a cognitive map of occupations, they begin to decide which are acceptable and which are not based on those that fit within their developing self concepts. Villarejo, Barlow, Kogan, Veazey, and Sweeney (2008) interviewed underrepresented minorities to describe their career paths in the life sciences and to reflect on the influences that guided their career choices. Though the researchers looked at factors relevant to a career in medicine as well as basic science, the data were primarily analyzed as they related to biomedical and scientific careers. Two sets of factors influenced occupational choice: one set included the institution attended and racial/ethnic makeup; the other set included social environment. Figure 9 describes the pathway described by the researchers in selecting a biomedical vs. non-biomedical career. The interview protocol for the present study will query students' thoughts about culture, upbringing, and parental support on their journey to becoming a medical doctor. The final section of the

literature review contains a discussion of how career choice may be related to parental

influence as early as the K-12 stage of education.
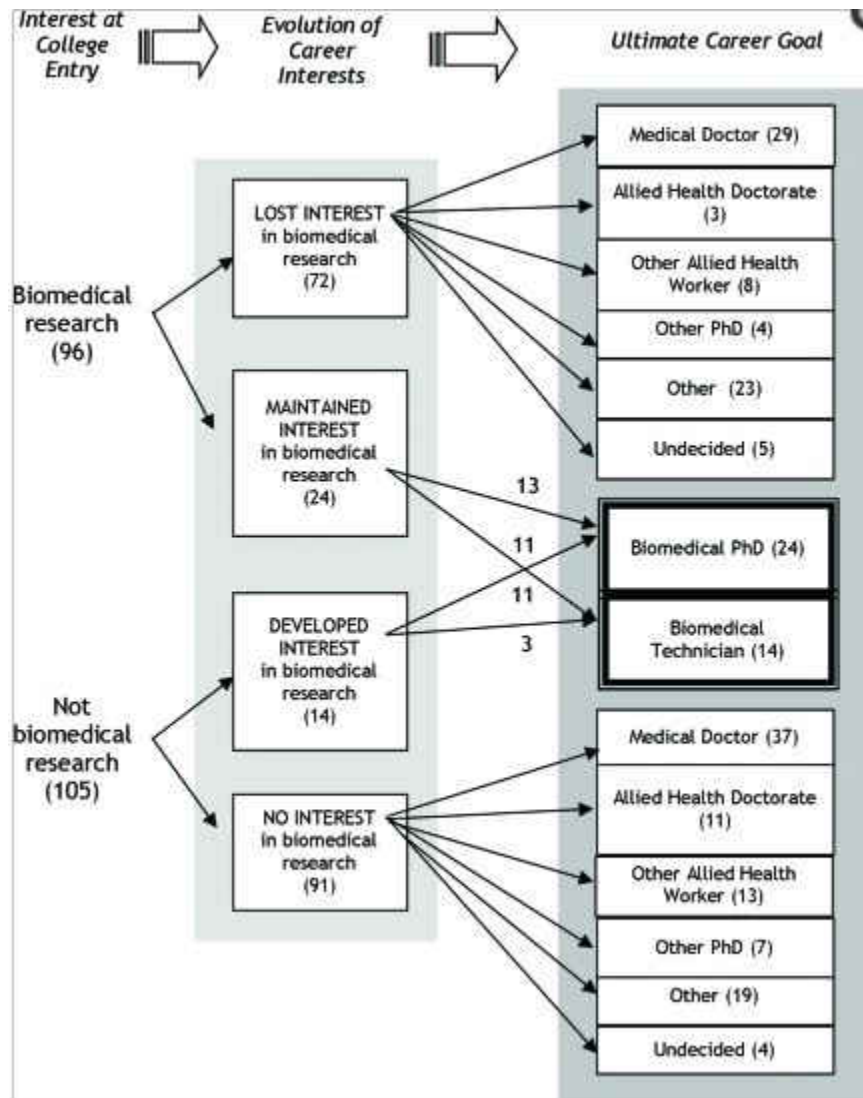
Figure 9. Career Pathways: Biomedical Vs. Non-biomedical/life Science

Children's Career Choice and Parental Influence

This section, with its emphasis on the child, differs from the earlier text in this chapter in which the focus on the parent. A significant portion of the findings in the literature reviewed for the present study centered on children in the K-12 system. I included this information in the literature with the assumption that it would also be applicable to students in higher education.

Career decisions are often perceived to be an individual choice. However, researchers have suggested that factors such as family, school, and community can impact an individual's career decision (Ferry, 2006). Ferry also highlighted that in addition to providing self-identity, educational expectations, and perceptions of occupational appropriateness, parents have a key role in shaping career decisions. Ginzberg, Ginsburg, Axelrad, and Herma (1951) argued that a young person's choice of career was primarily based on the individual's abilities and preferences. Kniveton (2004) showed that a young person's career choice was influenced by the both gender and place in the family. Parents were found to have greater influence on their child's career choice than teachers. Kniveton also noted that children had a tendency to report that their parents were the most influential in their vocational development.

Parents can have a direct influence on their children as early as the age of five (Havighurst, 1964). At this age, children can readily identify with their parents' occupation. Jungen (2008) noted that children and adolescents internalize parental expectations regarding a career choice. Otto (2000) investigated youth perceptions of parental influence using a sample of high school juniors and reported that 93% of these

students held similar values to their parents. Otto's work highlighted the level of importance that parents have as resources and career counselors when making vocational decisions. Keller & Whiston (2004) found a relationship between parental behaviors and career development of middle school students. Hewitt (2010) stated that most individuals tend to choose careers that make their parents happy.

Maier (2005) examined parental support and challenge and their impact on their children's educational values. Maier found that those adolescents who experienced high levels of parental support earned high grades in school. In comparison, those who experienced a sense of challenge at home were more than likely to set long-term educational aspirations and go on to attend graduate school (Maier, 2005). Likewise, Dick & Rallis (1991) found that both parents and teachers were perceived to have the most influence on a sample of high school seniors and their career choices. In their study of adolescents and parental influence, Bregm and Killen (1999) found that high school and college students valued the influence of their parents as they were making choices in career.

According to Hairston (2008) students who were inspired by their parents, recalled that their parents held high academic expectations for them which, in turn, influenced them to achieve academic success. The students in this study believed that their parents regarded academic success as a means by which occupational and academic success could be achieved. Lent, Brown, and Hackett (2000) described the contexts of career choice in children. Their findings revealed that individuals are surrounded by their immediate environment, (i.e., family, friends), and are then encircled by greater societal

factors, (i.e., institutionalized racism). This model, shown in Figure 10, provides a

context for a child's career development process.
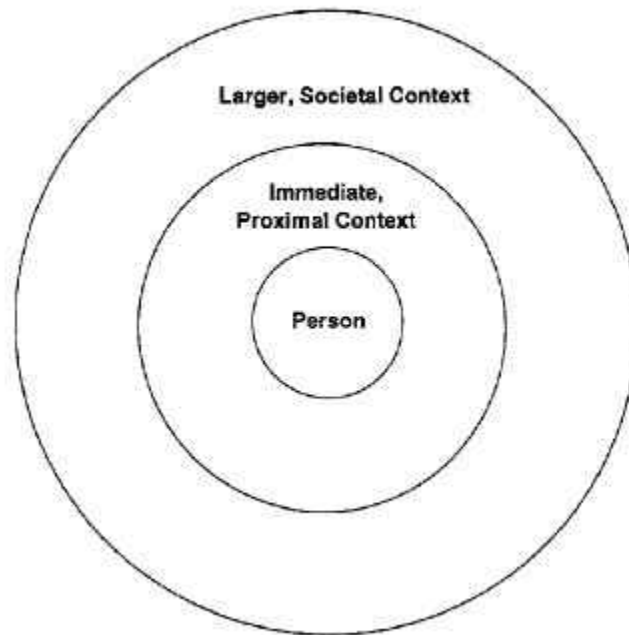
Figure 10. Environmental Layers and the Context for Career Behavior

Tillman (2015) examined the career-decision making process for students who

followed in the same career pathway as their parents. In the study, almost half of the

parents had careers in medicine or science. The results of this study showed that although

parents heavily influenced their children's career decisions, both positively and

negatively.

Zbligin (2009) described the strong parent-child relationship in the Turkish

culture where parents were viewed as authority figures and the children had submissive

attitudes. This was found to create pressure and influence career decision-making negatively. Beauregard (2007) stated that familial heritage is influential in an individual's career choice. Children may select careers that will fulfill the dreams passed on to them by their family (Pines & Yanai, 2001).

Mead, Clarke, Forcino, and Graves, Jr. (2015) found three constructs of parental influence on children's career choice: (a) influence from family and friends; (b) influence from teachers and mentors; and (c) influences from society and media. The researchers also revealed that African American and non-Puerto Rican Latino(a)s tended to have greater parental influence and were likely to gain interest in science from a parent. It was also noted that students who were interested in medicine had higher religiosity than those who selected other science fields.

As recently as 2010, Miller, MSU Hannah Professor of Integrated Studies completed a longitudinal study on students ranging from middle school through college and observed what influenced their decisions to pursue or not pursue careers in Science, Technology, Engineering, or Mathematics (STEM) careers. According to Miller, only 4% of students studied who did not receive parental encouragement to attend college planned on a STEM career, but that 41% of the students who chose to pursue a STEM career cited parental encouragement in their decision-making process (Michigan State University, 2010). Faitar and Faitar (2013) noted that as soon as children enter a structured learning environment, parents in addition to teachers, influence children's future career decisions.

Not all students are influenced by parents to enter medical school. Obadeji et. al. (2014) studied first and second year medical students in Nigeria and sought to identify

the factors that influenced them to choose medicine as a career. The results indicated that none of the students were influenced by a teacher and that although there were other factors that did influence them, personal interest seemed to be the most outstanding. Rimmer (2014) stated that there is continued discussion as to whether having physicians in the family influences children's career decisions. Xu & Veloski (1998) surveyed medical graduates to determine how their parents and other pre-medical school role models influenced their decisions to choose particular specialties. Findings indicated that physician-parents had more parental influence and served as role models to their children prior to starting medical school. Minority and underrepresented groups are frequently recruited to medical programs across the U.S. However, no distinctions were found in terms of the Afro-Caribbean student journey and experience to deciding on this particular career. According to Carlisle, Gardner and Liu (1998), the change in the nation's demographics should also correspond to an increase in the number of underrepresented students in medicine. Thus, the present study will be conducted to examine what factors contribute to Afro-Caribbean parents' influence on their children in this particular direction.

<u>Summary</u>

The literature on Afro-Caribbean parent's influence appears to both support and contradict whether Afro-Caribbean parents directly influence their child's career decision. This trend indicates that the literature is inconclusive and suggests that more research is required in order to determine the 'why' that exists for many of these families.

By understanding the basis of motivation for influence and career decision-making, my

hope is to provide a bridge to the gap that exists in area of study.

CHAPTER 3
METHODOLOGY

Introduction

The primary purpose of this study was to understand the influences of Afro-Caribbean parents on their children's decisions to pursue a medical degree. This chapter contains a discussion of the concept of phenomenology and the methodological procedures for research design, research questions, the site location, participant selection and recruitment. Data analysis procedures, Institutional Review Board authorization, originality and a summary are also detailed.

Phenomenology

In early times, German philosopher Husserl believed that in order to arrive at certainty, everything outside of the immediate experience should be ignored and reduced to the contents of personal consciousness (Groenwald, 2004). According to Eagleton (1983), these realities are recognized as "phenomena" and are considered to be the only absolute data from which to begin. From this was born the philosophical method of 'phenomenology' (Eagleton, 1983). According to Hammersley (2000), phenomenological study does not allow for researchers to be completely detached from their own internal views, and researcher should not conceal this.

In phenomenological research, a specific approach must be taken to give meaning to an individual's lived experiences. For the purpose of this study, I used Moustaka's (1994) approach, as it been used extensively in studies that focus on the experiences of the participants (Cresswell, 2007). Moustakas emphasized the significance of asking open

80

ended questions as well as having the researcher write about their own experiences (Creswell, 2007). As a researcher, I found this method to be engaging. It provided an element of transparency which was my reason for deciding to pursue this particular topic.

This study focused on the lived experiences of three Afro-Caribbean medical students in the clinical years (third- and fourth-) year of study. Although the students were central in constructing their educational journeys to becoming medical doctors, the study incorporated the influence of their parents. A total of six participants, three medical students and three (one for each student) of their parents, were interviewed using open ended questions in order to gain a greater understanding of the phenomenon under investigation. My goal was to capture the phenomenon through the eyes and lived experiences of both the medical students and their respective parents.

This phenomenological study allowed me to determine the core of the individual experience as it relates to the body of the human experience. Van Manen defined this as "a grasp of the very nature of the thing," (van Manen, 1990, p. 177). My intention was to interview a parent whose adult child is currently in the process of obtaining a medical degree. I also interviewed the medical student (the child) as well. Both the parents and the adult children were the subjects of the phenomenon under investigation. The interview protocol (Appendix D) allowed me to obtain a description of the essence of their experiences (Moustakas, 1994). Both van Manen and Moustakas presented a dichotomy in their approaches to phenomenology. However, the transcendental approach is discussed in the following section.

Transcendental Phenomenology

The second approach in phenomenology is transcendental phenomenology. Moustakas (1994) defined phenomenology as, "the development of descriptions of the essences of these experiences, not explanations or analyses" (Creswell, 2007, p. 58). Moustakas developed this approach as one that focuses more on the description of the experiences of the participants as opposed to the interpretations of the researcher. The transcendental approach involves the use of epoche which insists that the investigator sets aside their own experiences in order to take on a fresh and unbiased approach to the topic being studied. Though there is great difficulty in achieving this method, it can be largely counteracted by providing a positionality statement and describing the role experiences will play in bracketing. It provides a platform in which researchers can describe their own experiences as they relate to the phenomenon under investigation and thus bracket their views prior to studying the experiences of the subjects. This is the approach I used in preparing to conduct my research.

Moustakas provided the basis of empirical transcendental phenomenology. This method focuses on identifying a phenomenon to investigate, followed by bracketing (epoche) and then collecting data from several persons who have experienced the phenomenon. The interview protocol for this dissertation is aligned with empirical transcendental phenomenology. Moustakas explained that the data are analyzed by reducing the statements and quotations provided by the subjects into themes. In order to convey the overall essence of the experience, the themes which are generated after conducting the interviews in this research will then be categorized into a textural

description (i.e., what the participants observed) as well as a structural description (i.e., how the participants observed the experience).

Moustakas' (1994) approach for the data analysis was appropriate for this study because of its intent to describe the shared experiences of at least one Afro-Caribbean parent and their child who is currently in medical school as opposed to interpreting the lived experiences. This phenomenology approach is one that allowed for a deeper understanding of the experiences being investigated. The interview protocol that was created for this study used open-ended questions which allowed for gathering data in either the textural or structural description.

Additional steps were required in the data analysis. Moustakas recommended that horizonalization be utilized. This concept involved reviewing and highlighting the significant statements or remarks from the subject in order to aid in further understanding of how the phenomenon was experienced. One-word descriptors were derived from each of the significant statements. As these descriptors reemerged, they were tabulated based on the number of times they appeared in the responses based on the questions' relation to the research question. Each time a descriptor reappeared, it was counted and totaled. Those descriptors with the higher scores; i.e. appearing four or more times in the interview were considered contributing towards a frequent (major) themes. The concepts that were not mentioned as often were infrequent (minor) descriptors. These supplemented the development of a minor theme. The descriptors were then grouped together based on the number of times they appeared. This ranged from greater than 4 times to less than twice.

Validation and Reliability

Part of the final segment in data analysis as outlined in Moustakas's approach is to validate the findings with the participants and include the participants' statements in the final product. It is recommended that investigators utilized at least two methods. The three that I used in this study were: (a) triangulation, (b) debriefing, and (c) clarification of researcher bias.

As noted by Moustakas (1994), epoche (bracketing) is essential in conducting phenomenology research. However, in addition to this, it was also equally important that I neutralize any presumptions or perceptions. Triangulation is a method by which the researcher uses different sources and theories to provide information about the theme being studied. In my dissertation I used a dyad format to interview parents and their children in order to obtain varying perspectives and statements of significance as they relate to the study. My participants consisted of two male child-female parent duos and one female child-male parent duo. This allowed me to gather information from different viewpoints. Debriefing encouraged an external check of the research process. This was supplemented by regular meetings with and review of my work products by my dissertation chair. Once the interviews were conducted, my dissertation chair was provided with transcripts of the interviews and themes were reviewed and compared to mine to ensure all possible or potential themes were discovered. The third area was clarification of researcher bias. This was provided as part of my self disclosure so that the reader could be aware of my position in this investigation and allows for understanding of any of my past experiences that may otherwise shape my approach to analyzing the data.

This was also evident in Chapters 4 and 5, as I was able to further describe my own reactions about the participant's responses during and after the interview process.

Another perspective in terms of validation is offered by Lincoln and Guba (1985). These researchers posited that the trustworthiness of a study was critical. The term, trustworthiness, is interchangeable with numerous other descriptors (e.g., credibility, dependability, conformability, internal and external validation and reliability). In this type of qualitative validation, extensive fieldwork and triangulation of data collection (i.e. using multiple sources of data to generate diverse viewpoints) were utilized to establish credibility. I was also able to provide personal information about my heritage and background at the onset of the interview to establish a connection with the participants. Despite the fact that a thick description must be provided, this approach assumed that the data were dependable and confirmable, were subject to change but were established based on the research process (Creswell, 2007).

In terms of ensuring reliability, I obtained field notes in addition to recording the interviews. The recorded interviews were transcribed while the interviewer notes accounted for reactions, pauses, and other nonverbal responses. Meadows and Morse (2001) advocated that interviewing should be conducted until there is a saturation of data. Questions were rephrased to gain clarity or asked out in order to gather more detailed information from the participant and ensure that all of the same questions were asked of each individual. In instances where the respondents seemed hesitant to provide answers, I praised them for the information that was provided and ask them to provide examples of their experiences in order to support their initial brief statements. Once the participant

mentioned a phrase to the effect of 'as I said before' or something similar, I used this as an indicator that there would be no new information to be added to that particular question. I employed this strategy throughout all of the interviews.

Population and Setting

Participants of this study were selected from students enrolled in a local state medical school. I chose this region, as it was easy to access the population in which I was interested, and it appeared to be fairly easy to use the snowball effect to obtain the sample needed for this study. The three students were all currently enrolled medical students of Afro-Caribbean descent or origin and were interviewed along with a parent in order to provide an in-depth account of how their parent may have influenced their decision to pursue a medical degree. The students were asked to determine whether both parents had an active role in their lives; if both parents were involved, a random coin toss was used to determine which parent would participate in the study. In the father-daughter dyad, the mother was initially selected; however, the parents both decided that the father would be the participant in the study.

Another reason for the selection of this institution was my current status as an employee of a medical education institution. The medical school has been in existence for nine years. Upon completion of their medical degrees, the students in this study will be among the five cohorts of graduates from the institution.

<u>Research Design</u>

This research employed the use of a phenomenological approach in that the experiences of the parents and adult children were captured within the context of the research. In this instance, interviews of the parent and child pairs was the most appropriate technique to use for the purpose of this research. Qualitative interviews served the purpose of providing information for a better understanding of the experiences others have lived through as well as the meaning that the individual has taken from that experience (Seidman, 2013).

Although many interview designs exist, Gall, Gall & Borg (2013) noted that when participants are asked identical questions and are permitted to provide open-ended answers, the researcher can then acquire more detailed information. A standard open-ended interview is the interview method that I used in conducting interviews in this research. This format is a very popular form of interviewing as it allows participants to openly express their views and experiences. The data obtain via the open-ended interview are rich and thick when utilized in qualitative studies (Turner III, 2010). This was found to exist in the responses provided by the participants. McNamara (2009) stated eight principles for preparing for interviews. These were incorporated into my interview preparation as follows:

1. I chose a location that had the least distractions.
2. In my participant recruitment and again prior to the interview, I explained the purpose of the interview.

3. Confidentiality was addressed in my formal request for participation as well as prior to the start of the interview.

4. I explained the format of the interview.

5. I explained that the interview is expected to last approximately an hour and a half.

6. I explained to the participants, both in my initial contact and prior to the start of the interview, the ways in which they could contact either me or my dissertation chair if they had any questions or concerns.

7. I asked participants if they had any general questions or concerns prior to the start of the interview.

8. I informed the participants that I would be recording the interview as well as taking manual notes.

In their study of medical students' perceptions in relation to ethnicity and gender, Lempp & Seale (2006) used one-to-one interviews. They found, along with the awareness that there was a disparity between white and non-white medical students, that medical educators and those concerned about professional development must be familiar and sensitive to the issues as it pertains to ethnicity (and gender) in medical education. I also decided to focus on those students enrolled at M.D. degree-granting institutions and not D.O. degree-granting medical schools. There are more M.D. degree-granting medical schools in areas across the country, as there are more likely to be more prevalence of Afro-Caribbean communities and thus, physicians.

<center>Research Questions</center>

The research questions that were addressed in this study were used to examine whether there was influence by Afro-Caribbean parents on the decisions of their children to pursue medical degrees and become physicians. Though these students were faced with cultural challenges, they demonstrated the tenacity to overcome these difficulties and achieve success. It is important to understand the role that their parents played in their career decision. Thus, the research questions for this study were based on two frameworks: cultural ecological theory and social construction theory. The research questions were as follows:

1. How do Afro-Caribbean families construct the path to become a medical doctor?

2. In what ways do Afro-Caribbean families make sense of whether their culture and identity influence becoming a medical doctor?

Table 4 shows the relationship among the research questions, conceptual framework and the interview protocol items.

Table 4

Relationship Among the Research Questions, Conceptual Framework, and Interview Protocol Items

Research Questions	Conceptual Framework	Interview Protocol Item (asked of parent and student)
1. How do Afro-Caribbean families construct the path to become a medical doctor?	Social Construction Theory	1a, 1b 2a, 2b
2. In what ways do Afro-Caribbean families make sense of whether their culture and identity influence becoming a medical doctor?	Cultural Ecological Theory	3a, 3b, 3c 4a, 4b, 4c, 4d, 4e, 4f 5a, 5b 6a, 6b, 6c, 6d 7a, 7b

Site and Locations

The student participants in this study were invited to meet with the principal investigator at an established office. They were also given the option to meet at a location of their choosing if this is more convenient for them. My timing to meet with the medical student remained flexible, as medical students on a clerkship are often on call or required to be at the hospital outside of standard business hours. Students in clinical years are often away from the medical school or have schedules that require them to be at the medical facility at random hours for random periods. I was also willing to conduct the interview via teleconference with the students if they were unable to meet face to face. The same procedures were utilized for the parent interviews. I was willing to work with

the parents to find a time and a platform that was most convenient for them and conduct the interview via a means that would enable me to connect with for the interview.

<p style="text-align:center">Participant Recruitment and Selection</p>

My position at the medical school afforded me the opportunity to work closely with the students during their clinical training. During my interactions with them, I was able to identify one student who self-identified as Afro-Caribbean. Once I confirmed this description, I was able to approach him for further recommendations for other Afro-Caribbean students who might be interested in participating in the study. He referred me to a third-year female student who also self-identified as Afro-Caribbean. Through conversation and explanation of my intended dissertation, she referred me to another young woman in her cohort who also self-identified as Afro-Caribbean. Initially, all three students expressed a willingness to participate in this study. Though the first female later declined, I was quickly referred to another male student. I explained the basis of my study and that it would involve an interview with them and a separate interview with one of their parents. At that point, all three students agreed to participate and offered to provide contact information to recruit the parent that was randomly selected. Each student was asked if both parents were willing to participate but were notified that only one parent would be selected randomly to participate. A phone call was placed to the selected three parents to explain the purpose of my study and obtain their agreement to participate in the study.

Data Collection Plan and Analysis

Upon approval of the study a follow-up email (Appendix A) was sent to all students and the parents. The email to parents notified them that either parent (if applicable) would be randomly selected as well as established their commitment to participate either in person or via videoconference system. Once confirmed, dates and times convenient to the interviewees (students and parents) were established.

According to Morgan et al. (2013), dyad interviews involving two persons has been extensively used in family research in collecting qualitative data. Thus, this method was applicable to my study as the dyad consisted of a currently enrolled medical student and a parent. These interviews were conducted independently. Although the subject matter is not one to be generally be considered as endangering, my objective was to ensure that the subjects felt that they could freely express themselves without offending one another. Eisikovitz and Koren (2010) chose this same mode of interviewing as it allowed all participants to share their viewpoints individually even though the other may not be physically present. This method was appropriate for the purposes of this study, as the parents of the students do not reside in the same or nearby location as the students.

IRB Authorization

In order to work with human subjects, the Institutional Review Board (IRB) at the University of Central Florida required that I obtain written permission to complete in-depth interviews from the students and parents who would be participating in this study prior to data collection (Appendix B). I also completed Citi Training, which sets the

ethical standards for piloting research, as part of the requirements to allow a researcher to conduct a prospective study.

Researchers are also required to obtain a participant's informed consent to participate in the study. The informed consent document includes information about the principal investigator, the title and objective of the research study, the duration of the study, how the data will be utilized, stored and managed, as well as outlining any potential risks involved in participating in the study. The information was confidentially secured, and an explanation of how the information would be used or published was provided. These requirements were established to guarantee participants' safety and ensure that their identities were protected.

iThenticate

This study was conducted in compliance with the originality and plagiarism policies as mandated by the University of Central Florida. As part of the graduate degree requirements in submitting a dissertation, my dissertation chair submitted this manuscript to iThenticate as a means to conclude that original work has been completed.

Summary

The ultimate goal of this study was to identify the ways in which Afro-Caribbean students choose to pursue a career in medicine, specifically to be awarded a medical doctor degree. It was my hope that the information would serve as a foundation by which Afro-Caribbean parents, students, and pre-medical and medical administrators can

provide a pathway for success of these scholars. The results of this research may also add to the limited body of medical education literature that focuses on students of this particular ethnic and cultural group.

CHAPTER 4
‘WISE MONKEY KNOW WHA TREE FI CLIMB’

Wise decisions are made by those who are strategic in choosing their goals

Introduction

As ascribed by van Manen (1990), phenomenological study is the means by which to understand the lived experiences of the participants. In order to achieve this, the original interview protocol (Appendix C) was presented in the dissertation proposal defense and was recommended to be revised to ensure consistency between the questions for the parent and child. This also allowed for more expansive communication to learn about parental influence and career decisions. Once the corrections were made to ensure that the questions also matched the appropriate research question, the approved and final interview protocol was ready for use (Appendix D). As mentioned earlier, researchers have recommended that the same questions be asked of all participants in order to gather detailed information. This was achieved through the interview protocol.

Interview Process

The Interview Protocol (Appendix D) was constructed by using open-ended questions. These served as a guideline to direct the exchange between participants and me. The style in which the questions were asked was informal so as to engage the participants and encourage them to respond freely. The questions were flexible in that I did not read each question verbatim if the question needed to be rephrased or if it was answered as part of a response to a previous question. Some responses required more

probing than others in order to elicit a richer response when there was evidence that there may have been an area that may provide more information. My employment background served as a foundation for allowing me to establish a rapport with the participants to put them at ease and to let them know that they were free to express themselves. Emails discussing confidentiality had been sent to participants and any concerns were also addressed via phone prior to making arrangements for interview times. Once contacted, all of the subjects were quite eager to be interviewed and were inquisitive about the topic.

I relied on previous interviewing techniques such as communicating respect for the participants by letting them know when we were at the mid-point of the interview; acknowledging an awkward moment and asking for permission to delve further into questions where they seemed a bit resistant to provide information. I also assured them that their time and answers were valued and that they were encouraged to speak freely. I reassured both sets of participants that their identities would remain confidential, that the session would be recorded and that I would be taking field notes throughout the interview. I anticipated that the interviews would take 60 to 90 minutes in length. After the first interview I felt comfortable with my interviewing style. The second interview made me aware, however, that I would need to quickly adjust to meet the energy-level and thought-process of the participant.

Each individual had a different style in responding. Thus, the manner in which the interview questions were relayed differed. It was occasionally necessary to vary the order of the questions or, in some instances, I had to probe for additional details to an answer. All participants were happy to help in my endeavor and have an outlet to speak

about their experiences. The field notes were an important part of the process, as they allowed me to capture the subject's reactions as well as my own during the interview. A sample of the field notes taken during the interview is provided in Appendix E.

<u>Participant Profiles</u>

A total of six interviews were conducted; three children (medical students) and their parent. The criteria asked that participants be (a) of Afro-Caribbean heritage, (b) 18 years of age or older, (c) an immigrant from the Caribbean (parent) and/or (d) a first generation medical student (child). The results from the participant's demographic information were captured in Table 5.

Table 5

Participant Demographic Background Information

Descriptor	Parent 1	Child 1	Parent 2	Child 2	Parent 3	Child 3
Gender	Female	Male	Male	Female	Female	Male
Age	63	26	56	29	54	26
Country of birth	Jamaica	Jamaica	Jamaica	USA	Jamaica	USA
Year of migration	1997	1997	1970	N/A	1979	N/A
Children	3	0	3	0	2	0
Highest degree	AA	BS	BS	BS	AS	BS
Socio-economic status	Middle	N/A	Middle	N/A	Low	N/A
Marital status	Married	Single	Married	Married	Divorced	Single
Occupation	Insurance	Student	Engineer	Student	Occupational Therapist	Student
Religion	Methodist	Methodist	Baptist	Methodist	Protestant	Catholic

<u>Analysis</u>

The students and parents of this study shared many similarities. This study included three male participants and three female participants. Two of the parents were female and two of the students were male. There was only one female student-male parent couple. The parents ranged in age from 54-63, and all of the children were less than 30 years of age.

In terms of where the participants were born and their year of migration, all six participants were of Jamaican heritage. More specifically, all parents and one child were born in Jamaica. The female student and one male student were both born in the United States. Important to note was that the male student who was foreign-born migrated to the United States at a young age, and his mother considered him to be 'American' having lived in the United States for the majority of his life. Two of the three parents migrated to the U.S. in the 1970s. Only one parent was more recent, arriving in 1997, with her son. All parents had two or more children.

Degree attainment among the student participants was consistent with all having earned a Bachelor's degree in science disciplines. Both female parents earned associate degrees. The male parent had earned a bachelor's degree in science (engineering). I chose to not record socioeconomic status for the children, as most were receiving supplemental income for school. Though two of the parents described themselves as being middle class, one of the female parents described herself as being of low socioeconomic status. She related her financial situation to her divorced marital status.

The other parents were both married. In regard to students, only the female student was married. Both male children were single.

The occupation of the student participants was labeled as such. As student doctors it would be extremely rare that they would have another profession simultaneously. The parents all held full-time jobs which all required certification and or a license. All of the participants expressed some degree of religiosity. Three of the participants were of Methodist faith. There was only one parent-child duo who practiced the same religion. The remaining participants were of Baptist, Protestant and Catholic denominations.

<u>Voice of the Participants</u>

Parent 1: Michelle

This interview was one that was filled with excitement and drive when the student had initially told me that both he and his mother were eager to participate in my study. I did not really believe him and was surprised and rather impressed with the level of energy and exuberance that the parent greeted me with when I telephoned her. I had texted her the previous evening to find out if she would be available and to confirm our agreed-upon interview time. She had replied that she would be available the next day and that I was free to contact her as we had discussed. When I called her, she was on her way to completing a transaction. I asked her if this was an inappropriate time as I preferred that we speak through FaceTime or Skype but she assured me that she really wanted to begin the interview as soon as possible and that she was ready to speak with me over the phone. I went over the interview protocol with her and then once again explained to her

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that she was free to speak and answer all questions and free to pass on any questions that made her feel uncomfortable. When I asked her the first question on academic achievement I could hear her deep thought process before she answered. It was as if academic achievement meant more to her than just providing a textbook definition. This was something that was tangible to her and also of deep importance especially because she took the necessary steps to have specific expectations for herself and her children.

> Without academic achievement, you are nothing in this world. So it really means a lot to me because it means a better life for you and your kids and going forward, you know, you're independent. (Michelle, Transcript Record [TR] 1, lines 3-6)

Michelle emphasized the importance of her cultural heritage and the role it played in the lives of her children. She expressed very close ties to Jamaica and also was very strong in her opinions in terms of Jamaican influence and culture. This was slightly different from the other participants, as the student was born in Jamaica and migrated here as an infant. She expressed that her son mainly having grown up in the US: "My kids they are typically Americans. . . . They know no other life, you know?" (Michelle, TR1, lines 210-211).

There were several instances throughout the interview where I noticed that she made many religious references. She spoke about the importance of instilling religious beliefs in order to succeed in life. When I asked her about her parenting style and what she believed to be a requirement to raise a successful child who would later go on to become a medical student, she remarked:

My dear, it's just, first of all, the first thing you need to understand is that there is a God. Okay? It's not only [about going out to] party, it's not only going out, but there's a mixture of everything, you know what I mean? (Michelle, TR1, lines 423-425)

It was also interesting to learning about the careers that she held in high esteem. She spoke about her experiences as a bank manager in Jamaica as compared to the US. She expressed that:

Working in the bank in Jamaica, you are high. It's something that everybody looks up to. It's not like here; they look at you on a first name thing, you know, and in Jamaica you are we are not allowed to call anyone by the first name inside the office. It has to be the last name, Mr. or Mrs. It's a corporate thing, if you know what I mean. You have to be well spoken, well dressed, and everything there in Jamaica. (Michelle, TR1, line 282)

The conversational piece that weighed most heavily on me as an interviewer was the portion where I asked her questions about her experiences as a minority in the United States. She did not hesitate to provide me with some of her experiences. As her voice became both tense and serious, it was very apparent that she did not want her children to be subjected to similar circumstances. When asked about how this might affect her son's life as an Afro-Caribbean student she stated: "I said to my kids: 'Do not put that Black thing. I do multiracial or other. That's what I do. It's a big set back until they see you'" (Michelle, TR1, lines 200-202).

The manner in which Michelle spoke came as no surprise to me when I asked who was responsible for her son's decision to become a medical doctor. The way in which she described her son and their interactions with each other and the family left no doubt of her admiration for her son for being an independent thinker, believer and achiever. She praised her son for staying on course with his decision to become a medical doctor.

> When he decided to go to medical school I think, remember these words. Because he said to me one day, he said to me, "Mom, why do you think I want to be a doctor?" And he waited on an answer from me. And I say, "So that you can have a better life, you can have a nice home and everything." And he said, "No, I see a need for helping people and that's why I want to be a doctor." That was a big boulder for me. (Michelle, TR1, lines 390-395)

I was very relaxed when interviewing this parent. Her way of speaking and of providing information was very close to the way in which my parents and I often have discussions around our dinner table. Unlike most of the other parents and students who I interviewed, I found that this parent spoke confidently and freely. It was very plain to see how proud she was of the academic achievements of her children and more specifically, her son. Michelle exclaimed: "Because sometimes I expect him to still be that little boy and sometimes I pull back and say, 'Oh my God, he's [almost] a doctor now'" (Michelle, TR1, lines 357-358). It was clear by the tone of her voice that she is delighted to be the mother of an Afro-Caribbean medical student who would soon be a physician.

Student 1: Devon

One of my first interviews was with Devon, a 24-year-old fourth-year medical student of Jamaican descent. At the time of the interview, Devon was completing an elective course locally. He was focused on preparing for a residency in Internal Medicine with the hopes of focusing on Cardiology. I had known Devon from his rotation with my clerkship, and so it was relatively easy to anticipate his demeanor.

When I dialed in to connect with Devon, he had already prepared himself by being tucked away in a home office with the door closed. I could sense his excitement as he commented, "I made sure to have no distractions and I'm ready when you are!" After exchanging greetings, I reviewed the purpose of the research, what would take place, the confidentiality agreement and reassured him that he could stop the interview at any time or refuse to answer any questions with which he did not feel comfortable. Devon appeared relaxed and ready to answer. When asked about what it means to be Afro-Caribbean and what it means to be an Afro-Caribbean medical student he stated: "For me it feels good to be different. I'm easily identified by my peers. I think because of my background, I've focused in on certain things in medical school. I've really focused on, like, underserved populations" (Devon, TR2, lines 40-43).

When asked about his experiences as an underrepresented student he noted:

I wouldn't say I'm treated differently than like an African American that's not from the Caribbean. I don't think there's much of a difference between African Caribbean and African American in terms of how they're treated or how they're perceived by patients or their peers. I think that patients pretty much lump us all

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into one group. They don't really know the difference in cultures, know the

difference in where I'm coming from. They pretty much just assume I'm the same

as like an African American. Which I don't have a problem with, but I know that

sometimes it does gets a little frustrating when they compare me with, I don't

know, they bring up certain things in pop culture that I don't relate to. (Devon,

TR2, lines 59-69)

It was apparent that Devon was humbled when he spoke about his family. He

remarked:

I guess my greatest achievement would be, really, you know, [going to] medical

school thing but then really staying. . . keeping the family an integral part of my

study. I've never missed a Thanksgiving, a Christmas, a New Year's with my

family--not even a 4th of July. I've always made sure that they were a big part of

my life. I've just never really chosen medical school over them. (Devon, TR2,

lines 198-203)

Devon's response regarding his future plans was filled with excitement. I was

quite impressed that he had outlined his five- and 10-year plans. He also stressed the

importance of wanting to work in a diverse community.

Academically, by that time I definitely want to continue to teach; I love teaching.

I want to go to either a teaching hospital that has lots of students, medical

students, nurses, whatever, students that are really open to learning, cause I think

that really would make me a sharper physician if I'm able to teach it to patients

and students. So that's one of my academic goals, to work for like a university

hospital. I definitely want to live in a city that's very diverse and urban. (Devon,

TR 2, lines 220-227)

One of the goals of my research was to explore how Afro-Caribbean families construct the path to become a medical doctor, I was interested in Devon's experiences as it related to his parents' role in his upbringing and career decision. He expressed:

I don't want to say it was almost expected that I do well, but I mean, just going

through high school and middle school they never really gave me. . . like a B was

a bad grade. So [my parents] always motivated me to do a lot better. So I always

try to achieve very highly and I've always thought that, okay, I guess going to

medical school would be the next thing they almost expected me to do, so I didn't

want to disappoint them, so I worked really hard in undergrad for that reason so I

always thought [going to medical school] was an attainable goal. (Devon, TR2,

lines 305-312)

One of the many aspects of Devon's character during the interview that I sensed was his humility about his academic achievement and what that meant to others. Devon found a means of adapting culturally by participating in Caribbean student organizations. He indicated that this was not the case at the medical school; that although the school supported minority students, not enough was being done to ensure that minorities were included compared to his experience as an undergraduate. This was evident when he stated: "They focus on, oh, we have students from Norway and we have one from New Zealand in the same class. That's their definition of diversity. I think my definition is a little bit different" (Devon, TR2, lines 137-139).

At the conclusion of the interview, Devon noted that he hoped to continue to be successful in his chosen career path. The level of confidence that he exuded left me with the impression that he would continue to be successful all while maintaining a close relationship with his immediate family.

Parent 2 Michael

This interview was by far one of the more surprising interviews in terms of the information that was revealed. I anticipated certain answers and was surprised to find out that they were contrary to my initial thoughts. I was happy for this discovery, especially since this was my only father-daughter couple. Initially, when I spoke to the student, she had told me that it was her mother who would participate. However, when I began the interview, her father was the one who stated that he would be participating in the study instead of his wife. Her mother was seen in the background and it was evident that she wanted to listen in to the interview as she had found the topic to be of interest to her. This interview was one of my last sets of interviews and as such I was very excited to complete it. In conducting this interview, I had to account for the time difference as the parents live on the West Coast. As such, we established a time that worked well for Pacific and Eastern standard time.

As I began with the first question, I noticed that Michael was more than willing to provide an almost textbook style definition of academic achievement. I recall thinking of ways to make the participant feel more relaxed in order to gain more of in-depth and personal response as opposed to a response based on something he had read. I made it a point to reassure him by letting him know that his answers were acceptable and that there

was no incorrect way of responding to my questions. I believe the reassurance helped him, as he became less hesitant and grew more confident in answering the remaining questions.

Michael was very methodical in expressing his thoughts. He supplemented responses to each question with examples to solidify his answers. However, when I asked him if he ever experienced any challenges as a minority living in in this country, to my surprise he stated:

It certainly may have happened, but I may not be aware of it, you know. Maybe it happened to me in the past--I may have gotten turned down for something, and I just never chalked it up to any type of prejudice or anything like that. I just never saw it that way. But I just can't think of anything blatant; I'm sure there are little things that happened over the years that I've ignored, but nothing major at all to be perfectly honest with you. (Michael, TR3, lines 56-62)

One of the question areas where I sensed that he was extremely proud was when he spoke about his life growing up as a child of Afro-Caribbean heritage. He spoke of the importance of keeping and maintaining a family lifestyle that is as traditional as possible. He stressed the importance of a two-parent home as well as the importance of incorporating religion into a child's upbringing. He also spoke of the importance of setting goals for children early on in their academic careers and for them to be receptive to these ideologies. "From our culture, if you want to call it that, [the children] were willing to listen [to what we had to say about higher education], at least that, and I think

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that's the most important thing--that they were at least willing to listen and hear what we had to say" (Michael, TR3, lines 200-202).

He was very adamant in stating that he and his wife did not push their daughter into any particular career field. They believed that her desire to become a medical doctor was something she had held early on in her life.

I know she's a caring person and growing up, I know, with some issues she had, I figured she would be an understanding person to be a doctor. I went through this or I went through that and I know how I felt, so now you can communicate that to your patients. If you can stand the rigors of the work and you want to put in the time, then go for it. (Michael, TR3, lines 270-275)

During this interview, I began to realize that some of the questions that I asked in the earlier portion of the interview were actually providing answers to questions that I would ask later on. Although I still felt the need to ensure the consistency of the interview protocol by repeating the question, I found it necessary to rephrase it to ensure that the participant was able to provide relevant information. Overall, I was left with the impression that Michael was a very practical, hands-off type of parent, who admired his daughter's accomplishment and did not take much credit for her decision or her achievement. His sense of happiness came from knowing that his daughter, like the rest of his children, was happy with her personal career decision.

Student 2: Candace

I was eager to interview Candace as she replied to my email request to participate the following day. I had known Candace to be a shy individual, but she was always very

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pleasant and willing to go the extra mile to help when needed. I looked forward to speaking with her, as I believed her participation in the study would be enlightening. It was also coincidental that Candace was the only female medical student who participated in the study and that her father was the only male parent to be interviewed.

Candace was a 29-year-old Afro-Caribbean female of Jamaican descent. She was in the process of completing an elective in South Carolina and was focused on pursuing a residency as a primary care physician with a focus on women's health. I was quite interested to hear her perspective especially because I knew that her younger siblings also had professional career goals as well.

Candace and I arranged to chat at 8 pm after she completed working a 7 am-7 pm shift. At 8 pm I did not hear from her and figured that she was probably kept back at the hospital. The next morning, she contacted me to let me know that this was indeed the fact and that she anticipated that the next day would be much slower. She asked if it would be okay to reschedule the interview until the next day at 2 pm, and I agreed. I knew that it would be imperative to be flexible with the students' schedules because their clinical duties can be unpredictable. At 1 pm the following day, Candace texted me to let me know that things were slow and that she had time to do the interview. I jumped at the opportunity and quickly prepared to conduct the interview.

Once established through FaceTime, Candace was pleasant as expected and in scrubs. She appeared to be relaxed and was in an office where interruptions would be unlikely. After I reviewed the protocol, we began the interview. Candace maintained a

relaxed demeanor throughout, but I noticed she became more serious when we discussed being part of an underrepresented group and what that meant to her as a medical student:

> No, so, you know, it's really different. And you can probably understand this too as you go further in education, especially in medical school, but other students of color are usually immigrant students or from immigrant families, so as I went further in education, I found less students who were actually African American students. They were either Caribbean or they were African, especially Nigerian, so I think I started to connect more with just being a Black student of higher education, more so than being specifically being Jamaican. (Candace, TR4, lines 47-54)

I sensed that Candace had experienced this numerous times and that it was something that was not easy to discuss. She was able to overcome this when she spoke about physician mentors who encouraged her and were supportive of her. Candace noted that they, too, had traveled a similar path and were able to identify with her, and this helped her along her journey:

> I had one attending physician that was African American and there were a few other African American physicians that were on the service with us and we had conversations between us, and so they're trying to mold me to the best I can be because they blatantly say, "People are looking at you and we want to make sure that you're the best you can be." (Candace, TR4, lines 161-166)

When asked about influence in her career decision, I was very surprised to hear that the decision was solely hers but was impacted by her experiences growing up with family.

> Probably, only from the aspect that I was raised around a lot of family, around my grandparents and around siblings and cousins, and I wanted to make sure I had that part of my life as a doctor, so I would say from that aspect it influenced it. (Candace, TR4, lines 102-105)

It was apparent that Candace's parents had a significant role in being supportive of her career decision and that their "early hands-on" parenting style and high expectations for academic achievement contributed to influencing her decision to "find a career, not just a job."

As the interview continued, I noticed that Candace appeared comfortable with the interview process. However, unlike the other student participants, I had to probe more for answers. When asking her about the individuals who helped her along the way, I noticed that she mentioned members of the church. She had also made reference to religious leaders as a career that she held in high esteem:

> [Pastors] are kind of like physicians and counselors and everything all wrapped into one, and I never had that calling, but I appreciate those who do and dedicate their whole lives to it, especially because in this day and age there's a lot of criticism on religion and on pastors and their life choices and so forth, so I continue to care about the ministry in 2015 cause it's not easy at all. (Candace, TR 4, lines 233-238)

At the conclusion of the interview Candace commented that the questions that were asked were insightful and that she was curious to know the outcome of the study. She was happy that we were both on a pathway to becoming leaders and hoped that we could in turn influence other prospective Afro-Caribbean professionals. When Candace reviewed her transcripts, she told me that she was happy to see her responses and looked forward to mentoring other Afro-Caribbean medical student doctors in the near future.

<p style="text-align:center">Parent 3: Evelyn</p>

After coordinating with Evelyn's son for a convenient time for us to talk, Evelyn's son let me know that his mother was not technologically advanced and did not have a smartphone or computer to conduct the interview. Her son let me know that she really wanted to be involved in the study and that she wished to conduct the interview over the phone. Evelyn's son provided me with a date and time frame that Evelyn would contact me to do the interview. When she did call I was quite relieved.

Evelyn seemed a bit nervous when she introduced herself to me. I asked her how she would like to be addressed and she provided me with her first name. I provided a brief introduction about myself and asked if her son had shared the information regarding the study and the confidentiality agreement and inquired as to whether she had any questions or concerns before we began. Evelyn replied that she had received the information and gave what appeared to me to be a nervous laugh but said that she was happy to participate. I assured her that at any time she felt uncomfortable or did not wish to answer a question or further participate that she was free to do so. She replied that she understood and that she was still happy to answer the questions. She mentioned that she

found it interesting that someone was studying Afro-Caribbean people and medical students in particular.

Evelyn was a 54-year-old Jamaican immigrant of Afro-Caribbean background. Specifically, she was born and raised in Kingston, Jamaica. She described herself and explained that her father was a "White-Jamaican," and it was only after moving to America that she considered herself as "Black." She noted that in Jamaica she was raised among different races and that she never had to define her ethnicity until coming to the United States. Interestingly, she shared that although she recognized herself as being Afro-Caribbean, she had recently decided to select the category, "other" when asked to describe her race.

> When I asked about her early immigrant experiences she shared:
>
> One school I started to go to, I didn't like the advisor that was in charge at the time. I had a, like, a student visa; I didn't like how she spoke to me at the time, but that was so long ago. But when I first came, I worked with relatives in Brooklyn the first year so they loved the West Indians there, and then I went to the Bronx where there were many West Indians also. (Evelyn, TR5, lines 57-62)

When asked about her own achievements, Evelyn did not hesitate in providing an answer to this question. There appeared to be a sense of pride as she described herself as being book smart and fairly confident in any academic goals that she set for herself. She added:

> And then I was okay in therapy school, but in the nursing school I got only one of four people who got high honors, extra high honors. I took some of the national

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tests and I was in the 99th percentile for a bunch of them. I'm a book person. I didn't do so well in the practical nursing, taking the practical exams was in the 9th percentile lots of times. It makes me proud of my children. (Evelyn, TR 5, lines 134-139)

When Evelyn was asked the series of questions about her son, I sensed that her emotions were heightened as she began to talk about him. "He looks like me" (Evelyn, TR 5, line 329). Her immense joy and pride in him and all he had done could be readily heard by the softened tone of her voice. Of her two children, it became clear that her son was the apple of her eye. I had little to no difficulty getting her to expound upon her answers but was surprised when she commented that "Yes, because he's acting like he's a man. I guess like his dad. He can be bossy" (Evelyn, TR 5, line 253). At that moment I realized that the subject of her former husband was something that I would have to manage delicately. Nonetheless, Evelyn continued with the interview. I was glad to see that she understood the reason as to why their relationship had been more strained than previously. "Yes, because when he was more stressed the first semester at school, and he was cross and used to get headaches. But now he's just busy. Now he's focused on being the best student he can be" (Evelyn, TR 5, lines 256-258).

What I admired most about Evelyn was that her examples reminded me of conversations that I have had with my parents. Evelyn was very connected to her family. She recalled her childhood in Jamaica and reflected on life with her parents and especially with her father, who was a minister: "You know, I had a lot of discipline

growing up. My parents I saw as a teacher. Some of the pressure comes not just from the parents themselves, but from the community" (Evelyn, TR 5, lines 227-229).

As the interview shifted towards her personal achievements and influences on her son's accomplishments, it was almost as if Evelyn was now establishing the fact that she had a direct role in molding her son to be the man he has become. She, like one both of the other parents, factored in the importance of religion: "It's so easy to help your community, to volunteer like, the easiest thing in the world to volunteer and becoming more religious, more Christian, not just living for yourself. I hope that's my son's dream also" (Evelyn, TR 5, lines 370-373).

As the interview concluded, I thanked Evelyn for being open and sharing her experiences. Evelyn then told me that she was glad that she participated as she had been feeling depressed that day, but that my questions helped to make her feel better. She realized that she actually did more than she thought in contributing to her son's successes, and she was now proud of herself. She wished me well and signed off by saying 'God bless you!' It was once again obvious to me that her religious upbringing played an important role in her life.

Student 3: Barry

When I first started talking to Barry I was surprised to know that he too was also ready to contact me first. If there is one thing that was easily observed about him, it was his confident and professional demeanor as he sat upright in his chair. He told me how happy he was to participate in my study and was looking forward to the opportunity when he would actually have a break and be able to speak with me for a few minutes. I thanked

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him once again for being willing to participate and read through the protocol. He stated that he completely understood and joked that it would be unlikely that he would pass on answering any of my questions.

Barry was introduced to me by one of the faculty who worked at the medical school as she had recalled his working with her as an undergraduate student. The faculty member was very familiar with him as well as his mother and suggested that they would be an excellent choice to reach out to as participants for my study. Scheduling time to speak with his mother was a lot easier than it was to schedule time for this third year of medical school student. I had hoped to speak with him initially in the first two weeks after finishing my dissertation proposal; however, there were several conflicts related to his clinical schedule as well as the completion of an examination that did not permit scheduling the interview. He agreed to have the interview with me the day following his clerkship examination. I remember feeling extremely grateful for the fact that he was willing to coordinate a time for me to schedule to speak to his mother, balance his clinical duties, and fit me into his busy schedule. When I asked him the first question in terms of academic achievement, he gave me a succinct response: "It just means excelling in school and applying it to whatever field you're interested in, giving back to the community, doing something with what you actually learned, not just learning it" (Barry, TR6, line 4).

What I also found interesting was that pride with which he described being Afro-Caribbean as well as being an Afro-Caribbean medical student. He expressed this in saying:

Being Afro-Caribbean means you come from a very rich culture with a big

history. It also means certain challenges you face in this country doing certain

things, whether it's a certain school or getting a job, but overall it's beautiful.

Being Afro-Caribbean comes with so many different benefits, like I say, but it's a

challenge sometimes. (Barry, TR 6, lines 12-16)

One of the major areas that I found myself reacting to was Barry's personal

experience as an undergraduate premedical student. He spoke of reaching out to an

advisor in terms of the decision to select a major in order to become a premed student. At

that point I felt a certain discomfort, as I had my own recollection of several instances

where I was dissuaded from becoming a science major. I could not help but wonder why

this was still happening. I felt the need to get further clarification and asked him to

elaborate a bit more about his experience. I could see the hesitation in his face to provide

me with this information, because he did not want to single out any particular individual

at his undergraduate college. I assured him that I would not be asking for the name of any

particular individual and that I was more concerned about the experience that he went

through at that time. He shared that he had to seek other means to obtain the information

he needed in order to determine the pathway to medical school

I faced some challenges in college. Being in college was kind of overwhelming

for me, and like if I continued on that track, I knew there was no chance I would

get into any medical school cause you need the high grades, the high this and that

so at that time, yeah, but once, you know, I kind of, instead of going to advisors, I

kind of just, you know, either asked someone who's done the training before or

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went online and found out what I needed to do, the best resources to use, and kind

of got my act together and worked hard. (Barry, TR 3, lines 192-199)

When I asked for further information relating to his experience in medical school

I found that his answers were general but pointed. He made it quite clear that the decision

to enter medical school was solely his own. It was also interesting to note that of the three

participants his was the only family where the parent was divorced. For the purpose of

selecting a parent for the study, he more or less chose selected his mother as she appeared

to be the one with whom he had the closest relationship. However, he did speak about his

parents' influence in his life:

> I do really admire my parents, what they've done, what they've been able to do. I
>
> mean both of them are immigrants. They came over here, they went to New York
>
> City, they did what they thought that they wanted to do. . . and they got it done.
>
> (Barry, TR 6, lines 165-169)

It was evident that he had demonstrated a level of persistence from an early age.

He seemed to have always maintained a level head and was firm and concrete once he

had made up his mind to enter medical school. He spoke about his early years in school

and also mentioned the turning point in his life where he knew that he wanted to work

with children. He benefited from the exposure he received while working at the

Children's Aid Society, developed resilience as he worked full-time hours while

maintaining a full course load and despite the setbacks of having received a low GPA in

his early years in college as an undergraduate student. He was determined not to let this

stop him from achieving his goal of becoming a doctor. I was rather impressed when he

spoke of working in the emergency department for an entire year, all while meeting the requirements of his premed studies and preparing for the MCAT exam.

It was very obvious that Barry is proud to be of Afro-Caribbean descent. He spoke of wanting to help the Afro-Caribbean and underserved communities in general. He comments on the opportunities that were provided to him in medical school to travel on several missions especially in the Caribbean. In the following statement, he shared his pride in being able to participate actively by giving medical assistance to those in need in Jamaica and noted that he could see himself returning to do something similar in the future.

> You know, I'm just excited to kind of, you know, fulfill my parents' dreams of being, you know, their successful child and helping people, and I'm really excited to kind of be a difference maker when I do get out into the field as an Afro-Caribbean physician, you know. I will have the understanding to talk with, support, encourage my patients who may feel that they better would like to hear that from someone with the same background, if you understand. I'm just excited to be a part of this unfortunately small group of physicians and make a change at the same time. (Barry, TR 6, line 220-228)

When the interview concluded, I thanked him for his time and his willingness to be open and candid with me in the interview, especially regarding his willingness to revisit his experience as an undergraduate and the effect on him of being uninformed as to appropriate or essential next steps early regarding his pathway to medical school. We both agreed that we were grateful for the opportunities that we had and what we had

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accomplished thus far. It also reminded me that this work was very important because it would help in sending a message to administrators that many Afro-Caribbean students do not have or know how to find a pathway to a medical career. Without a doubt, Barry will continue on a successful career path as a physician. I am very grateful for having had the opportunity to speak with him.

CHAPTER 5
'DI HOTTA DI BATTLE, DI SWEETA DI VICTORY'

Success and achievement are rewarding after hard work and struggles

Introduction

The primary goal of this research was to explore Afro-Caribbean parents and children as individuals and as dyad pairs and as a family unit. The findings of this study relate to the conceptual framework of the study along with the literature and research questions to gain greater insight to the lived experiences of these six participants. In-depth interviews averaged in duration from 45 minutes to 60 minutes. This was the means by which data were gathered. The research questions are revisited in this section of the study:

1. How do Afro-Caribbean families construct the path to become a medical doctor?

2. In what ways do after Afro-Caribbean families makes sense of whether their culture and identity influence becoming a medical doctor?

Sargeant (2012) stated that qualitative analysis is a function that allows the researcher to interpret the data and resulting themes in order to have a greater understanding of the phenomenon being examined. Once the transcripts were verified with the participants and sent to my dissertation chair for further evaluation, I engaged in the three stages of interpretive analysis: deconstruction, interpretation, and reconstruction.

In the deconstruction phase, I reviewed the responses for the interview questions as they related to each of the research questions. This review was conducted in order to get a better idea and feel for what each participant conveyed. Open coding was used to code generated words or phrases from the statements. An example of the worksheet used in the process of open coding can be reviewed in Appendix F. The codes were categorized based on being descriptive, evaluative, having magnitude, and whether a prominent theme was made obvious at that moment. Both the transcripts and field notes were used to supplement my understanding of the context of the response. Triangulation was required in order to provide validity to this study. At this juncture, I reread the answers multiple times for clarity.

In the interpretation phase, the codes listed for each participant's response were further reduced to generate smaller groups of codes that would provide a more over-arching theme. Codes that only appeared once and were not a reflection of a significant statement were eliminated. Saturation was reached when no further codes could be derived from the responses. As a result, 19 codes or subthemes were generated to observe patterns, similarities, and differences among the participants. These codes or themes are listed in a thematic content matrix which is presented in Table 6.

In the reconstruction phase of the analysis, each code in the thematic content matrix was reviewed for its presence in an answer that correlated with Research Questions 1 or 2. The highest frequencies, those codes appearing more than four times across respondents, were grouped together to generate a major theme. Similarly, codes that had few occurrences were grouped together to generate a minor theme.

Table 6

Thematic Content Matrix

Codes/Themes	Michelle	Devon	Michael	Candace	Evelyn	Barry	Total	Dyad	Parent	Child
Ambition	x	x	x		x	x	5	2	3	2
Awareness		x		x		x	3	0	0	3
Balance		x		x			2	0	0	2
Communication	x		x	x	x		4	1	3	1
Community		x		x	x	x	4	1	1	3
Discipline	x	x					2	1	1	1
Expectations	x	x	x	x		x	5	2	2	3
Exposure		x	x	x		x	4	1	1	3
Family	x	x	x	x	x	x	6	3	3	3
Humility	x	x		x			3	1	1	2
Independence	x		x		x	x	4	1	3	1
Persistence	x			x	x	x	4	1	2	2
Relationships				x			1	0	0	1
Religion	x	x	x	x	x		5	2	3	2
Resources			x			x	2	0	1	1
Respect	x		x		x		2	0	3	0
Stability		x			x	x	3	1	1	2
Support	x	x	x	x	x	x	6	3	3	3
Values	x	x			x		3	1	2	1

Note. Codes in italics appeared in questions that corresponded to Research Questions 1 and 2.

<u>Emergence of Themes</u>

Themes were established based on grouping together the most frequent and the least frequent codes. The codes that shared a degree of commonality were grouped together to create major and minor themes. These combinations resulted in the creation of overarching general themes for the research question under investigation. The major and minor themes, which are the subject of further discussion in this chapter, are displayed in Table 7.

Table 7

Emerging Major and Minor Themes by Research Question

Research Questions and Themes	Theme
How do Afro-Caribbean families construct the path to become a medical doctor?	
Collaborative efforts in pursuit of dreams and goals	Major
Understanding the reality of being an Afro-Caribbean medical student	Minor
Building the foundation for a successful career	Minor
In what ways do Afro-Caribbean families make sense of whether their culture and identity influence becoming a medical doctor?	
The role of persistence and perseverance	Major
Self-actualization of dreams and goals	Major
Surpassing parental achievements	Major
The ability to cope with negative experiences	Major
The impact of attitude on achievement	Minor

Research Question 1 was posed to determine how Afro-Caribbean families construct the path to become a medical doctor. In this area, all participants believed that support and family were essential for this journey to be a successful endeavor (See Table 6). The first major theme for this question was generated from the following code groups: *Family* and *Support*. Collectively this led to the theme, "Collaborative efforts in pursuit of dreams and goals". This theme is consistent with the findings of Mead et al. (2015) who noted that there are several factors responsible for contributing to a child's career path, including the family, teachers, media and society. This lends support for the recognition of the existence of multiple avenues of influence in the child's decision to become a medical doctor. Highlights of some of the narrative from the interviews provide evidence of the presence of these units.

Michelle indicated that support was one of the most valuable gifts one can provide to a child: "It doesn't make sense giving a child everything and if you're not there as support for them at all times, if you know what I mean. I think support for a child, for me, was better than giving me money" (Michelle, TR1, lines 319-322). Her son had a similar response. His outlook mirrored that of his mother.

> I'm still supported. In fact, I'm getting a lot of support now for going away to
> residency. I mean, obviously my parents want me to stay close, but they've been
> very supportive in the fact that they know that I probably will be moving out of
> state most likely for residency. They've been pretty supportive; my whole family
> has. (Devon, TR2, line 523-527)

Michael spoke extensively on the role of family and how it played a role in his daughter's life. He too, spoke extensively about support and shared his feelings about both elements:

And I think she knows that when all else fails, I think my daughter's going to be hesitant to ask for help.   When all else fails, she knows that we're here for her. No matter what, she has a support system here--not just us either. We have an extended family that would be willing to help out, no matter what. I think our family, you know, we're fairly close; we're pretty tight. She's got uncles she can reach to. She's got a pretty good support system. (Michael, TR3, line 316-322)

Likewise, Candace also held a very similar view to that of her father on the role of support and family. She stated, "I was raised around a lot of family, around my grandparents and around siblings and cousins, and I wanted to make sure I had that part of my life as a doctor, so I would say from that aspect it influenced it" (Candace, TR4, line 102).

Evelyn's testimony was also congruent with the comments of other participants. Evidence of this was in her statement: "He knows he has people in the family that like to continue to further their education. He might not admit it but I am sure I affected him" (Evelyn, TR5, line 13). This statement reaffirmed her belief in both support and family, namely herself as a direct contributor to her son's path to becoming a medical doctor.

Barry, also spoke of the role of family and support in the pursuit of his goal.

Even if I went across the country my mom and dad would still support me. It's not like I have to be near them. . . . They knew that I found a place I really wanted

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to go to school and found some opportunities, and they supported me. (Barry, TR6, lines 303-308)

Two minor themes emerged as part of Research Question 1. The first minor theme was constructed by associating *Balance, Discipline, Respect,* and *Resources*. This led to the development of "Understanding the reality of being an Afro-Caribbean medical student". The second minor theme emerged as "Building the foundation for a successful career" after the aforementioned codes were included, along with *Relationships*. These themes, although not overlapping with many of the respondents, are critical for an underrepresented student as they aid in establishing the foundation for acculturation in a higher education institution or, as in this case, attending a professional school. Evidence of these factors, though not outstanding, were found scattered throughout the narrative. Devon explained his experience in the following way:

They don't always assume I'm going to be a doctor as opposed to my White male counterparts also in the same boat. They'll assume that I'm in nursing school or assume that I'm a tech or something. Or they'll assume that I'm not smart in my opinion. (Devon, TR2, lines 153-155).

Barry explained a very similar struggle for respect as a medical student when he reflected on his experience:

Obviously you get the patient that is not of Afro-Caribbean background, usually Caucasian or some Afro background, and it's, "Oh, I didn't know you were a student." Or this or that or, "Do you have the knowledge to be treating them or seeing them?" I mean, that's the negative side, but on the positive side, the

beautiful side that I love to see, when you do get a patient that is of the Afro-

Caribbean background, they really feel that they are being taken care of because

they feel like they can connect with you better and are more open to you in terms

of what's going on with them and why you're seeing them. (Barry, TR6, lines 31-

39)

In terms of building the foundation for a successful career, there was a

commonality among the parents regarding what was essential for their children to be a

successful medical student. Michelle remarked: "I have three good kids, well-educated

kids, you know? [Discipline], not education, discipline, you know, that is what I like.

But the discipline goes hand in hand with education" (Michelle, TR1, lines 228-231).

Evelyn had a similar response: "Most people want to be a doctor, and you know, that's

one of the most respected professions, and he works so hard; he works so hard, so I'm

quite proud of him" (Evelyn, TR 5, lines 66-68). Highlighting the importance of

becoming educated is crucial to students of this ethnicity. What matters here is that they

have access to these resources to ensure that they have all the necessary tools to achieve

academic success and have the inner confidence to pursue a career where they will more

than likely be the minority in the institutional setting.

Emergence of Themes as Related to Research Question 2

The second research question saw the emergence of four major themes and one

minor theme. This question focused mainly on examining the lived experiences as they

related to culture and identity.

The first major theme to emerge was "The role of persistence and perseverance". This was generated by codes found among both parents and children. These codes for this theme were *Ambition, Expectation and Religion.* There is a gap in the literature based on this finding, as the influence of faith and how it relates to career selection for Afro-Caribbean people is an area to be further explored.

Michelle had very strong views on the impact of religion in both her life and her son.

> I'm looking at my son and my other kids and sometimes I pray to God because when you look at other kids their age and look at other kids, you know, or where they are going. My son is very ambitious and he keeps going. From high school, I mean, I instilled it in them the business of what it takes. (Michelle, TR1, lines 30-34)

Likewise, Candace also valued the role of religion not only in terms of her academic career but in terms of being successful in the future as well.

> I think that [getting into medical school] was a big achievement, and then I would say probably adapting to different situations because with medicine it takes you different places and you basically go where you're able to, so with medical school, getting and kind of letting things go and realizing that God would take me where I was supposed to be. And if family medicine is right for me, it will work out. (Candace, TR4, line 194-199)

Michael, her father, reflected on his childhood and noted that:

When you get up in the morning, you had to pray. You had to pray for maybe a

half hour or so, and I think it was just so different compared to now. . . . I had to

stand in front of my grandmother recite the multiplication table and if I didn't

know it, I got help. (Michael, TR3, lines 149-150; 160-161)

Evelyn spoke extensively on the influence of religion on her life and how she

exercised her faith with regard to her son. Although she did not have a specific career in

mind for him, she believed that he would achieve or accomplish something unique in life.

When he was baptized around four months, it was a special church; it was

Catholic but with special monks and stuff like that. I have a lot of ministers in my

family, so I gave [my son] to God, and once I tried to tell this to the Father, but I

don't think he under[stood] me. I seriously gave this child to God. (Evelyn, TR5,

line 107-111)

The second major theme that was established was "Self-actualization of dreams

and goals". Related to this theme were elements of *Communication*, *Community*,

Exposure, Independence, and *Persistence*. The descriptions of parents and children's

desires to achieve the goal of becoming medical doctors were quite profound. The

children in this study were adept at expressing their early commitment to this career and

these findings were evident within the emerging codes.

Devon explained the hardship of being an undergraduate student en route to going

into medical school as:

I always thought it was attainable, but of course you always have doubts. From

the time I was [a freshman] undergrad, everybody was telling me it was really

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hard to get into medical school. . . . I guess going to medical school would be the next thing they almost expected me to do, so I didn't want to disappoint them, so I worked really hard in undergrad for that reason, so I always thought I was an attainable goal. (Devon, TR2, lines 291-293; 309-312)

From a parental perspective, Evelyn noted that mentors played a large role in helping her son strengthen his belief in his career pursuit.

There's a couple [of doctors] at our local hospital that have been very helpful to my son, and they took him back to Jamaica when they were working in the clinic. So, you know, I'm sure that encouraged him so much, and then somebody that we know that was at another hospital, one of the doctors, he heard about him, and that's like a connection right there. (Evelyn, TR5, lines 84-88)

Even in reflecting on his own upbringing, Michael noted that how individuals are raised may in turn influence how they view themselves and possibly their views on what they can accomplish in life:

I lived with my grandmother in Jamaica, and there were certain impressions that were made early early on, because I think how you turn out is. . . how you turn out ultimately in life. . . is determined in the first ten years if not earlier, and I think there are certain indelible marks that are left, and it guides you along the way until you are no longer here. (Michael, TR3, line 136-140)

The third major theme that was discovered was "Surpassing parental achievements". These also combined some of the elements of the previous theme: *Ambition*, *Expectation, Family*, and *Persistence*. Of interest, it was found that although

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the children stated that they decided to become medical doctors on their own, some parents had shown evidence of planting the idea of the stability of a career in medicine or exposing them to a health-related career.

Barry shared his thinking as follows:

Like my whole life I've been exposed to the medical field   My whole family are in some sort of [health profession], like I'm sure my mom told you that she's an occupational therapist assistant; my father is a physical therapist, so my whole life I've kind of been involved in medicine. (Barry, TR6, lines 114-117)

Whether parents influenced their children's career decision was one of the areas the researcher sought to explore. Candace spoke of her parent's input in her career selection:

So [my parents] expected us to go far and to have careers, and one of those careers I always considered being high up there, was a doctor, and I felt supported in that aspect and I didn't really feel like my parents geared me toward anything else. (Candace, TR4, lines 252-255)

Michael shared his recollection of his daughter's first exposure to a health profession. He remarked:

I remember when she was little, she was in preschool and they had a program or something they had where the kids could go and dress up in whatever they wanted to be and she dressed up in her mother's lab coat and stethoscope and that was her first, you know, influence into that. (Michael, TR3, line 342-345).

Michelle described her son's exposure during his high school years: "He went to elementary and middle school and worked in the [medical professions] program up to high school and was so involved in high school and he knew what he wanted" (Michelle, TR1, lines 139-141).

The ability to cope with negative experiences was the fourth theme generated based on Research Question 2. This theme was founded on themes that described the ability to cope with stereotypes and perceived inequities. It also highlighted ways in which these influences could be handled in order to demonstrate resilience. The codes that aligned with this theme were *Awareness*, *Humility* and *Stability*.

Michelle and Evelyn both spoke fervently about their own personal experience as immigrants to the United States as well as examples that they were aware of happening to their children. Michelle reflected on her own experience when she stated:

I wanted to report my supervisor when I was at [the cable] company. "Oh, you're from Jamaica," I said, "Yes, 100%." because I am proud of my country. I said. "100%" and he said, "Oh, you look so dignified and professional and decent, but these Jamaicans here I don't like them. They're so loud and rude." and I said, "Excuse me, I can be loud and rude," and that's not nice to say as a supervisor, and I said, "You are prejudiced against Jamaica." (Michelle, TR1, line 73-79)

Michelle also spoke about an experience that she discussed with her son where he was noted as one of the only [Black] students asked to repeat the assignment. Her advice to him was "Son, go do it, do it well. You're experiencing something in America now, right (Michelle, TR1, line 168-170)

Evelyn's frustration about the experience of prejudice as an immigrant was very apparent in two responses:

When I first came I had this desire to go to school and had this minimum wage job which at the time was $3 something, and once a person came to me and said, "You come here and take all the jobs." I was only making $3 something. (Evelyn, TR5, lines 92-95)

You know, some people like the [Jamaican] accent cause when they think of the islands they think of relaxing and they relax, but apparently there are a few people that are stuck with their prejudices and use it against you. (Evelyn, TR5, line 49-51)

Candace and Barry both spoke of the ways they were inspired to cope despite negative occurrences. Candace mentioned the ongoing support she received from other Black physicians on duty while working in the various hospitals, and Barry noted that his method of coping was viewing the experiences as an opportunity for him to prove any stereotypes wrong.

I mean like it's not just medical school that minorities have issues or challenges--I mean that's everywhere. So I wasn't expecting anything different in this profession. I knew like I would have to fight. I mean to me, honestly, I love to fight. I love being open to people's misconceptions of minorities is wrong, you know, but I knew there would be challenges, so I'm not surprised. (Barry, TR6, lines 65-70)

The fifth theme to emerge was a minor theme that identified the impact of attitude on achievement. This included concepts of *Respect*, *Discipline*, and *Resources*. Although all participants valued one or more of these factors, some of the more outstanding discussion points related to this theme were noted by Devon who responded with the following observation:

> I think that really just coming from this background, from a family that doesn't go to the doctor that much because of a cultural thing, I think that's really given me a different perspective and I think it really helps me a better doctor. (Devon, TR1, line 47-49)

> Evelyn's attitude toward her own achievements stood out when she stated

> Well, I wanted to do advanced degree in therapy but the schools were very far and out of state, so I learned there was a nursing school near me. I knew that I was good with kids and academics and I would hear the ladies and hear them say, "I can't do that; I can't do that," and I did it. And I'm happy I did. (Evelyn, TR5, line 150)

Findings on the Parent, Child, and Dyad

A further step into the analysis of the in-depth interviews conducted with the participants led to the discovery of several patterns that emerged when comparing the results from the parents, the child, and the dyads. Following is a discussion of some of the codes that that emerged for each group, as well as instances of overlap and the relationship between the findings.

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Parents

The first element to be discussed is that most of the themes were consistent among the parents. There were three major areas or combinations of elements that were found to be consistent among this particular group. As seen in the Thematic Content Matrix, the most popular codes found among the parent responses were: *Ambition*, *Communication*, *Family* and *Support*. This was evident from multiple responses from parents. Michelle noted, "I think support for a child, for me, was better than giving me money. I had an uncle and he died and he wasn't one of the rich ones; my uncle, he was always behind me telling me, giving me encouraging words. . . ." (Michelle, TR1, lines 321-324).

Similarly, Michael remarked, "In my daughter's case, we never forced her into the medical field; she's the one who picked it and as soon as she did, we supported her as much as we could. We were always there to encourage her" (Michael, TR2, lines 38-40).

Secondary factors included *Community*, *Persistence* and *Value*. Evidence of this was provided by Evelyn:

> He was in the Boy Scouts. I think that helped mold him too. He didn't learn his knots very well. . . . But I think the Boy Scouts help[ed] give him, you know, role models and make him determined to achieve higher and higher goals. (Evelyn, TR3, lines 334-335; 338-341)

Michael also shared a similar sentiment involving his daughter:

> I think we've got to put ourselves in her position, but we have to understand from here on out it's nothing but stress. I kind of see what it's like when I go see my

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doctor and I see how much they run around the minute they get to work.

(Michael, TR2, lines 247-250)

The lesser traits that were observed were *Community*, *Discipline*, *Exposure*,

Humility, *Resources,* and *Stability*. Evelyn showed evidence of these as she stated:

. . . but I didn't think [he would go into] medicine until high school, but then I'm

in the healthcare field and his dad is also, and a lot of West Indians, once they

come here, they go in the healthcare field. (Evelyn, TR3, lines 121-124)

Michelle also added her thoughts on these units:

I'm that type of stern person. I'm not Americanized and I'm telling you, if I

should relive my life all over again, I would go back to Jamaica and relive it and

live it because I would have better control of my kid. . . . (Michelle, TR1, 348-

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Children

The groupings were codes that were frequently expressed by the student

participants. The reoccurring codes that were most prevalent for this specific group

included *Awareness*, *Expectations*, *Exposure*, *Family,* and *Support*.

Barry spoke about his experiences and these attributes were prevalent among

many of his responses. In one exchange he stated:

Like my whole life I've been exposed to the medical field   My whole family are

in some sort of therapy, like I'm sure my mom told you that she's an occupational

therapist assistant; my father is a physical therapist, so my whole life I've kind of

been involved in medicine. (Barry, TR3, lines 114-117)

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Candace also had a similar response as she remarked:

> . . . that I was raised around a lot of family, around my grandparents and around
> siblings and cousins, and I wanted to make sure I had that part of my life as a
> doctor, so I would say from that aspect it influenced it. (Candace, TR2, lines 102-
> 105).

When asked about being an Afro-Caribbean medical student, Devon stated:

> I think that really just coming from this background, from a family that doesn't go
> to the doctor that much because of a cultural thing, I think that's really given me a
> different perspective and I think it really helps me a better doctor. (Devon, TR1,
> lines 47-50)

The categories that received fewer responses included *Ambition*, *Humility*,
Persistence, *Religion,* and *Stability*.

> Barry spoke about his experience as a pre-med student:

> College was overwhelming for me and, you know, it took me some time to step
> up my game and, you know, get the grades that I needed. So toward the end of
> college, I guess I found myself and in addition to working full time, I worked full
> time in the emergency room, so I found myself studying like three and four in the
> morning to get the grades, get the grade on the MCAT this and that. . . . (Barry,
> TR3, lines 134-139)

Devon was astute in his response as it related to contributions towards his current
academic status:

I've had countless teachers and professors that helped me along the way, that I

would never be anywhere close to where I am now. I would definitely say my

mentors, my parents, my family, just all the educators I've had really pushed me

to get where I am today. (Devon, TR1, 355-359)

The least observed codes based on the children's responses were

Communication, *Discipline*, *Independence*, *Relationships*, *Resources,* and *Values*.

Dyads

When examining the parent child couples as dyads, two codes stood out. Similar

to the major theme related to Research Question 1, *Support* and *Family* appeared most

frequently as the only codes consistent among all three pairs.

Mother-son dyad 1 had similar responses when asked about their relationship.

Michelle reflected:

Well, okay when he was in high school we were very close. We're still close. He

has a lot of manners and respect for me and I have the same for him. Because

sometimes I expect him to still be that little boy and sometimes I pull back and

say, "Oh my God, he's a [student] doctor now." Sometimes it's like, "Oh my God,

I'm losing control of him," you know what I mean? Because we've always been

close and we talk. (Michelle, TR1, lines 355-360)

Devon shared similar thoughts:

And then my mom was always there; she was the person that always checked my

planner and made sure I didn't get into trouble at school or miss any homework or

something. She was always that person. She was the disciplinarian. (Devon,

TR2, lines 401-404).

The second tier of codes that appeared consistently with the dyads were *Ambition*,

Expectations, and *Religion*. The father-daughter dyad expressed a reflection of these

codes in their responses to their future dreams. Michael responded:

Just do whatever, not just what will make you happy, but do whatever it is that

makes a difference. Do whatever it's going to take to make a difference in the

world, and if God blesses you with an ability to become a doctor, it should be

used to its utmost level in helping others. (Michael, TR2, lines 380-383).

Candace's response reflected similar thinking in regard to goals.

So I know that I want to do primary care, which is why I am choosing family

medicine. I want to do a lot of women's health, I want to do a lot of community

medicine as well. . . . As my parents get older too, I want to live somewhere

closer by and if I have a family of my own, so they're part of my everyday life

more than they are now being on the other side of the country. (Candace, TR3,

lines 420-422; 432-434).

Discussion of Findings

Although the themes of family and support were the most popular for both sets of

individuals (parents and children), differences existed between the two groups.

Communication and independence occurred most frequently in parental responses but

had the least occurrence in the children's responses. This indicated an inverse relationship in the prevalence of these two specific codes. It may also suggest that parents placed higher value on maintaining communication with their children and also stressing the importance of being independent than did their children.

Communication focused on parents and their children staying in touch regularly, selecting a medical school that was local as well as enabling the ability to return and visit at home. Communication also referred to speaking openly about challenges and conflicts that the child incurred while attending medical school. I found that the parents held a higher expectation of wanting to know what was taking place with the student. The parents preferred to give their children space and understood that they had hectic schedules as medical school students. Two of three parents did mention the fact that it was comforting to have a general idea of what was going on with their children. In contrast, children did not want to burden parents with details of their experience. This may be due to the fact that they believed that their parents would not have a complete understanding of what they endured as medical school students. In some instances, the students did not want to worry their parents with what was taking place in their academic experience. As for communication, it was noted to be more difficult for the children given their limited spare time as medical students. They were also invested in this career path as a means for helping people rather than placing value on their independence.

The theme of independence focused on relying on someone for assistance. The parents believed that the children were en route to achieving independence because of the fact that they were pursuing what would be deemed a relatively stable career. The parents

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in the study openly stated that they did not directly force their children to become medical doctors. However, review of the transcripts showed evidence of having planted and encouraged behaviors that would essentially promote the idea of pursuing a professional career. The parents wanted to see a positive outcome for their children by ensuring that they would obtain a standard of living that would possibly surpass their own. One parent admitted that her view of the child's decision was based on the concept of independence to mean materialistic wealth and having major finances. Independence, however, was noted to mean something different for the child. An example of this can be seen in that many of the decisions to become a medical doctor was not based on wealth or financial motivation. Rather, the children indicated that their influence and motivation to become medical doctors began with being exposed to the health profession at an early age. All three students reported that their long term objective as a medical doctor was to simply be the best doctor they could be and to help those most in need.

In reviewing the transcripts and themes regarding family and support, it was quite obvious that family played a critical role in a child's becoming a medical doctor. Family, in this context was not a direct influence, and parents or children did not report forcing the decision for the child to become a medical doctor. Family was seen as those responsible for generating the formation of strong cultural bonds. It was also the source of identity and served as the basis for connecting with the Afro-Caribbean culture. They spoke of things with which they identified that set them apart from their peers, such as foods, traditions, and the relationship that they shared with grandparents, parents, siblings, and extended family. Family was a source of pride. It gave the children a sense

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of satisfaction to know that they were in a position to eventually help other Afro-Caribbean people, like their families, who would come to them as patients.

Support, which was closely related to family, was discussed in all of the interviews. The mention of parents, career mentors, church members, and other extended family who were there to provide encouragement to the parent and the child during the child's formative years. None of the parents stated that they had a direct influence nor did they force the decision for the child to become a medical doctor, but they all stressed the importance of letting their children know that they had someone they could depend on from the moment the child made the decision that they wanted to become a medical doctor.

For the children, exposure was listed among the most frequently occurring codes. However, it was a unit that resonated with only one parent. Exposure was referred to as being essential for the child's career pathway by two of the parents. They recalled some of the child's early experiences, but did not heavily credit these experiences with influencing the child to become a medical doctor. The children become more aware of the opportunities that were available to them and, to some extent, furthered their own commitment to their goal by seeking out opportunities to get involved. It is apparent that earlier exposure combined with other elements may be influential in the decision to pursue a career in health to professions, as direct exposure can have an impact on the child's decision to become a medical doctor.

Summary

      This chapter identified the major and minor themes that emerged as related to each of the two research questions which were used to guide this study. The main themes were generated based on those concepts that appeared frequently among answers provided by the parents and children in the in-depth interviews. The minor themes also appeared in the answers but were less prevalent. A secondary evaluation of the concepts was conducted in order to view relationships that existed in the responses provided by the parents as a group, by the children as a group and among the parent-child dyads. Altogether these results provide insight into the factors that contribute to determining the presence or absence of family influence on the path to becoming a medical doctor.

CHAPTER 6
MY REFLECTIONS AND FORESIGHT AS A QUALITATIVE RESEARCHER

Introduction

This chapter contains a discussion of my reflections as a qualitative researcher. In it I describe how I became more critical of the research process during the various stages of data collection and analysis. I will also highlight areas in which I expanded my experience as a qualitative researcher. These areas include: (a) the interview, (b) the conceptual framework, and (c) the development of subthemes. This process has led me to conclude that one must live the experience as a qualitative researcher just as the participants reveal their lived experience.

The Interview

At the end of each interview, I found myself filled with pride to know that the parents and their children comprising the three dyads were proud of their lives, culture, and personal achievements. They all commented on how happy they were to contribute to this study as making a contribution to furthering the advancement of Afro-Caribbean people and education. In the following section, I share my reflections on the interview process and my interactions with the participants during the interview.

Construction and Delivery of the Interview Protocol

At the dissertation proposal stage, my original interview protocol (Appendix C) was recommended for revision to ensure reliability and consistency with the study. While reconstructing the protocol, I realized that this was in fact an important and overlooked

area of the research. However, I also wondered at the time whether a pilot study would have been needed, as this instrument had never been utilized previously. Several interview protocols that I had reviewed while conducting my literature review also indicated no use of a pilot study. For that reason, I also concluded that a pilot study would not be needed for this dissertation. However, during the interview process, I realized that I experienced obstacles with the wording, order, and to some extent realized that there were additional questions that should have been considered. In hindsight, I have come to realize that there are advantages and disadvantages to not having a pilot study. I believe this serves as an effective teaching aid and learning experience for early researchers.

My experience in not having a pilot study has taught me that for future research endeavors, especially those with fewer time constraints, a pilot study would be advantageous. As mentioned earlier, I felt quite comfortable with my ability to conduct the interviews. What I did not anticipate, was having to be quickly react to questions that the participants did not understand. This often meant rephrasing questions, breaking down the question into smaller parts or generating a new question in order to obtain a more vigorous response from the participant. This happened frequently with Michael, as I was provided with answers that were more structured as opposed to being more open. I believe that a pilot study with both male and female participants may have allowed me to be aware of the issues that could arise during the interview, especially because of the various styles of responses that were possible.

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On the other hand, not conducting a pilot study provided me with a new learning experience during my data gathering. First, it allowed me to move forward with the study in a timely manner. The time that it may have taken to make several revisions to the protocol following each distribution of a pilot study may have interfered with my ability to keep the participants of my study, as they were coming toward the end of their studies and preparing for residency. This is usually a very hectic and stressful time for the fourth year students. Second, it taught me how valuable it is to have an instrument that is well organized. Although I initially believed that the order of questions was seamless, I found that my interview questions that corresponded with cultural ecological theory (CET) were not in a logical sequence. In three adjacent interview questions, I first focused on a topic related to the individual, followed by a question related to the second dyad member, and a third question focused again on the individual. The organization would have been more effective if the questions were assembled to relate to the individuals being interviewed and then to the second member of the dyad.

Conducting the Interview

The experience of conducting an in-depth interview for the purpose of qualitative research is one that is vastly different from a typical job or admissions interview. Having participated in both of these aforementioned interview arenas, I was comfortable in my approach to the participants in this study. I quickly realized, however, that a one-size-fits-all approach to interviewing was not going to be effective in qualitative research. Despite being able to connect to the participant's personality and response style early on in the interview, I realized that I may have been better prepared to handle issues that

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deviated from my expectations. I was rather fortunate to have participants who, with little

encouragement, spoke freely. In some instances, however, the interview did not begin in

that fashion. Looking back, I think that familiarizing myself with literature on effective

interviewing techniques to lead me to be better prepared to deal with the different

personalities I would encounter would have been helpful. This also relates to facts about

interviewees that the researcher may not be privy to. Is the participant a morning person

and is the interview scheduled in the morning? Is the participant experiencing an altering

life situation whereby, although he or she has expressed a willingness to participate in the

study, that the stress of the event may affect responses? These are examples of items that

may have crept into my study and could have easily affected the amount of data I had

hoped to gather.

Interview Post Mortem

Another area that I found worthy of assessment was the protocol items that

generated a participant response of "As I said before." For the first three interviews, I was

able to ask questions verbatim from the protocol. However, I later discovered that I

needed to deviate from some of the questions. This was either because participants

seemed eager to elaborate on questions, they had verbalized that they had already

provided a similar answer to an earlier question, or they were hesitant to speak. At times,

I also found myself intrigued by the information they provided and wanted to gain insight

into their response. This led me to generate new questions. In addition to this, while

going through the transcripts, I noticed that when I asked the participants about their

future dreams and goals I discovered that the questions were very similar to ones that

were asked later in the interview. (See Appendix D, Questions 3 b, c, and 7b). In

addition to this, in order to avoid asking questions that were similar to previously

answered questions, I was led to ask the questions in a different numerical sequence than

shown on the protocol. In hindsight, even though all of the interview protocol questions

were asked, I would have preferred to ask questions that explored how parents and their

children felt about living out The American Dream and what it meant to be parents of a

first-generation Afro-Caribbean medical school student.

Upon completion of the in-depth interviews, I had also taken for granted that the

English-speaking responses gathered would be easily transcribed by a non-Caribbean

individual. What I later discovered was unique to this particular set of data in that some

of the participants spoke with a heavy (Jamaican) Caribbean accent. This meant setting

aside extra time to clarify their data clarified by contacting the participant as well as

editing (some) of their responses into a more standard English context. As a qualitative

researcher, I quickly learned that although I have a penchant for understanding Caribbean

dialects, this may not be true for others. Just as the United States is a melting pot of

various dialects, expressions and idiosyncrasies, so is it for people of Caribbean heritage.

The Role of Trust in the Interview

<u>Trust with the Parent</u>

Not every participant can be expected to be equally eager and excited about

participating in an interview. People may be experiencing personal issues at the time of

interview, and despite their willingness to assist in this exercise, their issues may be

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expressed in their lack of or brevity of response. This was evident in my interview with Evelyn. At the conclusion of the interview, she confided that the interview process helped her to discover that she had made significant contributions to her son's academic success. She also revealed that she had been having a bad day and that the discovery had lifted her spirits. When I contacted her to review the transcripts, Evelyn again expressed how happy she was to participate in the study and appeared to be more naturally talkative. This made me realize the importance of the interviewer's quickly learning to connect to the interviewee, though remaining neutral during the interview process. The interviewee must feel comfortable and trust must be established early on.

I also believed that the children played an important role in establishing the level of trust with the parent on my behalf. During my initial contact with the parents, I sensed that their initial level of confidence in me was inspired by how much information the child had shared with them. In the case of Devon and Michelle, Devon had spoken to his mother once I determined that I would be utilizing Afro-Caribbean dyads for the study. Thus, Michelle had been made aware of my association with Devon approximately five months prior to my official contact with her. Although we coordinated a meeting time by email, once we connected by phone, her energy level was immense. This may have been attributed to her personality but she began the interview by letting me know that when her son spoke to her about participating in the study, she was happy to know that there was an Afro-Caribbean female student researcher and that she was eager to assist in any way she could. For that reason, I believed that the interview process with her took on an

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inexplicable energy level, and it was quite easy to keep her engaged and keep the interview on course.

The interview process with Michael was of a different nature as compared to the female participants in the study. He, too, received information from his daughter and had some added knowledge about me a doctoral candidate, and more about my personal background as a child of Trinidad and Tobagonian parents. In this instance, Candace was the one who coordinated the time for the interview. Once I was able to connect with Michael and reiterate a brief introduction about myself, his acceptance of my transparency became evident by his positive reception of the information. Michael's disposition and responses were more technical as compared to the others. Although I was unable to tell whether this was inherent to his nature, I sensed that his communication style was in sync with his profession as an engineer. I do believe that there was a concrete level of trust established, as there were no real incidents of hesitation. However, at times his answers were constructed in such a way that I found it necessary to dig deeper to obtain more of the emotional aspects behind his answers. His response patterns also caused me to reevaluate the order of the questions. Overall, the experience with trust with a male participant was just as important as connecting with the female participants in order to obtain the data required.

Trust with the Child/Student

My professional relationship with the student participants created a platform of a trust. The situations in which we had interacted required that they initially be heavily dependent on me to provide them information and guidance. As time progressed, the

dependence waned but left behind a relationship based on trust. As such, our relationship

flourished and continued to do so as I sought their participation in my study.

I respected the fact that they might not be easily contacted when it came time to

conduct the interviews. From my experience in medical education, I had always found

fourth year students to have a more flexible schedule. In this case, I took for granted that

both of the fourth-year participants would be easily accessible. This was only the case for

one of them given differing demands based on their rotations. As for the third-year

student, I completely understood the stressful conditions under which he was functioning

and had no difficulty maintaining a great deal of understanding and empathy in

scheduling the interview. I used gentle reminders to coordinate a meeting time so as not

to become too aggressive and risk losing him as a participant. I believe that this technique

also helped to establish a level of his trust in me and solidified his commitment to

actively participate in the study.

Making Sense of the Voices of Participants Within SCT and CET

The primary objective of using a theoretical framework is to provide a template

by which the experiences of the participants can be understood. There were several

theoretical frameworks that could have been used in this study. I opted to utilize cultural

ecological theory (CET) and social construction theory (SCT) in order to understand the

lived experiences of Afro-Caribbean parents and their children and possible influence on

a child's decision to become a medical doctor. This section contains a discussion of the

findings as they related to the tenets of the combined framework.

The study consisted of in-depth interviews in order to obtain participant data. I was able to gain insight regarding the research questions using the CET model to help explain why the Afro-Caribbean group was able to adapt to the culture of the United States. CET provided a rationale for parents to raise children who would face cultural differences yet still be successful and go on to be medical students. It also allowed me to examine the presence of strategies or techniques that the parents would use to provide a foundation for their children's achievements. Flinn (1982) observed that CET is effective in improving understanding of biosocial perspectives and in studying Afro-Caribbean families.

Social construction examines how relationships are created and meanings are then derived from those relationships. Reality is seen in terms of being objective or subjective. In this study, social constructionism focused on the Afro-Caribbean experience, the realities that were derived from their experiences, and what was then transmitted to their children.

The lived experience for the Caribbean family is consistent with the concept of objective reality. According to Andrews (2012), the habits and behaviors that are created over time continue to be reaffirmed by means of the interactions with others. In this study the findings were consistent with this aspect of the theory. The parents and children as individuals, as well as the dyads, showed evidence that continued interactions with family, as well as the support that was provided by family and mentors, contributed to the influence of making the decision to select a stable career. Andrews (2012) noted that individuals and society accept identity constructs as meaningful to their self identity.

This was also evident in the data, as all participants acknowledged the role that culture played in their lives and in achieving their current place in society.

The second aspect of social constructionism is the focus on subjective reality. Berger and Luckman (1991) noted that individuals internalize influences which are frequently attributed to those individuals who are viewed as most important in their lives. After reviewing the transcripts, it was evident, for the three student participants, that their dreams and goals were being attained. In making their parents proud of their success, the children were accomplishing something that had high value for them and they recognized it as one of their greatest life achievements.

In terms of addressing CET, Research Question 2 considered the ways in which Afro-Caribbean families make sense of the influence of culture and identity. Ogbu and Simons (1998) stated that CET provides a platform to analyze how minorities see the world and how they behave in it. The findings for this study provide data that suggest that both parents and children had experiences with religion, culture, community, respect, and values that contributed to the overall development of becoming academically and socially successful. Ogbu and Simon's concept of community forces was congruent with children as students. All six participants found that support and family had an essential role in providing cultural values and showing children how they should conduct themselves in society. Parents were able to provide guidance to their children in terms of how to handle challenges. They also provided them with tools to cope as medical students and as underrepresented students in general.

Ogbu's (1993) definition of voluntary minorities describes the families who immigrated to the United States in order to seek out opportunities for their children. Gassama (2012) remarked that school can provide opportunities for upward mobility. The children of these voluntary minorities showed evidence of combining independence, discipline and ambition in order to become a successful medical doctor. As such, these behaviors appeared as necessary in order to accomplish their academic success. Ogbu's definition of cultural differences and discontinuity was consistent with the findings in the present study. There were instances where there was a clear distinction between the cultural values inculcated in children at home as compared to the culture they experienced in medical school. The findings demonstrated that the students did experience primary discontinuities, as there were differences between the students' cultural norms and the norms of the schools they attended. As a result, many adjustments were made in order for them to assimilate into the current culture.

The findings in this study revealed some of the factors that played a role in how Afro-Caribbean families construct a path to becoming a medical doctor. Of all the possible categories participants in the study mentioned, family played a critical role in providing support and encouragement to them. There was sufficient evidence that the objective reality created by both the parents and the children helped to influence their academic journey and led them to eventually select this specific career in medicine. Cultural influence, as well as a positive demeanor and exposure to activities from early on in their careers, helped the children to establish themselves as hard working

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individuals who would do everything possible to ensure that their dreams to become medical doctors came to fruition.

<u>Tenets of the Conceptual Framework and Research Findings</u>

In-depth interviews provided an opportunity for the participants to reconnect with the role that their culture played in their lives. The majority of subjects in this study all expressed the value of culture in their academic personal and professional pursuits. The review of literature revealed that Afro-Caribbean parents have a tendency to be strict in raising their children. This was consistent with the responses provided by the parents. Although parents did not specify a career in medicine for their children, indirect actions taken and attitudes held toward their child may play a role in encouraging the student to select a career that is traditionally known to be stable. It is my hope that the findings of this study will also contribute to the current dialogue where within group differences and student achievement are often overlooked.

Although the data has demonstrated how the participants' lived experiences contribute to students' decisions to become a medical doctor, the information is also related to the tenets derived from the two theoretical frameworks. These played a direct role in the construction of the major and minor themes that emerged from this study.

As Ogbu (1993) stated, community and system forces were found to influence minority student school performance. Although performance was not evaluated using quantitative measures, my findings on parental influence as a community force was consistent with Ogbu's (1993) findings. This revealed that parents do, in fact, provide a

supportive structure for their children, throughout the course of their educational journey. This was further evidenced by the frequent mentions of family and support in interviews leading to the generation of the major themes in this study. The second aspect of this was system forces which dealt with how society and academic institutions treat minorities. The data revealed that students and parents believed that the institutions were supportive of the children as underrepresented student-doctors. However, all participants were all very much aware of how their visibility was perceived and treated in clinical settings (children) or in general (parents).

The second tenet of CET was the topic of voluntary vs. involuntary minorities. Although the interview protocol was not concerned with the reasons why parents chose to migrate to the United States, the demographic data provided evidence that all were voluntary minorities who were pleased to have made employment achievements once here. They also seemed modest about the fact that their children were in a position to obtain a valuable education and promising future.

Cultural discontinuities was the third tenet of the CET. This focused on examining career selection and determining whether any differences existed in career aspirations. The data in this study indicated that the children were aware of the difference in Afro-Caribbean culture and medical school culture. Though they did not feel misplaced in medical school, they spoke openly about their experiences of having to prove themselves as worthy of being a medical student. As one student suggested, Affirmative Action has both positive and negative repercussions for underrepresented students in a medical education system where the majority of students are from non-

ethnic backgrounds. This also contributed to the minor themes of the study that spoke of respect and resources.

Social construction theory largely focuses on how relationships are created and the role those relationships play in the lives of individuals. Berger and Luckman (1991) introduced the tenets of objective and social reality. Objective reality is concerned with how the individuals view the social world and how it influences them. Evidence of objective reality in the present study was demonstrated by both the parents and children in terms of discussing the role of the community in encouraging their experiences and education. These interactions influenced them to become ambitious. Subjective reality is based on socialization and self-identity. Without a doubt, the children in this study were all proud of their Afro-Caribbean heritage and the positive influence it played in their lives and in the selection of their careers. Further evidence was provided by all of the children's willingness to want to return to Jamaica and at some point in their medical profession to be of aid to people in the Caribbean community.

The association of the data and the tenets undergirding the study showed a clear relationship. Figure 11 provides a graphic depiction of the relationship between the conceptual framework and major and minor themes.

- The Role of Persistence and Perserverance (+)
- Self Actualization of Dreams and Goals (+)

Community & System Forces

Volunteer Minority

- The Impact of Attitude on Achievement (-)
- The Ability to Cope with Negative Expriences (+)

Objective and Subjective Reality

Cultural Differences

- Collaborative Efforts in the Pursuit of Dreams and Goals (+)
- Understanding the Reality of Being an Afro Caribbean Medical Student (-)
- Building the Foundation for A Successful Career (-)

- Surpassing Parental Achievement (+)

Note. (+) denotes major theme; (-) denotes minor theme

Figure 11. Relationship Between Conceptual Framework, Major, and Minor Themes

Themes and Subthemes.

Construction of the major and minor themes of this study were based upon grouped codes that appeared frequently or less frequently in the reported data. As such, several subthemes emerged as part of the findings. These additional findings focused on (a) being Black vs. Caribbean, (b) gender, (c) God, and (d) medical school culture.

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Throughout the interview, the majority of the participants openly and honestly engaged in conversation and spoke about being Black. I found it interesting that they were not offended when referred to as Black or African American. Rather, they expressed pride in being part of a unique culture and heritage. All participants, with the exception of one parent, spoke about personal experiences whereby they encountered or felt prejudice. They explained how they were able to overcome these obstacles and persist as equals in society. In one example, an incident was shared between the mother-son dyad, whereby Michelle pointed out to Devon that this was part of the American experience. As an individual, Michelle also remarked that she advised her children to avoid indicating that they were Black applicants. The denial of color was a strategy she employed and practiced to avoid potential discrimination. The denial of culture was also evident in the Evelyn and Michelle's responses. Both spoke of experiences related to discrimination based on their accents. Their experiences related to this showed that there were periods as immigrants where they faced challenges to assimilate within the U.S. society. Both of these women were very aware of what was taking place and unfortunately may still occur for other West Indian immigrants in the U.S.

The selection of the participants came from an extremely small pool of students who could meet the qualifications for this study. As such, the choice of selection in gender was limited as well. Considering that two of the three dyads were mother-son couples, it was much easier to understand the relationship dynamics between the two, as compared to the father-daughter duo. In reviewing the findings, it was not evident to me that any differences existed because of opposite-sex dyads. Though unintentional, this

study did not utilize a same sex dyad for comparison of dynamics and responses. Nevertheless, both males and females were responsive participants in this study.

Although mentioned as part of the coding, religion was an important factor both within and outside of the study. Throughout the interview process, all females mentioned God at some point. Even at the conclusion of the interviews and when the participants were contacted again to verify transcripts, they once again made mention of the importance of God in their life, in the children's life and also in mine. I share many of the same sentiments, as my parents have instilled a firm belief in Catholic faith. Without a doubt, I have been prayerful in carrying out this investigation.

All parents believed that the medical schools were doing their best to provide a supportive environment for their children. They often noted that travel experiences and the sense of inclusion meant that their children were in a well-cared for environment and one that would be sensitive to the needs of their children as underrepresented students. This was not the case for the children, who experienced the medical school culture firsthand. Although they did not detail all of the challenges they faced, their responses suggested that more effort needed to be put forth by the medical school to ensure that they had a deeper understanding of what diversity really means, especially as it relates to underrepresented students. The medical school culture was one that pushed the students in my study to stand out in order to appear as being on par with their non-ethnic peers. As Barry said, he was proud to be an Afro-Caribbean medical student because he knew what was in store in the end.

CHAPTER 7
IMPLICATIONS AND RECOMMENDATIONS

Introduction

The primary goal of this study was to examine the lived experiences of Afro-Caribbean families in order to observe how parents, culture and identity construct and influence the career decision of their children to become a medical doctor. The findings of the study, tempered by my having worked in the medical education field and conducted a comprehensive literature review, enable the discussion in this chapter of implications for policy and practice for (a) Afro-Caribbean medical students, (b) Afro-Caribbean parents, (c) pre-health advising professionals, and (d) medical school faculty and administrators. Limitations of the study are also shared. Finally, recommendations for future research are offered in the hope that the recruitment and training of Afro-Caribbean medical students who will go on to become physicians continues and grows.

Recommendations and Implications for Policy and Practice

Afro-Caribbean Children/Medical Students

Based on the research findings, there are recommendations and implications for Afro-Caribbean students who make the decision to become a medical doctor. The findings in this study provided significant awareness of the role of exposure to health professions in early childhood. Although many higher education institutions may offer opportunities to become engaged with anticipated careers, it appears that the earlier children can be involved, the better the chances that their decisions to enter a health

profession may be influenced. Chavez & Guido-Debrito (1999) spoke of the importance of learning environments that foster and promote multicultural practices. Similarly, exposure, along with parental support, provides a supportive learning environment for children.

Afro-Caribbean students are aware of the subgroup to which they belong. They are very proud and aware of their Caribbean heritage. However, they also are aware that in a medical school setting they are often categorized and not differentiated from their African or African American peers. All of the student participants voiced being categorized as Black or African American, and they understood the reasons for this. Although they did not have any issue with this, they were very aware of having to deny themselves the privilege of having their heritage recognized. It is recommended that Afro-Caribbean medical students be vigilant in participating in underrepresented student groups to give light on the distinction of this ethnic subgroup. It will also allow them to give much needed support and a face to other pre-med Afro-Caribbean students who struggle with similar challenges as an undergraduate students. This awareness can also lessen the burden of feeling isolated and being forced to identify with another cultural group instead of having the freedom to express their own values, beliefs and interests.

As an undergraduate student it is important that Afro-Caribbean children be proactive and seek out a mentor. The mentor, in this case a physician, can provide a wealth of knowledge which includes advice on the proper channels to follow in order to become a medical doctor, a realistic view of the life of a medical doctor, and provide the support of an individual who can relate to students' coursework and sacrifices as an

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undergraduate or high school student. The participants in the study all shared examples of clinical experience and to a certain extent spoke of a mentor who had directly influence them. These opportunities may later bloom into significant opportunities to work in Caribbean countries to become more aware of the issues prevalent within the Caribbean community. These factors are all important for medical school applicants as well as medical school students as they conduct their own research studies.

The findings in the study also revealed implications for potential issues in the undergraduate institution as well as in medical education. Although the students in this study spoke about issues they had in adjusting to the culture of the academic institution, they were all resilient and found ways to cope. Despite some of the challenges being questionable in terms of discrimination, the students recognized that one of the many struggles included limited access to information as well as not having someone to properly advise them of academic preparation. It is important that these students can feel supported and trust that there are administrators and offices that are dedicated to ensure that they are being treated fairly and are given the right tools to succeed. Afro-Caribbean students should continue to be proud of their achievements, and, as stated by James (2002), uphold their cultural beliefs, religion, and values.

It is also important that Afro-Caribbean students be open with one another in terms of the challenges and experiences they face as undergraduate students and especially as medical school students. This can provide essential support that they are not alone in this endeavor and can communicate with one another. As voiced in the interviews, most of the children (students) did not discuss their direct experiences in

medical school with their parents. Nonetheless, their Afro-Caribbean peers or any fellow students who identify as an underrepresented minority, may be in a better position to discuss persisting in a culture where there are few faculty or advisors who "look like them." As such, this information may provide them with insight on various strategies to be more successful in their coursework or clinical experiences which can then further empower them.

Student Development and Student Services

As recommendations have been made for Afro-Caribbean students en route to becoming a medical doctor, Afro-Caribbean parents are also valued for their contributions in assisting their children on their journey. Afro-Caribbean parents are commended for their concern in urging their children to strive for high academic standards. As mentioned previously by Waters (1999), West Indians value education and hard work. Nonetheless, Afro-Caribbean parents need to be aware that ongoing support is crucial in terms of establishing the success of their children. Based on the findings in this study, support needs to be present and evident at all levels of the child's academic career.

Afro-Caribbean parents institute a somewhat strict style of parenting in the child's younger years. Baumarind et al. (2010) and Davidov and Grusec (2006) suggested that an authoritarian parenting style is linked to school success. Similar findings were also noted in this study. The findings revealed that discipline and respect played a significant role in the lives of the parents and the child. Children are able to construct their realities based on an acceptance and awareness of their heritage. This, in turn, contributes to the creation

of self-identification and allows children to feel confident in making their career decisions independently. The children, despite not having direct verbal influence, use these elements to help foster their success. Therefore, it is highly recommended that parents seek out opportunities or agents who will expose their children to careers in health professions at a very early age. As noted by the children and parents in this study, direct exposure played a role in students' ability to identify with or have some sort of connection to a career as a medical doctor.

It was observed that respect, discipline, and involvement also play a role in the lives of students. It is my recommendation that parents should attend medical student workshops and seminars to gain knowledge of the expectations, setting, and general challenges faced by a medical student. Afro-Caribbean parents also need to know what is involved in the medical career by staying informed, not only by their students but by perhaps making connections with parents of other underrepresented minority peers who have a greater understanding of the challenges that their children may face as students.

Pre-Health Advising Professionals

Pre-health advising professionals play a very important role in guiding premed students towards a career in medicine. It is recommended that these administrators be comfortable in their ability to relate to students from diverse backgrounds. Specifically, underrepresented students, in this case Afro-Caribbean students, are often at risk for being misguided in their course selection in high school, college, and even in medical school.   Based on the findings in the present study, it is evident that frustrations continue to exist with the large number of undergraduate advisers who continue to provide

potentially incorrect information. It is also suggested that pre-health advisers be aware of

initiatives such as Affirmative Action and how they impact the lives of underrepresented

students. Quite often these pre-health administrators are the first connection that students

have in becoming aware of the pathway that is needed to attain their goal of attending

medical school. If administrators and students are not able to connect and develop a

positive relationship, it can prove to be detrimental to students' future careers.

It would also be helpful for undergraduate institutions that have medical schools

to foster associations of underrepresented undergraduate students and underrepresented

medical school students. The formation of these mentoring relationships could potentially

generate better candidates for the medical schools as students would have the opportunity

to gain insight to classwork, clinical responsibilities and research. In addition, pre-health

advisers would gain better understanding of the needs of their undergraduate applicants,

thereby enabling them to incorporate this information in their recommendation letters

Medical School Faculty and Administrators

Although only a few of the participants in the study spoke of their relationships

with medical school faculty and administrators, there was evidence of the need for

improvement of relationships between the Afro-Caribbean medical student and the

medical faculty. The medical school faculty was viewed as supportive of students.

However, there were instances where the student felt uncomfortable and was left with the

impression that the treatment received was discriminatory. Despite the fact that

Affirmative Action has assisted with the recruitment of Afro-Caribbean and other

underrepresented students to medical school, there still remain an insignificant number of

physicians and staff with whom the students can identify. It is recommended that all medical faculty administrators undergo training via a diversity initiative to reacquaint them with the struggles that an underrepresented student may face while working with them. This educational initiative may help narrow the gap in understanding cultural disparities.

Part of the requirements of U.S. medical schools is to show evidence that their students undergo cultural competency. This is often highlighted as discussions in diversity within the clinical setting. What has not been made clear, however, is the definition of what faculty, staff, and students should expect as diversity within the institution. The findings of this study suggest that faculty, staff, and students in high schools, undergraduate institutions, and especially medical schools that are much smaller communities need to be sensitive with regard to the diverse backgrounds that exist in these settings.

Limitations

Studies on Afro-Caribbean medical students and their parents are limited in scope. I chose this particular group despite knowing that the majority of the literature would focus on within group categories such as African Americans in the United States. There is a need to understand how Afro-Caribbean students and parents relate and fit into the academic culture of institutions in the United States. Some limitations were present that may have contributed to more robust findings.

In terms of limitations for the study, the first characteristic to be adjusted would be the nature of questions asked in the interview protocol. Although a pilot study was not conducted prior to the interviews, it was recommended that revisions be made to ensure the consistency of questions for the child and parent. I found, however, that the questions may have needed to be more specific. Certain questions, for example, stimulated a response that answered a question that was prepared for later on in the interview. The interview process was also met with respondents repeating themselves. As a result, questions had to be rephrased in order to acquire more in-depth information. In replicating the study or in similar studies, a pilot study would be helpful to avoid these issues.

The second area, in terms of limitations of the study, would be in the number of participants used in the dyads. The recruitment of dyads, especially for this particular group could be quite challenging for researchers who do not have direct contact with Afro-Caribbean medical students. The number of Afro-Caribbean students with immigrant parents are low in this specific locale as compared to other parts of the United States. An increased number of dyads may allow for a more in-depth analysis and comparison between multiple father-daughter pairs and mother-daughter pairs.

Recommendations for Future Research

The structure and findings of this study provided evidence to show that Afro-Caribbean parents, children, and families who identify with their culture and identity find ways to understand and construct a path to being successful. These factors contribute on a

larger scale to providing a foundation to select a challenging and equally rewarding path of being accepted into medical school. Further evaluation of the findings in this study made me aware of the opportunities for further research in this area. This would include conducting research using the thick description method as a means of analysis. Wolf (2004) spoke of Geertz' thick description methodology for qualitative research. As this work focuses on data and culture, it is suggested to study a similar population and link the meaning of one outcome to another in order to obtain a greater conceptual pattern and a completely new understanding of the original data presented. This can be applied to future qualitative studies that focus on examination of whether Afro-Caribbean parental occupation has any influence on the career decisions of Afro-Caribbean children. I would also suggest that this study be replicated with an increased number of dyads, and with students whose parental origins are from Trinidad and Tobago as well as other Caribbean countries. It would be of great interest to observe the notion of parental influence on these students as they mature and progress over time. Another recommendation would be to investigate the types of introductions to health careers and career outcomes for Afro-Caribbean children. In this realm, research could also be conducted on the socio-economic status of first-generation immigrants as compared to that of second-generation Afro- Caribbean children.

Conclusion

It is my hope that the findings in this study have provided an addition to the literature that exists regarding Afro-Caribbean parents and children. I realize that this

study runs the risk of being categorized as one that seeks to highlight the strength of one particular group over another. As a qualitative researcher, it is important that I remain transparent and that the reader be clear as to my interest in studying this specific group. As a child of Afro-Caribbean heritage, I wanted to explore a group with whom I personally related, having experienced my own struggles and challenges as a member of this ethnic group. Thus, the findings in this study gave me more insight as to the struggles that Afro-Caribbean parents and children face in society and in higher education.

The use of in-depth interviews appeared to be effective. They allowed me to take the participants on a reflective journey of the past, their present, and to speculate on their future. The questions allowed both me, as the researcher, and participants to explore areas that at times were uncomfortable to discuss. Participants' responses shed light on understanding their feelings, experiences and general outlook on life in the United States. It defined their struggles and successes, their motivations and setbacks and their overall goal of being happy.

<u>Summary of My Research</u>

I have always characterized myself as having determination and grit, but I must admit that this research has truly been one of the most challenging feats that I have ever experienced. Although I always believed that I would reach this academic milestone, I did not anticipate the vast number of experiences (ranging from triumph to defeat) that I would have nor that I would gain so much new knowledge and have such a heightened sense of accomplishment. Speaking with the participants in this study was often met with

feelings of déjà vu. Speaking with the students led me to feel connected as they recounted experiences that I too experienced as an undergraduate and, fortunately, less frequently as I moved on in my academic career.

I am proud that my years of working in medical education has culminated in something much more than just job experience. I have had the opportunity to meet with some inspiring individuals along the way. As an Afro-Caribbean child and student and practitioner in medical education, I have a great appreciation for all those who have helped me in any way as I pursued tis goal.

It is also important for me to speak of my position as an Afro-Caribbean female and as an administrator in medical education and to acknowledge how these factors may have influenced my analysis. I have been deeply rooted in the cultural aspects of Trinidad and Tobago, having been fortunate to have lived there for some time. Thus, I am quite passionate about the traditions, customs, and fortitude of its people. As such, I have also been aware of the nuances that have existed for Caribbean persons of Afro descent. My belief in the direct influence of the Caribbean family, its determination, resilience, and the support it provides, may have contributed to the creation of codes in the course of data analysis.

In terms of my occupational influence, I have been privy to some of the challenges faced by both Afro-Caribbean and Afro American medical students. As a result, I have become very sensitive to the issues they may have faced as pre-med students in addition to circumstances they face in a professional institution. Over the years, I have been fortunate to have developed many long lasting friendships with Afro-

Caribbean medical students who are now successful residents and attending physicians in the Northeast. They have shared with me some of the struggles they faced, both personally and professionally, in trying to assimilate into both the American and medical school cultures--from moments of isolation to moments of extreme pride of being one of a few who represent the Caribbean people. The stories that the student participants shared with me in this study further confirmed my drive to examine this specific population and, as such, may be evident in my analysis of the findings.

Overall, my deep interest in pursuing this area of study is because of my genuine love for my heritage and the respect I have for the raw talent held by people of West Indian descent. I am especially drawn to the academic achievements of Afro-Caribbean youth and the role of their parents, many of whom work hard to provide for their families. I have been exposed to Afro-Caribbean parents whose hope is that their children take advantage of the opportunities that are offered in the United States, and as with my own parent, I hold these parents in high esteem. I have seen the numerous sacrifices that my parents made to ensure that my brother and I had everything we needed to be highly educated and begin a legacy that is often only seen among non-ethnic families. My parents did not have any specific formula or resources on how to raise children to be academically astute. Most of their information came from hearsay, trial and error, and perhaps luck. Nevertheless, I am grateful that all of these perspectives combined to keep us on the right path and value or heritage and its influences.

CLOSING VIGNETTE

Who would have thought that the years would have flown by so quickly? Selwyn was now working as a manager at a local bank, and Janet still remained teaching at the local high school. After living in a one-bedroom apartment until Steve was five years old, Selwyn and Janet had saved enough money to purchase their first home in a quiet neighborhood with good schools.

Steve's teachers were always impressed with his behavior and intelligence. In high school, his parents supported his participation in team sports, and Janet would drop Steve off at the nearby regional hospital where he and two other friends met every Saturday to do volunteer work. Though his volunteer work would not count towards his independent study project, he loved being able to be around the doctors and nurses on the different floors.

During one of his Saturday visits, he was approached by one of the nurses with whom he always joked. The nurse, who was also born and raised in Trinidad, grew up in the same village as Janet. Steve was able to connect his mother with the nurse, who shared her admiration of Steve's commitment to his volunteer work, and how he was well liked by the other nurses and doctors on the floor. Janet decided to ask her friend to see if Steve could perhaps do a little bit more than just volunteer to bring the items to the patient rooms. "Janet! That's not a problem girl! I'm happy to do anything for Steve. Let me talk to a few of my co-workers on Monday and see where we could get him set up."

Janet explained to Steve that her friend would be looking into more exciting opportunities for him to get involved with at the hospital. Perhaps his new experience would be enlightening and influential in making a career decision.

Steve continued to enjoy his volunteer work and was well received by many of the doctors in the hospital. In fact, he was frequently invited to participate in patient rounds and sit in with the medical team as they discussed complex cases.

This simple connection was the beginning of Steve's decision to become a medical doctor.

APPENDIX A
FOLLOW-UP EMAIL COMMUNICATIONS

Sample E-Mail Communication – Parent

Dear Parent:

My name is Carlene Grant and I am a doctoral candidate in the Department of Higher Education and Policy Studies at the University of Central Florida. I am conducting a research study on Afro-Caribbean parental influence and their children's decision to become a medical doctor. Do you identify as an Afro-Caribbean immigrant to the United States? If you answered yes to this question, your participation in this study would be greatly appreciated!

You are being invited to participate in an interview with me, the principal investigator of this study. The interview will last approximately 60 to 90 minutes. I will be asking both you and your child a series of questions; however, your interviews will take place separately. Your interview will take place via videoconference. I will be asking questions regarding the Afro-Caribbean culture, education, career selection and child rearing. If you consent to participate, you will not be required to answer any question that you are not comfortable with. You may also withdraw from the study at any time. At the completion of the interview, I will make arrangements with you to receive a $10.00 restaurant gift card.

To maintain the integrity and confidentiality of the study, your name will not be disclosed at any time. If you are willing to participate, kindly respond to this email at cgrant@knights.ucf.edu or at (347) 613-5997. I am happy to answer any questions you may have and I look forward to hearing from you.

Sincerely,

Carlene Grant
Ed.D. Doctoral Candidate
College of Education and Human Performance
University of Central Florida

Sample E-Mail Communication – Student

Dear Student:

My name is Carlene Grant and I am a doctoral candidate in the Department of Higher Education and Policy Studies at the University of Central Florida. I am conducting a research study on Afro-Caribbean parental influence and their children's decision to become a medical doctor. Do you identify as a first generation Afro-Caribbean medical student in the United States? If you answered yes to this question, your participation in this study would be greatly appreciated!

You are being invited to participate in an interview with me, the principal investigator of this study. The interview will last approximately 60 to 90 minutes. I will be asking both you and your parent a series of questions; however, your interviews will take place separately. Your interview will take place at my office or at a location of your choosing. It can also be done via videoconference. I will be asking questions regarding the Afro-Caribbean culture, education, career selection and support. If you consent to participate, you will not be required to answer any question that you are not comfortable with. You may also withdraw from the study at any time. At the completion of the interview, I will make arrangements with you to receive a $10.00 restaurant gift card.

To maintain the integrity and confidentiality of the study, your name will not be disclosed at any time. If you are willing to participate, kindly respond to this email at cgrant@knights.ucf.edu or at (347) 613-5997. I am happy to answer any questions you may have and I look forward to hearing from you.

Sincerely,

Carlene Grant
Ed.D. Doctoral Candidate
College of Education and Human Performance
University of Central Florida

APPENDIX B
INSTITUTIONAL REVIEW BOARD APPROVAL

University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Carlene Debra Grant**

Date: **November 18, 2015**

Dear Researcher:

On 11/18/2015, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review:	Exempt Determination
Project Title:	Afro-Caribbean Parental Influence: Family Chronicles of the Educational Journey From Child to Medical Student.
Investigator:	Carlene Debra Grant
IRB Number:	SBE-15-11759
Funding Agency:	
Grant Title:	
Research ID:	N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Joanne Muratori

Signature applied by Joanne Muratori on 11/18/2015 10:37:52 AM EST

IRB Manager

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APPENDIX C
INTERVIEW PROTOCOL (ORIGINAL)

ORIGINAL INTERVIEW PROTOCOL

Introduction to the Study: Hello, and thank you for participating in my doctoral dissertation study. The information that you share with me today will be essential in furthering our understanding of parental influence and Afro-Caribbean student's career decision making in terms of becoming a medical doctor. It is my hope that the results of this study will be informative and contribute to furthering the academic and career achievements of Afro-Caribbean scholars.

Explanation of Research to the Participant: The purpose of this study is to examine how Afro-Caribbean parents influence their children's career decision to become a medical doctor. The information learned from this study may help administrators in higher education and in medical institutions to provide adequate resources and structures to ensure the academic and long-term success of Afro-Caribbean medical doctors in the United States. Based on the eligibility criteria, you have been selected, chosen and agree to be interviewed by me. This interview is expected to last approximately 90 minutes. This interview will be recorded and notes will be handwritten in order to capture the most content of the discussion. If at any time you do not feel uncomfortable and wish to withdraw from the interview, please feel free to let me know. Your identity will be protected in this study and your name will not be used in any of the content produced. Are there any questions that I can answer for you prior to the start of the interview?

Part 1: Socio-Demographic Background

A. Parent

Question	Mother	Father
Participant		
Age		
Highest Level of Education		
Country Obtained		
Country of Birth		
Year of Migration		
Number of Children		
Religion		
Current Marital Status		
Ethnic Identification		
Occupation		
Socioeconomic Status		

B. Child

Question	Male	Female
Participant		
Age		
Highest Level of		

Education		
Country Obtained		
Country of Birth		
Year of Migration		
Number of Children		
Religion		
Current Marital Status		
Ethnic Identification		
Occupation		
Socioeconomic Status		

Part 1: Questionnaire
CET:
I)   Voluntary Minority

1aParent: What was your experience in migrating to the United States? 1aStudent: Can you tell me about how your parent migrated to the United States?
1bParent: What dreams and goals did you have for your future life in the United States? 1bStudent: What dreams and goals do you believe your parent had in coming to live in the United States? What dreams and goals do you believe they had for you?
1cParent: Can you share with me what some of your greatest achievements in life have been since moving to the United States? 1cStudent: What are some of the greatest achievements that you or your parent has experienced?

   3.
II)   Community Forces (parental influence)

2aParent: Did your child exhibit any particular qualities while growing up that indicated that they would want to be a medical doctor? 2aStudent: Did your parent every share their career goals with you regarding their own career?
2bParent: Do you believe you may have influenced your child to become a medical doctor? If yes, why? If no, why do you believe this is not the case? 2bStudent: How did your parent play a role in your decision to become a medical doctor?
2cParent: Please explain how your culture plays a role in deciding on a career path, for both yourself or your child? If yes, how? If no, why do you believe

this is not the case?
2cStudent: Do you believe that your parent's culture influenced your decision to become a medical doctor?
2dParent: What factors do you believe have to be present for a child to achieve their goal of becoming a medical doctor?
2dStudent: What things did your parent do for you in order to achieve your goal of going to medical school?
2eParent: How would you describe your parenting style?
2eStudent: How would you describe growing up as child of Afro-Caribbean heritage?
2fParent: What was your relationship like with your child during high school and college? Has this relationship changed now that they are in medical school?
2fStudent: What was your relationship like with your parent during high school and college? Has this relationship changed now that you are in medical school?

III) System Forces (how society and academic institutions treat minorities)

3aParent: How do you feel about the medical school that your child selected to attend? 3aStudent: How do you feel about the support you receive from the medical school you attend?
3bParent: Can you provide examples of questions you asked while your child was deciding which medical school to attend? What factors were most important to you? 3bStudent: Can you provide examples of questions you had for administrators and faculty regarding the medical schools you were interested in attending? What factors were most important to you?

IV) Cultural Differences:

4. Universal (differences between home and school culture)

4aParent: Can you tell me what you believe life is like for a medical student? 4aStudent: Can you recall when you thought medical school would be like? Has your expectation changed since attending?
4bParent: Do you believe that your culture and parenting style has enabled your child to be successful in medical school? 4bStudent: What are your thoughts about your culture and how you were raised in terms of being successful in medical school?
4cParent: Do you believe that your child will face any cultural differences while in school? If so, what do you think these differences are? Do you think they will be able to cope? 4cStudent: Do you think that you face cultural differences while in medical school? If so, can you explain what some of these differences are? Do you think your upbringing has helped you to cope?
4dParent: How have you supported your child through their journey to medical school? 4dStudent: In what ways has your parent supported you on your journey to medical school?

V)   Primary (differences between cultural norms and school norms)
        5.

5aParent: What or who do you believe is responsible for your child's decision to become a medical doctor? 5aStudent: What or who do you believe is responsible for your decision to become a medical doctor?
5bParents: What was it like when your child was in high school, as a pre-med student in college and when they took the MCAT? Explain how you felt when they were admitted to medical school? 5bStudent: What was your experience in high school, as a pre-med student in college and when you took the MCAT and applied for medical school. Explain how you felt when you were admitted to medical school?

SCT:

VI)   Subjective Reality (primary forms of socialization that construct self-identity)

6aParent: In what ways have you provided the sense of importance of academic achievement with your child? 6aStudent: In what ways has your parent provided you with a sense of importance of academic achievement?
6bParent: Can you tell me about what it means to you to be Afro-Caribbean? Can you tell me what it means to have an Afro-Caribbean child who will soon be a medical doctor? 6bStudent: Can you tell me what it means to you to be Afro-Caribbean? Can you tell me what it means to you to be a first generation Afro-Caribbean medical student?

VII) Objective Reality (how people interact with the social world and then how it influences people)

6.

7aParent: Do you think that your child is treated differently than any other medical students because of his/her cultural background? Do you think his/her cultural differences are respected at the medical school?
7aStudent: Do you think you are treated any differently than any other medical student because of your cultural background? Are you conscious of the way you speak, or behave at school? Do you believe that you might be treated differently if you were to speak with a "Caribbean accent"?
7bParent: Do you feel that your child would need to blend in with the medical school culture? Do you feel that your child's attitude has changed since attending medical school?
7bStudent: Do you feel forced to blend in with the culture of the medical school? Can you provide an example of a time you felt you had to behave in a way that opposed your upbringing in order to blend in? Do you think that your attitude has changed since attending medical school?

APPENDIX D
INTERVIEW PROTOCOL (FINAL)

INTERVIEW PROTOCOL (FINAL)

Introduction to the Study: Hello, and thank you for participating in my doctoral dissertation study. The information that you share with me today will be essential in furthering our understanding of parental influence and Afro-Caribbean student's career decision making in terms of becoming a medical doctor. It is my hope that the results of this study will be informative and contribute to furthering the academic and career achievements of Afro-Caribbean scholars.

Explanation of Research to the Participant: The purpose of this study is to examine how Afro-Caribbean parents influence their children's career decision to become a medical doctor. The information learned from this study may help administrators in higher education and in medical institutions to provide adequate resources and structures to ensure the academic and long-term success of Afro-Caribbean medical doctors in the United States. Based on the eligibility criteria, you have been selected, chosen and agree to be interviewed by me. This interview is expected to last approximately 90 minutes. This interview will be recorded and notes will be handwritten in order to capture the most content of the discussion. If at any time you do not feel uncomfortable and wish to withdraw from the interview, please feel free to let me know. Your identity will be protected in this study and your name will not be used in any of the content produced. Are there any questions that I can answer for you prior to the start of the interview?

Part 1: Socio-Demographic Background
    C. Parent

Question	Mother	Father
Participant		
Age		
Highest Level of Education		
Country Obtained		
Country of Birth		
Year of Migration		
Number of Children		
Religion		
Current Marital Status		
Ethnic Identification		
Occupation		
Socioeconomic Status		

D. Child

Question	Male	Female
Participant		
Age		
Highest Level of Education		
Country Obtained		
Country of Birth		
Year of Migration		
Number of Children		
Religion		
Current Marital Status		
Ethnic Identification		
Occupation		
Socioeconomic Status		

Part 1: Questionnaire
SCT:

I)   Subjective Reality (primary forms of socialization that construct self-identity)

1aParent: Can you describe what academic achievement means to you? What do you think it means to your child?

1aStudent: Can you describe what academic achievement means to you? What do you think it means to your parent?

1bParent: Can you tell me about what it means to you to be Afro-Caribbean? Can you tell me what it means to have an Afro-Caribbean child in medical school?

1bStudent: Can you tell me what it means to you to be Afro-Caribbean? Can you tell me what it means to you to be an Afro-Caribbean medical student?

II)   Objective Reality (how people interact with the social world and then how it influences people)

2aParent: Do you think you are treated differently compared any other underrepresented group because of your cultural background? Are your cultural differences are respected in institutionalized settings?

2aStudent: Do you think you are treated differently compared any other underrepresented group because of your cultural background? Are your cultural differences are respected in institutionalized settings?

2bParent: Have your expectations about your child's career decision changed since your child entered medical school? As an Afro-Caribbean individual, what are your thoughts on medical school culture?

2bStudent: Have your expectations about your career decision changed since you entered medical school? As an Afro-Caribbean individual, what are your thoughts on medical school culture?

CET:

    III)   Voluntary Minority

3aParent: Can you describe any challenges you face as an individual from an underrepresented ethnic group in the United States?   3aStudent: Can you describe any challenges you face as an individual from an underrepresented ethnic group in the United States?
3bParent: What dreams and goals did you have for your future as an adult?   3bStudent: What dreams and goals did you have for your future as an adult?
3cParent: Can you share with me what some of your greatest achievements in life have been and why?   3cStudent: Can you share with me what some of your greatest achievements in life have been and why?

    IV)   Community Forces (parental influence)

4aParent: What were your personal career goals? Can you describe your current position and what inspired you to get there?   4aStudent: What were your personal career goals? Can you describe your current position and what inspired you to get there?
4bParent: What careers have you held in high esteem? Do you think this was an attainable goal for yourself? Why or why not?   4bStudent: What careers have you held in high esteem? Do you think this was an attainable goal for yourself? Why or why not?
4cParent: Does your cultural background play a role in deciding on a career

path, for? If yes, how? If no, why do you believe this is not the case?
4cStudent: Does your cultural background play a role in deciding on a career path, for? If yes, how? If no, why do you believe this is not the case?

4dParent: Which individual(s) have largely contributed to your achievements today? What things did they do in particular?
4dStudent: Which individual(s) have largely contributed to your achievements today? What things did they do in particular?

4eParent: How would you describe growing up as child of Afro-Caribbean heritage?
4eStudent: How would you describe growing up as child of Afro-Caribbean heritage?

4fParent: What was your relationship like with your family in the elementary and high school years? How was it during college? How is it now?
4fStudent: What was your relationship like with your family in the elementary and high school years? How was it during college? How is it now?

V)   System Forces (how society and academic institutions treat minorities)

5aParent: Can you describe, to the best of your knowledge, whether medical schools help ethnic minority students to 'fit in'?
5aStudent: Can you describe, to the best of your knowledge, whether medical schools help ethnic minority students to 'fit in'?

5bParent: What factors were most important to you regarding your child's decision to go to medical school?
5bStudent: What factors were most important to you regarding your decision to go to medical school?

VI)   Cultural Differences:
Universal (differences between home and school culture)

6aParent: Based on your cultural background, are there any advantages or disadvantages that you experience because your child is in medical school?   6aStudent: Based on your cultural background, are there any advantages or disadvantages that you experience because you are in medical school?
6bParent: What are your thoughts on parenting styles and being a successful medical student?   6bStudent: What are your thoughts on parenting styles and being a successful medical student?
6cParent: How important was this career decision for you? 6cStudent: How important was this career decision for you?
6dParent: Were you supported in your decision to choose a career? If so who inspired you and why? 6dStudent: Were you supported in your decision to choose a career? If so, who inspired you and why?

VII)   Primary (differences between cultural norms and school norms)

7aParent: What or who do you believe is responsible for your child's decision to become a medical doctor? 7aStudent: What or who do you believe is responsible for your decision to

become a medical doctor?
7bParent: Please describe your dreams for the future.   7bStudent: Please describe your dreams for the future.

APPENDIX E
SAMPLE OF FIELD NOTES

'Student 1 - Male'.

Question #	Subject Reactions	P.I. Reactions
1a.		"don't want them to know details" → puzzling to me.
1b.	· 'the only' ... feels good to be different.	· sensed → pride of being 'Afro-Caribbean' → 'extra, different, special' usonates
2a.	⟵	Calm, collected

APPENDIX F
SAMPLE OF OPEN CODING WORKSHEET

		Descriptive: assign topics to aspects of the data, nouns	Evaluation: assign judgements	Magnitude: assign intensity, frequency direction, presence	Theme: capture meaning
Carlene:	Okay. Can you tell me what it means to you to be an Afro-Caribbean medical student?				
Student 1:	Yeah. Exactly. Like I told you before, you feel different. I'm probably in my class, as far as I know, the only--besides Crystal who is now in the class below me--the only Afro-Caribbean in my class. So for me it feels good to be different. I'm easily identified by my peers. I think because of my background, I've really focused on, like, underserved populations. I was president of the Student National Medical Association, spokesman on community service and underserved populations like African American, Hispanic, Caribbean populations that don't really see the doctor that much, either for distrust of the doctor or not having insurance or whatever. I think that really just coming from this background, from a family that doesn't go to the doctor that much because of a cultural thing, I think that's really given me a different perspective and I think it really helps me a better doctor.	Single Identification Participation Involvement Underrepresented Culture Perspective Distrust	- minority + education + exposure + culture +coping	increased awareness increased identity	ability to cope as a minority
Carlene:	Okay, do you think you're treated differently compared to any other underrepresented group because of your cultural background?				
Student 1:	Do I think I'm treated differently?				
Carlene:	Yeah.				
Student 1:	I would say that I'm definitely treated differently than like, well, underrepresented in medicine really there's only a few groups. There's like Native Indians, there's Hispanic, there's African Americans; these minorities are underrepresented. I would definitely say that compared to them, I'm definitely treated differently than like Hispanics. I wouldn't say I'm treated differently than like an African American that's not from the Caribbean. I don't think there's much of a difference between African Caribbean and African American in terms of how they're treated or how they're perceived by patients or their peers. I think that patients pretty much lump us all into one group. They don't really know the difference in cultures, know the difference in where I'm coming from. They pretty much just assume I'm the same as like an African American. Which I don't have a problem with, but I know that sometimes it does gets a little frustrating when they compare me with, I don't know, they bring up certain things in pop culture that I don't relate to. Because they think that's what I identify with. So I think that I don't get treated differently, but in just everyday conversation things will come up and then people--just their perception of what an African Caribbean is their knowledge is very limited, so I think that's the most frustrating thing for me.	Underrepresented Phenotype Lumped Assumptions Frustration Perception Limitations	+ frustration - heritage + relation		Assumptions of culture based on race
Carlene:	Okay. Do you think your cultural differences are respected in institutionalized settings?				
Student 1:	That's a tough question. Can you tell me a bit more of what you mean by that?				
Carlene:	Okay so do you think that for those people that are aware of the fact that you're Afro-Caribbean, do you think those differences are appreciated?				

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