

ABSTRACT

Pursuing Health Careers in the Midst of a Pandemic: A Phenomenological Case Study of the Impacts of COVID-19 on Black Pipeline Student Perceptions of Healthcare and the Healthcare Workforce

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The purpose of this phenomenological case study was to fill a gap in literature surrounding the perspectives of Black pipeline students on the impact of COVID-19 on the healthcare profession and their pursuit of a health career. Student perspectives are significant because minorities make up only 28% of all health-related professionals. Of that 28%, Blacks compose 11% of the healthcare workforce (Funk & Parker, 2018). A review of the literature revealed that there is a need to shape and develop educational and institutional practices that take into consideration a student's home and community culture. The review includes literature on the climate needed for minorities to be successful on college campuses (Museus et al. 2011), readiness in preparing minority students for careers in health (Byrd & McDonald, 2005; Kendricks et al., 2013), and an examination of how COVID-19 has impacted the current healthcare workforce.

This qualitative phenomenological case study relied on questionnaires, focus groups, and the lived experiences of current college students, recent graduates, graduate students, and medical students who are current matriculants at Morehouse School of

Medicine (MSM) or have participated in HCOP Academy at MSM. The research questions investigated how COVID-19 has impacted social, environmental, school, and educational factors that influences pursuit of a health career and whether proximity to the profession had any impact on their persistence. The researcher analyzed data using the professional socialization theoretical framework and provided the basis of how professional self-concepts are socially influenced throughout an individual's lifetime.

This study yielded three main findings: (1) Connectedness—Black Representation and Sense of Community and Belonging is a Motivator for Career Persistence for Black Students in the Healthcare Pipeline (2) Social Media during COVID-19 Negatively Impacted Healthcare and the Workforce, and (3) Proximity to the Profession—COVID-19 Invoked Alternative Options in Students Farthest Away from the Profession. The United States is becoming more and more diverse with the need for a more diverse workforce. As a result, institutions and organization who prepare students for careers in health will need to be more intentional regarding the environment and support provided to Black and minority students.

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the Impacts of COVID-19 on Black Pipeline Student Perceptions of
Healthcare and the Healthcare Workforce

by

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LIST OF ABBREVIATIONS

AAMC: Association of American Medical Colleges

COVID-19: Coronavirus 2019

DEI: Diversity, Equity, & Inclusion

HBCU: Historically Black Colleges and Universities

HCOP: Health Careers Opportunity Program

MSM: Morehouse School of Medicine

PPE: Personal protective equipment

PWI: Predominantly White Institution

PSTF: Professional Socialization Theoretical Framework

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and was not ready to purchase anything. Well, I made it to the end, and you are standing here with me—I know it and I can feel it.

To all of my Alabama, Tennessee, Georgia, and California friends, thank you for enduring the “no’s” and “I can’t come’s” due to this doctorate holding me hostage for the last three years. Get ready, I am making up for all the missed trips, laughs, and fun and will not accept a no from any of you.

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DEDICATION

To my Lockhart, Foster-McCall, & Avery family and host of friends! I dedicate this work to you and our ancestors. May my representation as a Black male, my grit, and my perseverance be the light needed to inspire and give confidence to little black boys and young men that they can do it too. #ForTheCulture #BlackBoyJoy

CHAPTER ONE

Background and Needs Assessment

Introduction

More than ever, the U.S. need more culturally competent doctors and healthcare workers. There is a tremendous demand for increasing racial and ethnic diversity in the healthcare workforce as minorities make up only 28% of all health-related jobs. Of that 28%, African Americans make up 11% of the healthcare workforce (Funk & Parker, 2018). Additionally, although 13.4% of the population is African American, only 7.1% are matriculating at medical schools and 5% make up the physician workforce (United States Census Bureau, 2019; American Association of Medical Colleges (AAMC), 2019). This lack of diversity has been a concern for years as the nation is experiencing a growing and aging population. Bernstein (2012) projects that in 2043 the United States will be a majority minority nation and will continue to change. Minorities currently make up 37% of the population; by 2060, minorities will make up 57% of the population. The lack of supply for the demand of minority doctors will continue to accelerate if recruitment efforts are not intentional. In rural and underserved areas, there was approximately a shortage of 20,000 physicians prior to the Coronavirus (COVID-19) pandemic; projections by the AAMC (2020) indicate by 2033 the shortage will range from 54,100 to 139,000. This pandemic has brought to the forefront the impact that infectious diseases can not only have on populations, but the adverse impacts on healthcare professionals who are at a greater risk due to patient care, and COVID-19 has shown itself to be more deadly to communities of color and the elderly. The AAMC

(2020) also states, “A third of the nation’s physicians are aged 60 or older, and well over half (57%) are over 50” (para. 2). This statistic on aging physicians poses a dilemma for the current and future state of the profession given projections that by 2056 the elderly population (65+) is expected to outnumber those who are under 18 (Bernstein, 2012).

Pipeline educators are charged with leading this cause since the healthcare pipeline must be provided with the tools to be successful. The pipeline is defined as the students who have shown interest in pursuing a particular career and have strengthened their desire to pursue that career by choosing a curriculum and experiences along the way for exposure. In some instances, the exposure provided by pipeline programs is the only interactive experiences students of color receive prior to college and professional schools and programs. This research provides a glimpse into the experiences of Black students and what is needed to ensure their success as they move toward their career of interest. The COVID-19 pandemic has shown a different side to health outcomes and the healthcare system. To equip the pipeline with all the tools needed to be successful, there must be an investigation into how COVID-19 has impacted the Black pipeline community—a community that has experienced the most detrimental outcomes as a society and as a workforce.

Statement of the Problem

The Centers for Disease Control (CDC) and Prevention provided national data on how COVID-19 is impacting various races and ethnicities. African Americans make up 13% of the population but account for 34% of COVID-19 cases (National Center for Immunization and Respiratory Diseases & the Division of Viral Diseases, 2020). Latinos, Hispanics, and Native Americans (labeled as “other” in CDC reports) have experienced

similar disproportionate effects (Nagle, 2020). Morehouse School of Medicine (MSM) is a leader in preparing Black future health leaders and doctors within the state of Georgia and the nation. As these future health leaders are assessing the impact of COVID-19 on the Black community and their professional futures, there is a need to also explore the impact it is having on future healthcare workers.

The U.S. Census Bureau (2019) shows that Georgia's Black population is 33% compared to 60% White, foundational information with respect to data that shows the impact of COVID-19 on the state of Georgia. From a population as a whole, Table 1.1 shows the infection rate is higher in the Black population than any ethnic group within the state of Georgia, with females leading in all ethnic groups. As of November 1, 2021, there were 210,511 Black females and 153,126 Black males with confirmed cases of COVID-19 (Georgia Department of Public Health, 2021). Additionally, Table 1.1 provides information on the number of confirmed cases that has impacted the White community.

Table 1.1

Georgia COVID-19 Cases as of November 1, 2021

Demographic	Females	Males	Total Cases
Black	210,511	153,126	363,637
White	307,553	274,563	582,116
Asian	14,806	14,453	29,259
Other	50,543	46,989	97,532
Unknown	91,393	91,612	183,005

Significantly, the Black population is 33% compared to the White population of 60%, therefore increasing the impact COVID-19 has had on the Black population as a whole.

This study examines and targets Black pipeline students who are future healthcare

workers, so this data must be acknowledged and considered as potential factors that can influence decisions regarding pursuing a career in health.

Digging somewhat deeper, data from The Georgia Department of Public Health (2021) in Table 1.2 shows the impact that COVID-19 is having on the healthcare workforce in Georgia with females leading in all ethnic groups. As of November 1, 2021, 16,310 Black females and 2,653 Black males had been infected with COVID-19. In examining the healthcare workforce, the trend is similar to the overall population with COVID-19 having a greater impact on Black healthcare workers.

Table 1.2

Georgia COVID-19 Cases in Healthcare Workers as of November 1, 2021

Demographic	Females	Males	Total Cases
Black	16,310	2,653	18,963
White	19,366	4,761	24,127
Asian	722	305	1,027
Other	1,499	453	1,952
Unknown	1,789	508	2,297

Healthcare workers did not have an opportunity to shelter at home as they were on the frontlines of this public health crisis management every day. Psychological consequences from COVID-19 were surfacing for frontline healthcare workers such as:

- Risk of infection due to shortages of personal protective equipment
- Reduction in healthcare personnel due to virus infections
- Burnout due to longer work hours
- Mental and emotional stress (Cai et al., 2020; Lee et al., 2018; Styra et al., 2008; Tam et al., 2004).

As the U.S. sees COVID-19's impact on the mental health of healthcare workers, there is a huge gap in the impact that the research is having on the Black pipeline of undergraduate, graduate, and matriculating medical students. The professional socialization theory addresses how the healthcare pipeline of students is shaped firstly by anticipatory socialization at home, secondly by formal socialization in school environments, and lastly by post-formal socialization in health settings and the healthcare workforce (Cant & Higgs, 1999; Devenish et al., 2016). Professional socialization can be molded through the influence of instructors, media, real-life situations, and the impact of socialization throughout a person's lifetime. This phenomenological case study brings voice to the future, examining and broadening the literature on the potential impacts COVID-19 has had on Black pipeline students' perceptions of health and their decisions to pursue health careers. It also highlights surfacing themes that intersect with the professional socialization theory and their proximity to the healthcare profession. This approach will aid in ensuring the continuity of pipeline education that seeks to encourage, prepare, and expose students to the healthcare profession in hopes of eradicating the shortage of minorities in the healthcare workforce.

Figure 1.1 provides insight into the literature review and areas of concern pipeline educators must consider as they move forward with preparing students for careers in healthcare. The need for more racially and ethnically diverse students is the initial problem addressed by providing programming that caters to the social and educational needs of Black students. There is also a need to examine the influences and barriers that Black students encounter when preparing for careers. The introduction of the disorienting dilemma of COVID-19 lends itself to investigating the impacts of COVID-19 as the only

focus in current literature is on the current workforce. The focus of this study is to highlight the gap that exists in the literature while providing a voice to Black healthcare pipeline students regarding the impact of COVID-19 on their pursuit toward a health career and the workforce.

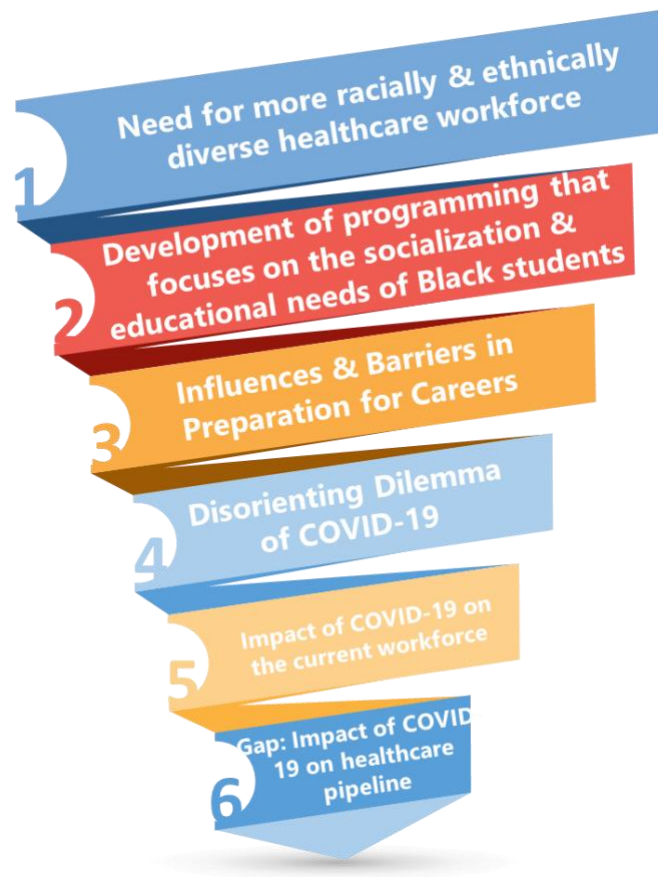


Figure 1.1. Literature review concept map.

Literature Review

The need and benefits of a more racially and ethnically diverse workforce can be linked to health disparities within the Black community and degrees of mistrust that still exists from historical abuse of disadvantaged populations. Health disparities within the Black community are worst in the areas of chronic disease, hypertension and stroke,

obesity, and premature death when compared to White people. Researchers from The National Bureau of Economic Research performed a study in Oakland with a group of Black men to evaluate the impacts of seeing a Black male doctor versus a White male doctor. The study found the men seeing the Black doctors were more likely to agree to more invasive and preventive services than the men seeing White doctors, a finding researchers attributed to better communication and greater trust (Alsan et al., 2019). As shown in the previous study, this diversity in healthcare is crucial as culturally competent care is needed for Black communities which will aid in increased research and policies that improve health outcomes for Blacks (Yates, et. al., 2003).

The key role for a diverse healthcare workforce for the health and well-being of populations has been well-documented. Various groups have attempted to increase the diversity of the physician workforce, but the percentage of matriculants who are Black, specifically Black men, has dropped over the past three decades (see Figure 1.2).

Data from the Association of AAMC shows the lag of applications from Black men.

According to the AAMC, the percentage of M.D. graduates who were African American in 2014 was 5.8% (McDougle et al., 2015). Additionally, in 2018–2019, 7.1% of all U.S. medical school matriculates were African American (39 % male and 61% female).

Taking a closer look in the state of Georgia, African Americans make up 19.6% (126 of 644) of all medical school matriculates within the state (Association of American Medical Colleges, 2019). This lack of matriculation is significant as Georgia's population is approximately 10.5 million with African Americans making up 3.4 million of the state's total population. This shortage of African American doctors has become a crisis not only within Georgia, but across the nation.

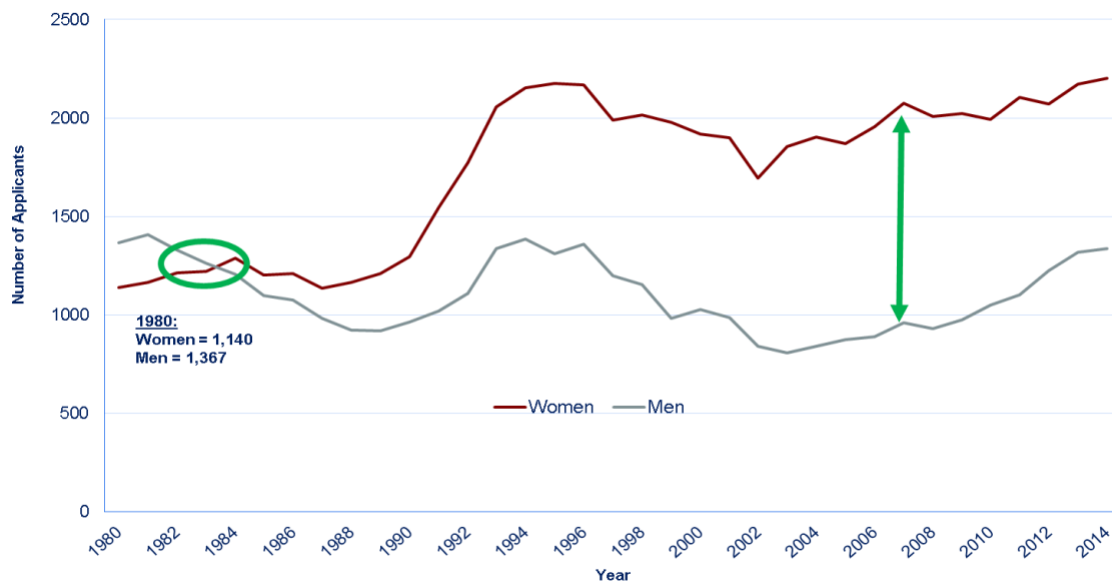


Figure 1.2. AAMC Data. African American male and female medical school applicants, 1980–2014.

Before investigating COVID-19 and its impact on the healthcare pipeline, there is a need to address the barriers to preparing students of color for transition into society and careers in healthcare and medicine. Pipeline educators provide a supportive and resource-full milieu of options that in many cases are contrary to what students of color see in everyday life. Merton et al. (1957) discussed the social influence of a student's environment and how it aids in students deciding the career they want to pursue. Internally, there is a constant interplay between prior social interaction, knowledge, and new social interaction. Pransky & Bailey (2003) as cited in Cook-Cottone (2004) stated, "Learning is an ongoing process involving the reciprocal interplay among the learner, other individuals, social systems, and culture" (p. 209).

As conceptually shown in Figure 1.1, this literature review will investigate the social and cultural climate of education as our knowledge is shaped and developed by the systems society encounters—home, school, and community. Additionally, it will provide

foundational information related to the barriers that exist when preparing students to pursue higher education and ultimately a career in health. There are psychological factors that shape and impact the minds of minority students regarding their pursuit of higher learning. This chapter begins with the history of historically Black colleges and universities (HBCUs) in the higher education landscape, focusing on the social impacts that shape the minds of students as they matriculate through school and ways the campus climate and culture are keys (Museus et al., 2011). Next is a discussion of how college readiness and preparedness is key in preparing minority students for careers in health (Byrd & McDonald, 2005; Kendricks et al., 2013). Lastly, there is an examination of how the introduction of COVID-19 into the healthcare system has impacted the healthcare workforce acknowledging the gap in literature on the psychological impacts that COVID-19 has had on the healthcare pipeline.

Social Needs of Black Students

HBCUs surfaced during a time that segregation was still prevalent and legal in higher education as some were developed prior to emancipation (McPherson, 1970). The timing of that emergence sets the stage for the image of HBCUs within the Black community and within the nation. Erected during a time where Blacks were not allowed to be educated with Whites, this “other” system for Blacks to be educated satisfied the changes that were taking place during the Reconstruction era, but they also perpetuated a social order where Blacks were supposed to remain in the national infrastructure (Brown, 1999; Bullock, 1967; Cohen, 1998; Rudolph, 1965; as cited in Brown & Davis, 2001) In this context, HBCUs served as a place of social capital for the Black community and a form of a social equalizer “focused on rearranging the American hierarchy” (Brown &

Davis, 2001, p. 41). The social environments HBCUs created were critical during that time and remain just as important to the success of present-day Black students. Their position in the higher education landscape advanced the interests and betterment of the Black community, defining social capital prowess through their ability to assemble tangible and relevant resources for Black students through intentional relationships and constructed networks that support the advancement of the Black community (Bourdieu & Passeron, 1977). This access to relationships and networks that are empathetic and sympathetic to the needs of Black students is necessary to provide an environment where students can link—and ultimately feel they belong—to a community that looks like them and deals with the same struggles.

A student's environment aids in shaping self-concept and in considering a career of choice throughout their educational experiences. Exposure and experiences throughout childhood and college can positively or negatively impact students throughout their lifetimes. Pekel et al. (2018) evaluated the impact of developmental relationships related to education and youth development programs for students from underrepresented backgrounds. Developmental relationships are the missing components to programming that works for students. "Surrounding people with a web of positive relationships contributes to greater resilience" (Pekel et al., 2018, p. 494). A multi-year and multi-method approach were taken to establish a developmental relationships framework and assess how it was utilized in various contexts of a student's life. The elements of the relationship framework consist of the following:

- Express care (showing a student how much they matter)
- Challenge growth (pushing a student to keep improving)

- Provide support (assist in the completion of tasks and goal achievement)
- Share power (showing students respect and allowing them to have a voice)
- Expand possibilities (networking and connecting students to other resources and people). It provides the tool kit needed for programs that serve youth in multiple sectors (Pekel et al., 2018).

Considering the components of the framework above, students are known to do better socially, psychologically, and academically (Roehlkepartain et al., 2017) when intentional efforts are made by families (Pekel et al., 2015), schools (Scales et al., 2020), and communities (Wilson-Simmons et al., 2017) to provide students with developmental relationships that are healthy.

Gentry (2010) examined how schools felt Black students should be educated and some of the tenets they felt are necessary to make sure that students are prepared for society. On the other hand, that study discussed the desire of Black students and how they feel they should be educated by schools and what is most important to them and their culture. This study first highlighted that the schools' staffs must reflect the diversity represented in the school. Secondly, schools must take into consideration the needs and wants of Black students and what motivates them to learn and remain engaged.

Additionally, Gentry (2010) identified that Black students learn differently and have different interests when compared to other ethnic groups. To effectively teach a diverse group of students, all these aspects must be taken into consideration. The motivation behind learning and what resonates with students from a specific cultural group must be incorporated to resonate with intrinsic motivation, levels of arousal, and a student's self-worth as they see links and positive images of their own culture in their learning environment.

Student retention is an indicator of whether an institution is being successful in providing a valuable holistic experience for the student. High retention rates can often be the result of an institution being successful both academically and socially.

Advising is a key to student retention. The best way to keep students enrolled is to keep them stimulated, challenged, and progressing toward a meaningful goal. The best way to do that—especially among new students—is through informed academic advising. (Anderson & McQuire, 1997, p. 39)

An advisor is key to introducing a student to all the college has to offer. Many advisors stick to getting students enrolled into courses, which is only a portion of their job.

Advisors should function similar to a primary physician's role to the healthcare system of specialists. Student surveys and focus groups are valuable tools in providing insight into the college experiences of students. Surveys provide the recordable data that can identify trends and focus groups can provide the information that is useful in awareness within a population.

Mangan (2019) provided information on learning communities developed at San Jacinto College in Texas that have improved retention and matriculation. Learning communities are common at institutions, but San Jacinto's Intentional Connections (IC) provides the framework for student and faculty/staff success. They expand on the "it takes a village to raise a child" concept to show how those connections are key not only during their time in the IC pathway, but even after they move on from those courses. Additionally, faculty/staff collaboration is key, exemplified by curricula that coincides across various disciplines. If one course is focusing on a topic, all other courses incorporate facets of that topic. Lastly, program leaders discourage the practice of placing students in remedial courses for extended periods of time because that practice decreases interest in school. Researchers suggested that remedial courses be taken alongside regular

college courses so students can see how certain techniques are improving their overall performance, thus enhancing their interest.

Educational Needs of Black Students

It is important for an educational institution to focus on having a multicultural campus. Beyond measuring numbers, the campus should reflect a diverse culture that does not expect minorities to adapt to the culture of the majority and adopt traditions of the campus (Stage & Manning, 1992). Institutions have the ability and responsibility to provide learning experiences that will prepare all students for a diverse workforce and world beyond college. A campus is to be a multifaceted community with an aggressive diversity initiative. The environment should be open and caring, allowing freedom of expression but maintaining civility (Boyer, 1987). “A student’s ability to navigate the culture has been shown to contribute to success” (Byrd & McDonald, 2005, p. 7). Providing students with a safe space and freedom to experience college from the lens of their culture adds to the overall culture of college and lends itself to student success (Shaw et al., 1999). Additionally, the duality of what colleges offer to students and what students culturally offer to colleges should not be overlooked.

Baumgartner & Johnson-Bailey (2008) recognized the growing diversity in society and colleges, and each author described the different methods they used when discussing race and ethnicity in the classroom. They focused on the classroom experience and framed the teaching-learning exchange between faculty and students as imperative to fostering multiculturalism. Baumgartner concentrated on her race and felt that, because she is White, the students did not seem to question her credibility. She chose to bring up topics about racial discrimination and White Privilege in her classroom. When her

students became angry or discussions brought about negative emotions, she tried to get to the deep-seated reasons for the emotions. She felt student learning was hindered when they were unhappy the course of study did not reveal the conditions and ideas of their race. Author Juanita Johnson-Bailey felt that, since she is a Black teacher, her students thought she was hired as a result of affirmative action and lacked a background of effective learning. For this reason, they may question her credibility. She also shared that students of color are not always excited about taking a class on diversity even when they know that a professor of color is teaching it. Both authors recognized learning can be enhanced when there are a positive classroom experiences and emotions (Baumgartner & Johnson-Bailey, 2008).

Since the dimensions of race and ethnicity cannot be changed, most see themselves in a certain way and others see them in a way that may be different. Sometimes a race of people is categorized and treated a certain way because others in the same race have demonstrated certain characteristics that stereotype the entire race. Stereotyping happens in society, and it also happens in all levels of education. The classroom, as the place of learning, can be used to promote a better understanding of people who are different from others. Multiculturalism in adult and higher education settings shows the effects of diversity in the classroom.

When a student walks into a classroom, he is automatically faced with a variety of emotions in the teaching-learning setting. Certain groups may experience negative emotions since books and study materials often do not include diverse information. Educators should address those emotions since they can be an obstruction to learning. An adult education teacher needs to be comfortable in addressing the issues by exploring

ways the students can work through their emotions in the best learning environment. When this does not happen, the minority student often finds himself so uncomfortable that he chooses not to continue in that setting.

Solorzano et al. (2000) developed research that involved discussion, focus groups, and surveys from Black students regarding how they viewed their college experience in a variety of settings. Students provided examples of how they have encountered racism and how it made them feel. Some experiences involved students becoming angry and reporting the incidents to campus authorities to no avail, which caused them to feel less valued as a student. Instructors made comments to students that were blatantly racial, even more negatively affecting the attitude toward the student's college experience. One instance involved a student deciding to drop out and attend a HBCU because of not being able to handle racism. They stated their "research approach provides a critical framework that can be used to study how race and racism, in their micro-level forms, affect the structures, processes, and discourses of the collegiate environment" (Solorzano et al. 2000, p. 63). Benitez et al. (2017) discussed the importance of having faculty of color in classrooms to aid in promoting the success of students of color. They asserted on predominantly White campuses "academic motivation and persistence among underrepresented minority students is often undermined by feelings of self-doubt, lack of belongingness, and stereotype threat in classrooms they are significantly outnumbered by majority students" (p. 50). All of this is countered with the presence of faculty of color. These faculty members may change negative stereotypes with inclusive curriculum, and research shows they can positively impact the grades of students of color. This research continues to show that the academic environment of Black students and a sense of

belonging is just as important as the curriculum being taught and who is teaching the curriculum.

Watson et al. (2002) observed that higher education institutions have failed to understand the learning and developmental needs of the minority population. As a result, they developed a research project on multiculturalism within higher education and looked at the practices of several institutions. Through interviews and other means, researchers chose to gain viewpoints directly from the students. The study also addressed minority learning outside the classroom, the influence of racial identity on learning experiences outside the classroom, and the influence of campus climate on minorities' learning outside the classroom. The institutions appeared to be trying to create an atmosphere on their campuses to effectively address cultural differences and to create a better learning environment. In addition to addressing differences, these institutions welcomed and supported the positive contributions that the different cultures brought to their campuses.

The next section discusses what pipeline educators are aware of when it comes to retention and how it is impacted by educational barriers. These barriers are influenced by a lack of exposure, educationally disadvantaged environments, testing as an indicator of success, and college readiness.

Barriers and Influences in Preparation for Career

Many Black students experience both economic and educational disadvantages. Lack of support for high school completion, college attendance and completion, and competitive standardized exam scores pose major challenges for these students, contributing to these disappointing outcomes (Toldson, 2011). Lee (2005) states that urban students are,

less likely than non-urban youth to meet the minimum standards on national tests and less likely to complete high school in 4 years ... urban youth often enter college or the workforce unprepared to succeed at competent levels, which places them in a precarious situation for obtaining meaningful work. (p. 185)

This lack of preparation reaffirms the need for pipeline programs and other programs to provide students with access to test preparation materials so they are able to build their content knowledge, critical thinking skills, and test-taking strategies.

In an effort to provide depth into testing issues and improve circumstances for minority students, Rozek et al. (2019) discussed the impact of high stakes testing and how it impacts students from lower-income communities. Statistically, students from economically disadvantaged households perform poorly and even fail tests on a greater level than students from other socioeconomic groups. Since test scores determine entrance into college and career programs, Rozek et al. (2019) examined the impact of cognitive interventions that aid students in regulating their negative emotions and decrease overall test anxiety. The study showed significant benefits of emotion regulating activities in terms of exam scores, course passing rates, and overall test anxiety. Additionally, this study provided evidence that emotions can impact student performance when compared to the control group. Interventions addressed worry and appraised arousal that occurs when preparing to take a test. Students were required to expressively write concerning their worry and appraisal of the arousal situations in hopes they would express their thoughts and concerns. The goal of the exercise was to aid emotion regulation and provide insight into what the student was dealing with during stressful situations. This awareness and freeing of cognitive space would allow students to optimize performance on tests. Additionally, bringing awareness to the arousal situations

allowed students to redirect and use the awareness in a positive manner as they approached testing (Rozek et al., 2019).

On the other hand, test scores are used to make predictions about how a student will succeed in college. Armstrong (1999), as cited in Byrd and McDonald (2005), showed “little or no relationship between placement test scores and student performance in class” (p. 36). This discovery highlighted additional psychological stress placed on minority students which impacts their ability to access the resources needed to be successful in school and ultimately a career in health and medicine. The formal experiences for students are important but making predictions of a student’s success based on test scores remains a barrier to those students gaining access to those formal mechanisms.

College readiness is often tied to grade point averages and test scores as discussed above, but in reality, it is hard to define and measure with a broad stroke (Byrd & McDonald, 2005). For many students, college is the first time of independence from the rigid environment of high school and living at home with parents and family. In college the relationships with teachers change, the degree of independent and group work changes, and the expectations of intellectual acumen change (Conley, 2008). Preparing students for smooth transitions into this form of adulthood rests with high schools and the student socialization occurring during those years.

Various schools in certain areas are able to provide additional resources that other schools may not be able to provide. This disparity immediately poses a disadvantage for less-resourced schools. Pipeline educators and programs that prepare students for careers in healthcare are key to filling in the gaps. Reid and Moore (2008) conducted a study

wherein minority participants acknowledged that they “lacked academic skills in some coursework, lacked study skills needed for college-level work, had poor time management skills, and had missed out on opportunities that would have helped them be better prepared for college” (p. 252). This impact of limited resources was evident as Museus et al. (2011) conducted a study with minority students who had access to more resources. Researchers highlighted strong high school preparation from teachers, advanced classes, and exposure to programs that introduced them to health and medical careers were key to the students feeling more prepared for college.

Pipeline programs that provide an early glimpse into what it takes to be a healthcare professional often set the stage for the skills, courses, and testing that is needed for successful matriculation into college and graduate programs. Strayhorn’s (2015) research showed the importance of pipeline programs as formal mechanisms key to sparking student interest in various subjects and potential careers. He defined formal mechanisms as “in school workshops, summer camps, rigorous science and math courses that included hands-on experiments, and shadowing opportunities with STEM professionals through co-ops, internships, and externships” (p. 56). Pipeline programs and educators must put students in a position to gain these experiences inside and outside the classroom by providing access to materials, resources, and environments that better prepare them and give them a glimpse into their future.

Disorienting Healthcare Dilemma: COVID-19 and its Psychological Impact on Healthcare Workers

The literature review prior to this section laid out the barriers that exist in preparing students of color for higher learning and careers in health and medicine. As stated, there are historical contexts and numerous barriers that must be at the forefront of

institutional plans to alleviate the gaps and ensure all students are on a level playing field once they enter college, graduate, or professional schools. As students are in the pipeline and preparing for careers in healthcare, there are psychological components that must be examined as students look ahead to their potential career trajectory. The current state of the career, future trends, and lifestyles are all possible considerations on the minds of students and are often used to determine whether a career or certain field aligns with their interests. As a result, the impact of COVID-19 on the healthcare system and public health cannot be ignored for the future healthcare pipeline. As stated by the Centers for Disease Control and Prevention (2021), minority groups are disproportionately being infected with COVID-19 and are at an increased risk of death (Gold et al., 2020; Killerby et al., 2020; Millet et al., 2020; Price-Haygood et al., 2020). Amnesty International (2021) stated that over 17,000 healthcare workers have been infected and died worldwide from COVID-19 from March of 2020 to March of 2021. The next section will discuss the impacts COVID-19 has had on healthcare workers.

Healthcare workers were the first defense against COVID-19, having to treat patients in clinics and hospitals and serve as pseudo families when social distancing prevented visitors from entering the hospitals and rooms. Beyond those roles, many healthcare workers were put in positions they never experienced before COVID-19. Urooj et al. (2020) assessed the fears of healthcare workers during the pandemic through surveys with open and closed ended questions. The results showed that workers feared infecting family members, the rapid spread of the virus, complications of the virus, becoming a carrier of the virus, and misdiagnosing patients. This window into their state of mind provides insight into the fears of healthcare workers on the frontline.

Additionally, shortages of protective equipment—shortages which sometimes forced personnel to re-use equipment—put frontline workers at higher risk because they did not have the most effective equipment to protect themselves. Artiga (2020) stated healthcare workers of color have highlighted an increased shortage of protective equipment, making them more likely to work in healthcare settings with higher levels of exposure to patients with COVID-19. Additionally, as more and more critical patients were admitted into hospitals, the scarcity of rooms and ventilators showcased the healthcare system's weakness and vulnerability during a time of crisis (Nicola et al., 2020). As Shmerling (2020) highlighted in his findings, healthcare workers experienced the following psychological strains and stressors:

the fear and uncertainty of a heightened risk of infection; worry that they may carry the COVID-19 coronavirus home and infect loved ones; a dwindling or already inadequate supply of PPE needed to minimize the risk of infection; ever-changing recommendations from local leadership, medical and public health experts, and political leaders; unusually high and increasing demands to work longer hours as their colleagues become sick or are quarantined; balancing their commitment to help others (which likely led them to their current profession in the first place) with an understandable commitment to protect themselves and their loved ones. (para. 4)

Fottrell (2020) summed up the COVID-19 experience by stating, “I don’t think any of us going through it will ever be the same” (para. 4). Similarly, during the AIDS epidemic healthcare workers were fearful to treat and touch patients infected by the Human Immunodeficiency Virus (HIV). Whereas HIV/AIDS is transmitted through the exchange of bodily fluids or sexual contact and therefore curbed by certain practices, COVID-19 is different transmitted as a respiratory virus. Healthcare worker vulnerability with COVID-19 due to the lack of protective equipment leads to an increase in chance of infection (Shmerling, 2020). There were also disparities within the healthcare system as doctors

had access to more protective equipment than nurses had. Some nurses were seen wearing garbage bags as protective gowns in New York, many of whom tested positive for COVID-19 (Fottrell, 2020), and others in Germany posed naked to protest the lack of protective clothes and equipment within their hospitals (Connolly, 2020).

Ethical decisions also had to be made by frontline healthcare workers. They had to make hard decisions regarding whether to treat certain patients and which ones deserved lifesaving care over others. Making these decisions surfaced in mental health research as psychological stressors for healthcare workers (Menon & Padhy, 2020; Shmerling, 2020). Multiple studies have highlighted the impact of COVID-19 on healthcare workers' mental health. One study reported that depression, anxiety, and insomnia increased to tremendous levels in frontline workers worldwide (Pappa et al., 2020). Rossi et al. (2020) as cited in Drissi et al. (2020) did a study in Italy with approximately 1400 healthcare workers that reported the development of mental health issues surrounding post-traumatic stress disorder, depression and anxiety, stress, and insomnia. Suicide has also surfaced as a mental health outcome in healthcare workers dealing with COVID-19 patients and workplace environments (Efstathiou et al. 2022; Thakur et al. 2020; Watkins et al. 2020). Beyond the need for protective gear to protect workers from COVID-19 exposure, the mental health of the workers was at stake yet was not easily addressed as changes within working environment occurred at a moment's notice.

There are multiple factors surfacing during this ongoing and fluid pandemic. There will be impacts that may not be discovered until years down the road. In the midst of the pandemic, the previous section highlighted the toll it is taking on the current

workforce, but pipeline educators are always preparing for changes in the industry and, in this case, having to consider the psychological impacts on the upcoming workforce. The next section discusses the huge gap in the literature relating to the impact COVID-19 is having on students in the pipeline interested in pursuing careers in healthcare.

The Gap in Current Knowledge

As discussed in the previous section, healthcare workers are faced with an environment that has decreased motivation and impacted the health of current workers in ways never imagined. Their desire and motivation to continue to battle through COVID-19 intricacies are tied to their initial desire to pursue a career in healthcare. Some are pushing forward wholeheartedly as their initial intent was to help people no matter what has been presented. Others are having a difficult time as the pandemic is jeopardizing their health, their families' health, and the health of their communities. In moving the discussion to the earlier years of education, motivation plays a larger role in students who are matriculating through middle, high, school and college. They are shaping their self-concept in the early years and are being motivated and inspired by experiences as they progress through school. Hassan et al. (2020) defines motivation as a “psychological persuasion that involves a person’s eagerness or enthusiasm to endeavor a set goal at an expense of hard work and sacrifices” (p. 941). Motivation is key in pipeline education as it serves as the arousal practitioners hope will peak during various programming, interactive experiences, and internships. In regard to pursuing healthcare careers, students who are intrinsically motivated desire to pursue a career based on an internal desire of pleasure or drive to reach a goal. Extrinsic motivation occurs as a result of an outside force or pressure like the opportunity to make a high salary or the prestige of being called

a doctor by others (Kusurkar et al., 2011). It is critical that students are intrinsically motivated since the hours and stress necessary to reach the goal of being a healthcare professional and to maintain a sense of happiness while in the profession can be overshadowed by the work environment and potential burn out (Hassan et al., 2020). Extrinsic factors can also contribute to demotivating students as the profession can include intense work hours which could impact a person's quality of life (Narayanasamy et al., 2019). This examination of motivation factors is important as there is no literature that has attempted to characterize the impacts of COVID-19 on the pipeline of healthcare students. Identification of potential motivational or demotivational factors can assist in shaping medical education and providing strategy to pipeline programs.

Conclusion

Black students in the healthcare pipeline face multiple barriers to socialization and educational advancement. These barriers existed prior to the introduction of COVID-19 into the healthcare workforce. COVID-19 adds an additional layer to the psychological and cultural challenges to preparing Black students for college and beyond. As proposed in the professional socialization theory, students are influenced by their surroundings and what is taking place in their aspirational profession. Educators cannot ignore the potential impact that this may have on the pipeline of healthcare workers. While knowing some of the impact COVID-19 is having on current healthcare workers, educators know nothing about specific factors from COVID-19 that potentially will influence or not influence Black students to pursue a frontline career in health and medicine. This study will aim to fill that gap.

Theoretical Framework

Reeves et al. (2006) state that in medical education, “Researchers often fail to explore the reflexive nature of such work or to draw on theory to enhance their understanding” (p. 2). In an effort to change the trend in medical education-related research being heavily quantitative, this research plants its theoretical footing in the socialization space. Specifically, the framework of choice is the professional socialization theoretical framework (PSTF) which is defined as the process through which a person develops a sense of professional self, with characteristic values, attitudes, knowledge, and skills which govern his or her behavior in a wide variety of professional and extraprofessional situations (Merton et al., 1957). Creswell (2013) described social constructivism through the lens of individuals seeking understanding of the world in which they live and work and develop subjective meanings of their experiences. The impact of social interaction and the impact of the participant’s environment is enlightened by the use of the qualitative research design. Through semi-structured interviews and focus groups, researchers are able to delve into the lived experiences of participants. Figure 1.3 provides a snapshot of the various levels of professional socialization. It also highlights the disorienting dilemma of COVID-19 that has been introduced to students’ professional socialization development.

Anticipatory Socialization

Many people are socialized and develop their sense of identity in earlier years as a result of their cultural group and family units. As Figure 1.3 shows, socialization can often be shaped by television and media as well as social class and their parent’s education and employment. Even during this time of development, pipeline educators are

key to helping students develop their self-concept. Early-school programming can aid in identifying topics and activities that pique the interest of students and help them hone in on motivational factors that are intrinsically birthed due to various forms of exposure and knowledge attainment. As students move through life, they learn and form traits of the anticipated group in society that they aspire to join. This anticipatory socialization review will be used to identify and establish the student's self-concept as to what aided in their desire to pursue a health career. This approach will establish a foundation for their self-concept and may provide a basis regarding intrinsic and extrinsic motivating factors. Once those factors have been identified, an assessment will be made of how the disorienting dilemma of COVID-19 has impacted or disrupted that foundational system.

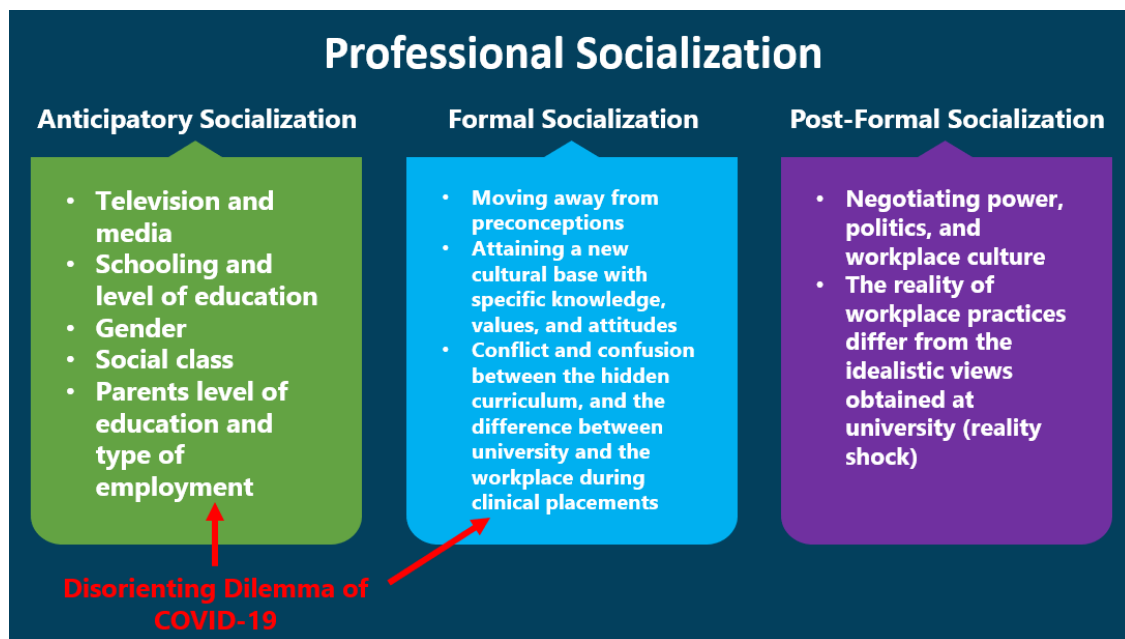


Figure 1.3. Professional socialization theoretical framework model (Cant & Higgs, 1999; Devenish et al., 2016).

Formal Socialization

As people progress through life and enter school and the workforce, they are formally socialized and taught the dos and don'ts. This progression, at times, can conflict with their anticipatory socialization as they are no longer in a bubble and are forced to be in diverse classroom or societal environments that expose them to other cultures, views, and thoughts. It is at this moment that the tension between one phase of professional socialization conflicts with the next. Students often learn—especially Black students—what is seen and taught in curriculum does not coincide with their cultural norms. Additionally, it can be a brand-new experience between a student's upbringing, school curriculum and experience, and being immersed in the workforce. In some cases, cultural representation is minimal to non-existent in this phase of life. The former President of Morehouse School of Medicine is famously known for saying, "Many Black men don't have examples of Black doctors in their lives. You can't imagine being what you don't see" (L. Sullivan, personal communication, 2015). This formal socialization review will be used to identify the changes that occurred during this phase and what aided in the desire to pursue a health career. This approach will establish a foundation pertaining to the changes that occurred during the transition from anticipatory to formal socialization, and it can provide a lens into the importance of socialization to developing a sense of one's professional self and how to use it to navigate the world. Once those factors have been identified, an assessment will be made of how the disorienting dilemma of COVID-19 has impacted or disrupted that foundational system of formal socialization.

Post Formal Socialization

This phase occurs when students enter the workforce and are treated as employees of organizations. This transition provides autonomy, as individuals are no longer parts of a class or designated group. Individuals have to navigate the politics of the workforce and organization, reckoning the differences between training and the real workforce environment. As exemplified in previous sections, during this phase individuals have to decide whether to go without protective equipment during a deadly pandemic or create makeshift gowns with garbage bags. Power is negotiated, and individuals come to the knowledge of the true power one has as a professional and employee. This post formal socialization phase will not be a focus of this study as the student participants have not officially entered the healthcare workforce in their career of choice.

As discussed in each section, this research will evaluate the impacts of COVID-19 across the professional socialization spectrum and how that impact has decreased potential students' desires to pursue a healthcare career. Investigating anticipatory socialization could shed light on the decisions made by Black students to pursue or not pursue a health career as a result of a disorienting dilemma such as the COVID-19 pandemic. In other words, has COVID-19 disrupted foundational systems of socialization?

Conclusion: Purpose of the Study

Due to the importance of socialization, education, occupation aspirations, and resources needed to ensure the success of Black students in the healthcare pipeline, the purpose of this phenomenological case study is to bring voice to the perceptions of Black pipeline students regarding the impact of COVID-19 on the healthcare profession and

their pursuit of a health career. Having a complete understanding of the demands of healthcare and possible realities within the workforce is important because healthcare and medical education's academic, emotional, psychological, and time demands are second to no other profession (Dyrbye et al., 2006). This dynamic can lead to negative effects on the mental health of students (Mosley et al., 1994) and in some cases lead to depression and anxiety (Aktekin et al., 2001). The acknowledgement of surfacing components resulting from the pandemic can increase our understanding of student perceptions of the healthcare workplace environment and how those affect career choices. It can also be instrumental in focusing on the psychological aspects of preparation beyond academic and financial strain. Results from this phenomenological case study will shed light on specific concerns that Black students have about the healthcare profession and how that impacts their pursuit of a health career. Data collected will include the students' demographics, social and structural influences, and any barriers that provide insight further into the phenomenon of COVID-19. Data collection will include an online questionnaire, semi-structured focus groups, and one-on-one interviews (if needed). Data analysis will involve open and axial coding, pattern matching, and additional analysis to determine emergent themes. Those themes will be described through thick rich descriptive narrative that brings voice to the student as it pertains to the impacts of COVID-19.

The research will take place in Atlanta, Georgia and will include college students, recent college graduates that are on a health careers track, and graduate and medical students who are pursuing a health career at Morehouse School of Medicine. The intended audience for this research is parents, secondary educators, pipeline educators,

and higher education faculty, staff, and administration. The intended end-product will shed light on the impacts of COVID-19 while providing a scholarly manuscript on interventions and approaches to be considered when designing programs for pre-health students to lessen the impacts of COVID-19 and other public health crises.

Definition of Key Terms

The following key terms will shed light into terms that are embedded throughout this study and will be key in your understanding of this study.

Connectedness: In the case of this study, it encompasses and serves as the cluster term for Black representation, sense of community and belonging.

Healthcare Pipeline: Students that have declared that they are interested in pursuing a health career and are on institutional tracks, involved in pipeline programming, or in healthcare programs preparing to pursue a career in healthcare.

CHAPTER TWO

Methodology

Introduction: Research Questions

The state of the world hinges on COVID-19 as variants of the virus surface and personal decisions regarding vaccination and healthcare are influencing it all. This unfolding of a pandemic before our eyes not only impacts the current state of society and life but also future implications and optics related to the healthcare workforce. Being that it is a new and active phenomenon, it limits the knowledge of the impacts it will have as students actively, and will continue to, make decisions on career choices. The purpose of this phenomenological case study was to examine Black pipeline students and the impact of COVID-19 on their views of healthcare and their pursuit of a healthcare career. Creswell's (2013) suggestions for conducting a phenomenological case study involve drawing on multiple data sources including observations, interviews, documents, and audiovisual materials which bring voice to the students and allow for the analysis of thick and rich information to shed light on student perceptions. The research design is key in allowing for the voices of these students to be candidly heard to better identify the needs of students during the pandemic and after the pandemic subsides.

The research design was qualitative due to the phenomenological perspective of research questions and purpose of the study. Qualitative research is the best approach when there is a desire to provide an in-depth voice to lived experiences and it enables the researcher to view a case and phenomenon through the lens of the study participants (Patton, 2014; Ritchie & Lewis, 2003). Qualitative research allows for the dissection of

information that surfaces from the participants' connection or proximity to the phenomenon and case (Ritchie & Lewis, 2003). The opportunity to examine details surrounding COVID-19's impact on the healthcare pipeline was useful in determining educators' future approaches as they provide resources and support in preparing students for college and career. Results of a qualitative study of this kind can help community stakeholders, secondary institutions, and higher education leadership and departments be intentional in goal alignment as it relates to student career preparedness.

Phenomenological case studies are conducted to discover the experiences and perspectives of multiple individuals related to a particular topic or situation—Black healthcare pipeline students at Morehouse School of Medicine and their perspectives of COVID-19 and how it has impacted their views of healthcare and persistence toward a healthcare career. Through reviewing the experiences of the participants, researchers are able to derive meaning from various themes and describe the “essence” of the collective experience (Creswell & Poth, 2018, p. 372). Phenomenological case studies allow researchers to present data from the assumption there is no standard for all people but only what people have experienced throughout life and directly what it means to them (Creswell & Poth, 2018). There is not a focus on proving or disproving a hypothesis, but the research can lead to new themes, variables, or even more questions that can guide future research (Patton, 2014).

Qualitative research questions provide a scope into what the researcher intends to find out from the participants, especially as it relates to social interactions and processes. Agee (2009) stated “the ongoing process of questioning is an integral part of understanding the unfolding lives and perspectives of others” (p. 432). The research

questions below explore the perceptions of students within the healthcare pipeline who have experienced the phenomenon of a deadly pandemic and examining how it has impacted decisions regarding pursuit of a career—including from a social, environmental, school, and educational perspective. Additionally, themes may arise from the research in regard to the challenges COVID-19 has caused in the lives of participants and how any personal or outside influences have impacted those challenges. Lastly, there will be an exploration of the participants' proximity to the healthcare profession and any influence proximity has on decisions to pursue or not pursue a healthcare career.

Question 1: How has the COVID-19 pandemic and the proximity to the profession played a role in your pursuit of a health career?

Question 2: How have your prior influences in choosing a career as a Black pipeline student been impacted by the COVID-19 pandemic?

Sub question 1: What awareness was brought to the social and environmental factors that influenced your decision to pursue a healthcare career?

Sub question 2: What awareness was brought to the school and educational factors that influenced your decision to pursue a healthcare career?

These questions arose from the researcher's familiarity with developing and overseeing pipeline programs for Black students and familiarity with how socialization and a student's environment, such as the pandemic, can disrupt systems for these students. Details in the following sections encompass, but are not limited to, researcher perspective and positionality, theoretical framework application, research design and rationale, site selection and participants, data collection procedures, data analysis procedures, ethical considerations, and limitations and delimitations.

Researcher Perspective and Positionality

The researcher is a product of a pipeline program with previous interest in pursuing a healthcare career. He can relate to the educational and social barriers that existed for high school students because his school did not provide him with the hands-on exposures that help motivate students to pursue a health career. He was able to find out about a pipeline program, not from his school counselor, but from his brother who participated in a similar program. He was accepted to participate in a pre-health internship at the University of Alabama at Birmingham in Birmingham, Alabama. Due to his interest in healthcare, he was placed in a research lab that focused on hypertension and vascular biology. At the completion of that program, he presented his research on Type II diabetes and received second place honors among twenty of his peers. Due to his success, he was offered a job by the School of Education which was the department that hosted the pipeline experience. The exposure to research and financial assistance that surfaced as a result of the job offer impacted the trajectory of the researcher's view on his passions and ultimately his career. Financial hardship was decreased as a result of this position as his job paid more than minimum wage per hour. His duties involved teaching science and research techniques to local high school and middle school students in his hometown. His lack of science exposure and hands-on experiences were overcome by his training within this department and by his ability to publicly hone his skills through teaching various science topics. Despite his interest and ability to teach healthcare topics, he realized his heart was for education and decided to remain on that track. Stemming from his pipeline education, this major impact was the spark that fueled his career in higher education. He realizes that he comes from a place of privilege as many barriers were removed due to mentors and access to college programs as discussed above.

Therefore, he used his empathy toward students who were less fortunate to fuel his career path and passion for pipeline education. He has 18 years of varied experience within higher education but returned to pipeline education in 2017, where his career initially started.

Emerging from a disadvantaged background, the researcher not only understands the purpose of pipeline education but was also a recipient of its benefits. Positioning himself in pipeline education provided opportunities to share personal stories and connect with students, parents, and educators from diverse backgrounds, experiences which opened his eyes to the disparities that exist from community to community. His awareness and connection to the Black community allowed him to speak in a way that highlighted the needs of certain communities and backgrounds, shaping his approach to program development and teaching strategies to address the needs of all.

The researcher's higher education experience has consisted of stints in college fundraising, running early postsecondary programs for the State of Tennessee, and medical education at a major research university and two HBCU medical colleges. This experience has allowed him to see the importance of preparatory programs that provide financial and academic support for students in need. Students from disadvantaged backgrounds have additional needs that are not present in all communities. The rapid move to virtual education caused by COVID-19 highlighted inequities in technology (e.g., lack of access to computers and Wi-Fi access) and family abilities to afford certain services. Additionally, parents of some students lost their jobs, which forced them to make choices regarding luxuries at home. The researcher taught two virtual programs during the summer of 2020 and saw first-hand these disparities. He had students who

withdrew from programming due to the aforementioned circumstances or due to their need to find work to help support the family.

The dire need for more Black healthcare workers has been the fuel to his return to pipeline education, especially for educationally and economically disadvantaged students. As an additional barrier to healthcare and something pipeline educators will have to address while identifying students who are passionate about the field, COVID-19 and its impact must be explored for its influence—positive or negative—on the healthcare pipeline. The researcher is an Assistant Director of Pipeline Initiatives at Morehouse School of Medicine in Atlanta, Georgia. His current role placed him at the study site and in close proximity to the students who were evaluated. Additionally, students have participated in some form of programming within his office at some point during their high school and college career. The epistemological approach related to social constructivism highlights the fact that the “researcher is not independent from what is being researched,” but rather the “knower and the known are co-created during the inquiry” (R. Boateng, personal communication, September 2012). The researcher acknowledges there were benefits and potential concerns due to his close proximity to study participants. The benefits included a great rapport with students which enhanced comfort in sharing experiences with the researcher. Additionally, the researcher understands pipeline education and the barriers that exist for these students; therefore, he had flexibility in questioning to ensure he obtained rich and thick information. Also, the implications of this research will shape how he and the pipeline initiatives team will move forward in educating and preparing college and career ready students. Readers may be concerned with the researcher’s ability to collect unbiased data due to his proximity to

pipeline education and Morehouse School of Medicine. To combat this bias the researcher employed multiple moments of reflexivity (Creswell & Creswell, 2018) to acknowledge his own experiences and understood all participants bring their own lived experiences separate from the researcher. Lastly, the researcher incorporated member checking to aid in increasing validity of the participants' responses (Creswell & Poth, 2018).

Theoretical Framework Application

For this study, the researcher pulled from the work of Devenish et al. (2016) and Cant and Higgs (1999) and their use of the professional socialization theoretical framework (PSTF) application on individuals pursuing health careers. Professional socialization is a process that takes place over the lifetime of an individual starting with anticipatory socialization that takes place prior to schooling (Cant & Higgs, 1999), formal socialization that takes place once entering school, and post-formal socialization that takes place once the learner has graduated and enters the healthcare workforce (Melrose, et al., 2015). Figure 2.1 provides a visual of what each phase of professional socialization entails. Additionally, this figure introduces the disorienting dilemma of COVID-19 across each phase.

Professional socialization involves a journey of occurrences that take place during the lifetime and within the environment of an individual—it is not tied to just one act or episode (Richardson, 1999). Crowe et al. (2011) describes the use of case studies as, “useful to employ when there is a need to obtain an in-depth appreciation of an issue, event or phenomenon of interest, in its natural real-life context” (p. 1).

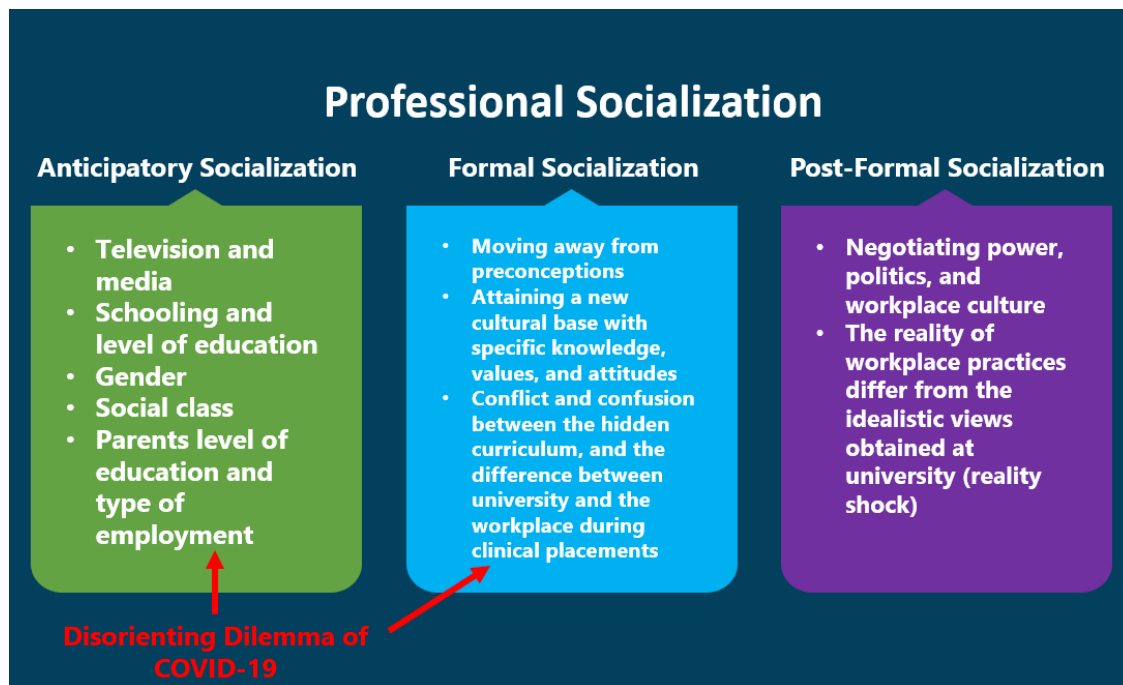


Figure 1.3. Professional socialization theoretical framework model (Cant & Higgs, 1999; Devenish et al., 2016).

The phenomenological case study design was chosen to pair with this theoretical framework due to its ability to provide a window into the cases established in this study (college and recent graduates, graduate students, and medical students) and how those cases have been impacted by the phenomenon of COVID-19 and the students' PSTF process and journey. Specifically, this research highlights the impact that COVID-19 has had across each phase of PSTF—anticipatory and formal socialization. Data was reviewed from the lens of each phase as perceptions may have changed due to the presence of COVID-19 into the media, curriculum, workforce and among other factors. The post-formal phase did not apply to this research due to the fact that students had not yet entered their healthcare field of choice.

Phase I of the research deeply examined various components of anticipatory and formal socialization by providing a baseline analysis of the study's participants. This

baseline gave insight into the childhood, adolescent, and adulthood socialization factors that aided or hindered developing an individual's professional image. Analyzing this information alongside the impacts of COVID-19 broadened the ability of the researcher to expound on components of the theoretical framework that may have been impacted or disrupted due to this public health crisis. Additionally, it provided insight into why participants have certain views or stances later in life that may have resulted from socialization practices that took place earlier in life.

Phase II of the research built upon Phase I but had more of a COVID-19 focus due the fact that they are currently experiencing the pandemic during the formal socialization phase of their lives. That tie to the formal phase allowed for the researcher to investigate the changes or impacts that have taken place. The responses from the students in this phase were analyzed with Phase I's data to establish influences or barriers that may have impacted or were influenced by the anticipatory socialization stage and earlier years of education. This comparison deepened the narrative and insight students provided on the impacts of COVID-19 on the Black student healthcare pipeline and establishes the importance of how this theoretical framework applies to this research and research design. It enabled the researcher to propose a framework that is situated in the professional socialization theoretical framework and wields the findings of this study's experiences of Black students in the healthcare pipeline.

Research Design and Rationale

To investigate the research questions and bring voice to the study's participants, the researcher performed a phenomenological case study. The ontological approach to this research is that the lived experiences and reality for one person may not be the same

for others, therefore, indicating that reality can be experienced in a host of ways (Creswell & Poth, 2018). The interaction with patients and the impact of phenomena happening within healthcare seems to naturally lend itself toward qualitative research. As mentioned before, Reeves et al., (2006) stated that there is a “widening use and acceptability of qualitative methodologies (of which interviews form a core method) within the medical education community, which has traditionally drawn on positivism and quantitative methods” (p.1). Qualitative researchers express that quantitative research only provides a picture of the phenomenon in a limited manner, arguing that “human experience cannot be described using numbers or adequately explained by manipulating, measuring, or controlling variables” (Abusabha & Woelfel, 2003, p. 567). In this case, a phenomenological case study research design allowed the researcher to assess the lived experiences and obtain narrative data that provided insight into how students felt about the COVID-19 pandemic. Interviews, focus groups, observations, pictures, and examining other artifacts and documents are germane to this design and allow some flexibility in questioning due to certain responses from students (Creswell & Poth, 2018). Beyond its impact on their decision to pursue healthcare, using this design provided additional information regarding COVID-19 and its impact on their homes and personal lives.

The researcher outlined his perspective and positionality within this study. This awareness is key to qualitative research as the role of the researcher and their interaction with the study participants is this interplay of complex human beings, through field research, drawing upon the realities and human existence of other complex human beings (Burgess, 1984; Creswell & Poth, 2018; Lave & Krave, 1995). In the following sections

and throughout this dissertation, the importance and role of the researcher in qualitative research is further highlighted as there is a need to have or build rapport with study participants in order to elicit responses that provide the most thick and rich information regarding their lived experiences (Creswell & Poth, 2018).

COVID-19 has shifted all societal norms and suddenly thrust systems that have existed for years into new, and in most cases, virtual spaces. The immediate and long-term impact of COVID-19 on higher education became a top priority for institutional administrations and even legislators as concerns in college life, admissions, enrollment, athletics, and other areas were dramatic and has forever changed the landscape of higher education (Smalley, 2021). The use of a phenomenological case study approach allowed for the examination of cases of (1) college and recent graduates, (2) graduate, and (3) medical students that have experienced the phenomenon of COVID-19 by bringing voice to those experiences in an effort to fill in a gap that exists in literature.

Site Selection and Participant Sampling

There were no physical sites for this phenomenological case study as all interviews were held through Zoom videoconferencing software due to this study being conducted in the midst of the COVID-19 pandemic. College students, recent graduate students, graduate students, and medical students were recruited and interviewed for this study. Access to students was easy as the researcher works at Morehouse School of Medicine, and all study participants have either been involved with pipeline programs at Morehouse School of Medicine or are current matriculants.

Morehouse School of Medicine

MSM has a track record of success with educationally and economically disadvantaged students. MSM was recognized in 2010 as being number one in Social Mission on the basis of the percentage of graduates who are from groups underrepresented in medicine and for graduates who are in primary care practices and/or practicing in underserved areas (Mullan et al., 2010). From its inception, MSM has been focused on these agendas and has been successful in achieving them. Table 2.1 illustrates the percentage of disadvantaged students in the M.D. program in the entering classes of 2015, 2016, and 2017. Entering class sizes were 84, 92, and 100, respectively.

Table 2.1

Morehouse School of Medicine's Disadvantaged Students (% of class)

Entering Students Disadvantage	2015	2016	2017
Educational	47.8	67.7	48
Economic (student)	44.6	29	43.3
Economic (Parent)	36	31.4	42.8

Overall, the attrition rate is about 2% for all students (including disadvantaged students).

Four-year graduation rates have varied from 90% to 95% over this time frame.

It is important that the correct mechanism of obtaining data is used based on the parameters of the study. Depending on the needs of the researcher, the characteristics, and qualities of a participant matters. This qualitative case study used a purposive sampling strategy in its recruitment of student participants. The researcher was intentional in finding participants who were willing and committed to providing data based on their engagement and experience with the topic being researched (Etikan et al.,

2016). Additionally, the purposive sampling method included a homogeneous sampling as the students who share similar traits (Etikan et al., 2016): they were around the same age, they were all Black, and they all participated in educational programming and experienced the environment at Morehouse School of Medicine. Qualitative research tends to use non-probability sampling method which speaks to the generalizability of the findings (Higginbottom, 2004; Murphy, et al., 1998). These findings will not be generalizable but rather will apply to the student experiences and environment at Morehouse School of Medicine. Additionally, the researcher targeted students who have participated in pipeline programming at Morehouse School of Medicine. The students were Black students of different genders but similar socio-economic groups. Students had different family backgrounds—single parent, blended, or two-parent households. The recruitment of 13 college and recent graduate students were from various institutions, but all shared in common their participation in the HCOP Academy Pipeline Program at Morehouse School of Medicine. The recruitment of 15 graduate and medical students all came from Morehouse School of Medicine (MSM) and shared in common that they had participated or served as student facilitators in HCOP Academy and are current MSM matriculants.

Participants and Sampling

The students were Black students of different genders but similar socio-economic groups and had a combination of single parent, blended, or two-parent family backgrounds. Shown in Figure 2.1., 28 Black male (n=16) and female (n=12) students participated in this study who were either current students at Morehouse School of

Medicine or had participated in pipeline programs at Morehouse School of Medicine and had an interest in pursuing a health career.

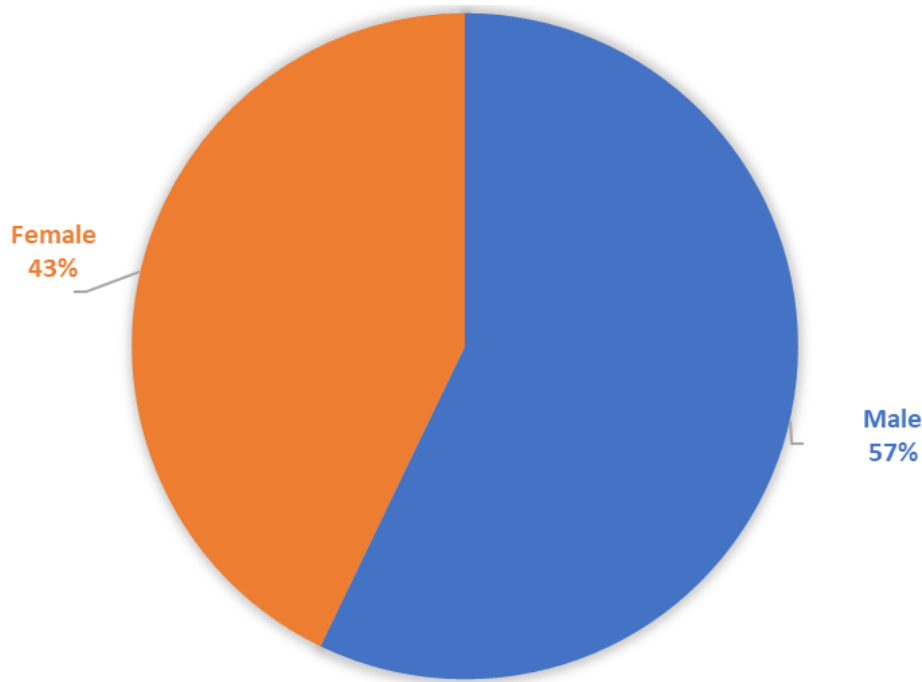


Figure 2.1. Gender profile of study participants.

Due to the voluntary nature of research, the target sample size for this study was 20 participants so that any dropout would not be a major impact to the study. Between the extensive questionnaire and focus group, this sample size would aid in providing a wealth of information in order to reach saturation. Saturation is when the “data collection process no longer offers any new or relevant data” (Dworkin, 2012, p. 1319) and “when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of your core theoretical categories” (Charmaz, 2006, p. 113). The study participants were selected purposefully due to COVID-19 restrictions, their affiliation with Morehouse School of Medicine, and the rapport they had with the researcher. Purposeful sampling in this study was key as the participants had a common interest, in this case interest in

pursuing a career in healthcare. This form of sampling provided a convenience in highlighting the phenomena of interest in a more targeted manner (Patton, 2014). Additionally, the researcher was able to view the subgroups and perform within-case and cross-case analysis (Creswell & Poth, 2018) as it related to college, recent graduate, graduate, and medical students and their proximity to the healthcare profession. There were 28 students who initially responded and completed the questionnaire and 11 who agreed to participate in focus groups. Appendix H provides the breakdown of the student participants who completed the questionnaire and the subset that agreed to participate in a focus group.

Data Collection Procedures

Creswell (2013) defined a case study as a “qualitative approach in which investigator explores a real-life, contemporary bound system (a case) over time, through detailed, in-depth data collection involving multiple sources of information” (p. 132). Creswell’s (2013) procedures for conducting a case study involves drawing on multiple data sources including observations, interviews, documents, and audiovisual materials. This study took place in two phases. The first phase involved the collection method of an extensive questionnaire (see Appendix C) that provided baseline information and insights into the anticipatory and formal socialization perspectives of the students. Questionnaires are most commonly used in quantitative and mixed methods designs, but they are noted to have several strengths in qualitative research. They can provide

insight into social trends, processes, values, attitudes, and interpretations ... They are extremely flexible. They can be combined effectively with complementary, more intensive forms of qualitative research, such as interviews and focus groups, to provide more in-depth perspectives on social process and context. (McGuirk & O’Neill, 2016, p. 10–11)

In the climate of COVID-19 and social distancing, Sue and Ritter (2012) discussed the benefits of digital questionnaires that are administered through online formats as they save on distribution and printing expenses. Similarly, this study administered a questionnaire that invited participants to a follow-up focus groups that were completely voluntary and provided participants with a choice to not continue to Phase II. The second phase involved one focus group with the three case study groups—college and recent graduates, graduate students, and medical students. Focus groups were held in a semi-structured manner due to the information the researcher drew upon from questionnaire responses. This style allows for the focus group to be “conversational and informal in tone” (Longhurst, 2003, p. 145) and it allows for open-ended questions that give the space for explanations over the one-word responses from closed-ended questioning. Specifically, this study utilized qualitative research design such as emergent design flexibility. Emergent design flexibility allowed for the researcher to adjust the style of inquiry through semi-structured interviews as things changed or as questioning led to more in-depth understanding (Creswell & Poth, 2018). This style of focus group, due to the researcher’s perspective and positionality, elicited deeper responses from the participants. Table 2.2 provides the approach to data collection and analysis for this study. A description of the procedures for Phase I and Phase II will be provided in the following sections.

Table 2.2

Data Collection and Analysis Diagram

Phase	Procedures	Outcomes
Qualitative Data Collection	<ul style="list-style-type: none"> -Selection: Purposive sample from students within Morehouse School of Medicine & HCOP Academy -College & Recent Graduates (N=13), Graduate (N=6), & Medical (N=9). -Development of interview protocols: All students will complete a questionnaire and be invited to participate in a focus group with students on their educational level. -Analyze baseline questionnaire and record and transcribe focus groups— with all data stored in Baseline software. 	<ul style="list-style-type: none"> -Rich and thick narrative data. -Recordings and transcriptions of focus groups, notes from focus group, and summaries of all data.
Qualitative Data Analysis	<ul style="list-style-type: none"> -Coding and thematic analysis within educational levels done by multiple raters. -Coding and thematic analysis across educational levels done by multiple raters. 	<ul style="list-style-type: none"> -Cross-reference data from multiple raters used in establishing reliability. -Themed relationships within and across educational levels.
Qualitative Findings	<ul style="list-style-type: none"> -Integration and explanation of themes in the qualitative findings 	<ul style="list-style-type: none"> -Discussion of themes -Implications of research -Limitations -What kind of future studies may surface as a result of findings.

Phase I: Questionnaire

The researcher's positionality placed the researcher in close connection with the purposive sample. The participants had a familiarity with the purpose of the pipeline office and through that relationship had a familiarity with the researcher's role in investigating and preparing students for careers in health and the purpose of the study. The researcher sent an email to all students who were 18 years or older and who had previously participated in pipeline programs and the HCOP Academy at Morehouse School of Medicine. The email (Appendix A) contained information about the purpose of

the study, provided their rights regarding participation, and contained contact information for the researcher. It also included an attached flyer (Appendix B) that provided additional information and both the email and flyer contained the link to the Phase I digital questionnaire (Appendix C). The email contained a prescribed deadline to have it completed. It also notified students that there was no penalty or issue with declining the opportunity to participate and that their decision to not participate would not impact their relationship with the researcher or any class at their institution.

The digital questionnaire contained demographic and open-ended questions that gave the researcher insight into the anticipatory and formal socialization influences that contributed to the professional image that students had concerning themselves. Additionally, open-ended questions regarding COVID-19 provided initial thoughts and the students' perspectives on the pandemic's impact on healthcare and their view of the workforce. The informed consent was provided as a cover page to the questionnaire. Due to ethics and human treatment violations in the past, regulations and ethical codes have been developed to ensure the safety of all research study participants and that they officially agree to being involved in research (Byrne, 2001). Participants had to check that they were 18 years of age and had read the consent form and consented to the study guidelines. Upon completion of the informed consent, students could proceed to the next page and complete the questionnaire.

The responses were examined by the researcher and aided in shaping questions that were asked during the focus groups. McGuirk and O'Neill (2016) speak of the benefits of coupling questionnaires with focus group as it allows for certain concepts and themes to be teased out by the researcher providing pre-guidance for the approach to the

focus group. Responses from the questionnaire allowed questioning to be more targeted during the focus groups that elicited deeper responses and insight. The questionnaire provided a baseline of information for the researcher and included a question giving students an option to participate in focus groups. Once students completed the initial questionnaire and agreed to participate in focus groups, the researcher followed up through email (Appendix D) with details on the purpose of the focus group and provided three date options for the students to choose. Students were able to schedule dates for their focus groups by ranking dates in order of preference. The researcher informed them that he would confirm by analyzing the ranked dates provided from study participants and choose the best date that worked for each case study (college/recent graduates, graduate students, and medical students).

The mechanism of collecting the data for Phase I was digital questionnaires that utilized within an online system called Baseline. They were disseminated and housed in Baseline, a survey instrument and software that contains a level of encryption and security and is commonly used by the Pipeline Office at Morehouse School of Medicine. The system provides the option to download and export all responses to Microsoft Excel. Once again, the initial questionnaire was reviewed by the researcher for insight and common themes, which will be discussed in the next chapter. These themes helped to shape the semi-structured focus group approach by providing the researcher with additional perspectives to discuss.

Phase II: Focus Groups

Focus groups were semi-structured and allowed students to openly express their attitudes and thoughts and use their own words to tell their own stories (Bowling, 1997;

Creswell & Creswell, 2018). Appendix F provides information on the questions that the researcher used as a baseline for questioning during all focus groups. Questions to elicit deeper responses were determined by the researcher during each focus group based on the responses received from study participants. Focus groups were conducted through Zoom Videoconferencing software due to the institutional restrictions surrounding COVID-19. An advantage of using Zoom is its ability to “securely record and store sessions without recourse to third-party software” (Archibald, et al., 2019, p. 2). Recording and storing is key due to the highly sensitive nature and security needs of the data collected. The Zoom platform and software provided the option for the researcher to schedule the focus group sessions within its platform. The platform generated a pre-programmed link to the focus group that the researcher used to create calendar invites that he emailed to participants through Microsoft Outlook. The calendar invites contained the option for students to accept or decline the meeting through email, in which a response was immediately sent to the researcher. The subset of participants (see Appendix H) all accepted the calendar invite and focus group dates and times.

Focus groups provided the collective aspect of perceptions and allowed the discussion to organically evolve. Gill et al. (2021) speaks of the semi-structured nature of interviews allows for the flexibility of questioning due to topics that are important to the participant and topics that the researcher may not have considered. Participants logged into the link on the specified time and day that was provided by the researcher in their calendar invites. They were held in a waiting room within the Zoom platform so that the researcher could bring all participants into the main focus group room at the same time. An opening statement (see Appendix E) was read to participants which notified them of

the purpose of the study, the guidelines regarding participation in the focus group, and that the degree of anonymity is diminished when participating in a focus group since other individuals were present in the room. Participants were reminded that they could withdraw or stop at any point during the session. All participants were encouraged to keep all discussion confidential. Due to it being homogenous samples for each group of students, all students knew each other and were comfortable with the focus group environment. Longhurst (2003) even discusses how the goal of focus groups is to invoke a stimulating conversation between “friends or people who have things in common and feel relaxed talking to each other” (p. 145). Participants were notified that all sessions would be tape recorded, transcribed, and deidentified during the analysis phase of this research.

The purpose of the focus group was to allow students to expound on information provided in the initial questionnaire regarding the impact of COVID-19 through intentional questioning from the researcher. The questions incorporated aspects of the professional socialization theoretical framework such as anticipatory and formal socialization: (a) examining how and when their professional self-concept was developed and how healthcare became an interest, (b) identifying some of the resources (human and physical) that exist in their lives, and (c) investigating their exposure to COVID-19 and its impact on their educational lives and journey to the profession through the use of the research questions and additional related questioning. Multiple modes of evaluations took place during the session which included taking notes and memoing on information that addressed the study’s central questions and sub questions. This process is not a trivial process as it aids the researcher in developing codes and emergent themes. “Memos are

never about people, but rather about conceptual ideas derived from incidents” (Groenewald, 2008, p. 506). Memoing and note taking was also done to familiarize the researcher with the data and to aid in open and axial coding as it relates to the professional socialization theoretical framework.

At the conclusion of the focus groups, students were informed that they would be involved in member checking (Creswell & Poth, 2018) which gave them the chance to provide feedback on the coding and themes that were interpreted from their responses (Appendix G). Member checking is used as a way for the participant to be a checks-and-balance tool during the analysis process which in turn aids in the validity of the data to the reader (Creswell & Creswell, 2018). This process was simplified by providing a succinct assessment of the research that included the title, purpose, design and research questions, and responses of the participants. These procedures set the stage for the researcher to be able to start the analysis process.

Data Analysis Procedures

The data analysis process as described by Creswell and Poth (2018) is a spiral where “the researcher engages in the process of moving in analytic circles rather than using a fixed linear approach” (p. 185). Figure 2.2 provides the data analysis spiral as described by Creswell and Poth (2018). In the case of this study, the data from Black students in the healthcare pipeline entered the spiral and went through a process of multiple forms of analysis by the researcher in hopes to draw specific conclusions and outcomes all while it was grounded in an a priori theoretical framework—professional socialization theoretical framework.

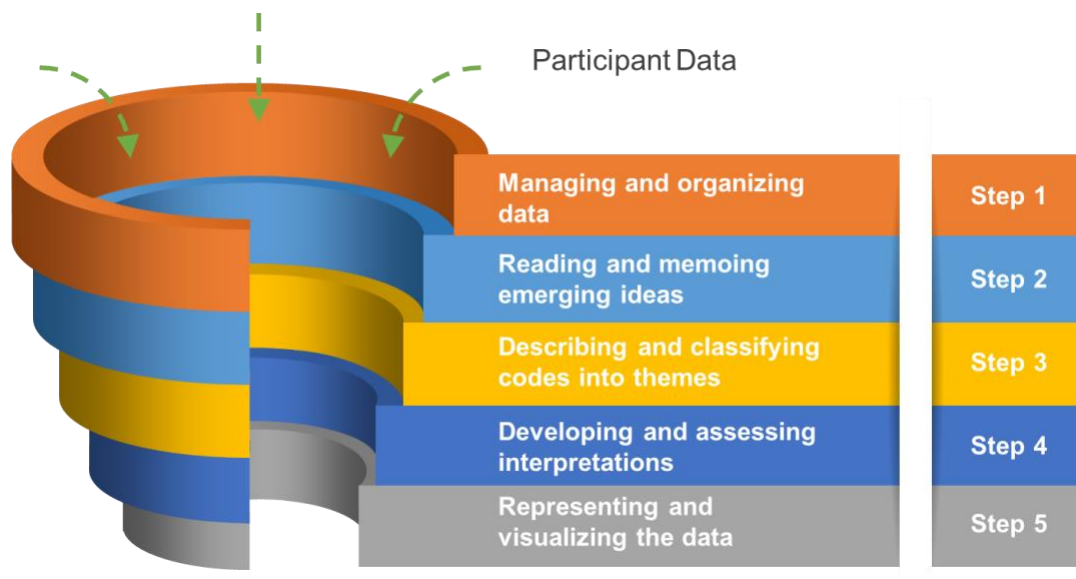


Figure 2.2. Data analysis spiral as based upon Creswell and Poth (2018, p. 186).

The following sections provides an overview of the data analysis procedures done throughout this study.

First, the data analysis process commenced in Phase I by collecting all the forms of data that were taken from student questionnaires—college, recent college graduates, graduate students, and medical students. All information was de-identified to ensure no names were attached to information. The information was in digital form in Baseline and transferred to a Microsoft Excel file. Microsoft Excel allowed the function to house multiple levels of data in one place with multiple levels of organization. For closed-ended questions, Baseline congregated all responses and provided the number and percentage of participants who responded in a particular way. This style of collecting data aided the researcher in reporting demographic information as it was compiled for the purpose of providing a baseline analysis of across all groups of students which was key to the anticipatory and formal socialization stage of the PSTF used for this study. The questionnaire also contained numerous open-ended questions that investigated other

components of the anticipatory and formal socialization stages and contained questions for further insight into their thoughts concerning COVID-19. The open-ended questions and answers were separated within Microsoft Excel so that the researcher could analyze all student responses to each question at the same time.

In Phase II, the Zoom platform provided the option for focus groups to be transcribed. The researcher enabled that feature for all three focus groups. Moments following each focus group the researcher was provided a digital transcription file from the Zoom platform that contained the responses from all students. Zoom's software is encrypted and provides the level of security needed for participants' responses to remain safe (Archibald, et al., 2019). The researcher listened to the full recording of each focus group and simultaneously read through the transcript to correct any errors and remove all repetitive words and verbal pauses and breaks. This transcription process is called denaturalism as it removes idiosyncratic elements of speech (Oliver et al., 2005). Denaturalism not only cleaned up the transcription of each participant, but it allowed the researcher to become even more familiar with the participants' responses and emergent ideas and themes. After separating the edited versions of the transcripts according to the responses of each participant, emailing participants for member checking, and receiving participant responses, the researcher created a Microsoft Excel spreadsheet which facilitated analysis of all students' responses from each group at the same time.

Secondly, phenomenological case study data analysis involves examining commonalities and patterns to identify overarching themes that shed light into the various perspectives which have surfaced and lead to a more concrete conclusion (Creswell & Poth, 2018). Direct interpretation by the researcher without the use of software was done

throughout the study for familiarity with the data and to discover commonalities and patterns that surfaced during the collection of Phase I and II data. Due to the researcher's ability to analyze the responses of all students for each question at the same time, the researcher began by memoing and using the pattern matching process to compare the data to the professional socialization theoretical framework (PSTF). Devenish et al. (2016) and Cant and Higgs (1999) highlight multiples components of PSTF that take place during the anticipatory and formal socialization stages such as social, structural and personal influences that aid in molding a child's professional outlook. These components served as a basis by which the researcher identified codes and themes—such as the impacts of family, television, and media on the participants—that surfaced from feedback provided in the questionnaire. Demographic analysis highlighted any influences or barriers related to socioeconomic status. Reading through participant responses multiple times, the researcher identified common words, phrases, concepts and thoughts that he captured with notes and memos (Creswell & Poth, 2018). The researcher transferred the common or related phrases into a Microsoft Excel spreadsheet, housing them in one place for easy access for future interpretations. The researcher followed a similar pattern in Phase II, conducting a priori pattern matching via memoing, coding, and categorization. The researcher combed through the transcripts and participant responses for each question looking for common words and thoughts between participants that related to the social, structural, or personal influences. The pattern matching results are highlighted in Tables 2.3, 3.1, and 3.2. The commonalities found by the researcher were also included in the Microsoft Excel spreadsheet for easy housing and accessibility.

This process continued as the researcher identified significant quotes and statements from both the questionnaire responses and transcripts of focus groups that shed light on the phenomena being studied and gave a direct glimpse into the perspective of participants as it related to COVID-19. There was a continuous analysis of the surfacing ideas and themes against the professional socialization theoretical framework. The researcher utilized open coding to categorize the data obtained from both phases, employing a line-by-line and question-by-question approach to build the various concepts and categories (Creswell & Poth, 2018). Axial coding produced overarching themes and areas that encompassed larger chunks of the data. As stated by Scott and Medaugh (2017), “Axial coding provides a coding framework or template from which to synthesize and organize data into more coherent, hierarchically structured categories and subcategories that add nuance and dimension to emergent concepts and their potential relationship to other framework elements” (p. 1). The researcher gathered and scaffolded this information within Microsoft Excel for ease of reading. The researcher continuously revised or reframed items from rereading and analyzing the data over time. Table 2.3 provides the level 1 and level 2 codes and themes used to identify how my data aligned with my theoretical framework. Level 1 codes framed the data initially and level 2 codes provided what kind of influence or barrier as it related to preparing them for health careers and provide a way to cluster the codes and data.

After continuously reviewing the data and finalizing themes from both Phase I and II, the researcher used those themes to aid in within-case, cross-case, and cross-phase analysis. Within-case reviews took place throughout data collection in order to synthesize

any emergent themes that surfaced within the three case studies—college and recent graduates, graduate students, and medical students.

Table 2.3

Codes Aligned with Anticipatory and Formal Socialization Stages of the Professional Socialization Theoretical Framework

Level 1 Codes	Level 2 Codes (Influence/Barrier)
Demographic Factors	Structural
Socioeconomic Status	Social
Geographical Location	Social, Structural
Family & Household Setting	Social, Personal
Internet Access	Social, Structural
Media Access	Social, Structural
Pipeline Program Access & Experiences	Social
Educational & School Experiences	Social, Structural

In Phase I of the study no within case themes surfaced, therefore, only cross-case analysis was examined due to the overall similarities that existed across all three case studies as it related to social and structural influences that existed within household environments and educational practices of the study participants. Phase II within-case themes emerged that led to the nuances that existed across case studies as it related to the research questions—proximity to the profession and social factors that impacted and shaped their concepts of pursuing a health career during the formal socialization stage of the PSTF. Tables 3.1 and 3.2 provides more detail as it relates to emergent themes that surfaced during this study and will be described in detail in Chapter Three. The cross-phase analysis provided the ability to take emergent themes from within and across cases and consider additional insight into the progression of findings over a student’s lifetime from the anticipatory and formal socialization stages. This insight and extensive framework analysis resulted in the

emergent themes aided in establishing the key findings of the study and led to the implications of this study described in Chapter Three.

Trustworthiness and Authenticity

Transparency was key during data analysis. Therefore, students were allowed to review what had been written through a process called member checking. Creswell (2013) explained this method as, “The researcher solicits participants’ views of the credibility of the findings and interpretations” (p. 314). The researcher sought the advice of another qualitative researcher and allowed them to view the data and study write-ups. This resource aided in the trustworthiness of this research as another researcher can provide insight, expertise, and guidance as well as aid in establishing validity and inter-rater reliability of the study. This approach also ensured the role of the researcher does not reflect any biases.

Providing rich, thick description aided in the research being reproducible and potentially transferable to other schools, institutions, and programs. With detailed information the reader is able to envision the setting and experiences of the participants, adding to the validity of the findings. Additionally, Creswell & Creswell (2018) stated that providing “detailed descriptions of the setting or offer many perspectives about a theme, the results become more realistic and richer” (p. 200). Triangulation added to the validity of the study. Using the rich and thick description to cohesively show the relationship between emergent themes from multiple sources and perspectives of participants increased validity of the study (Creswell & Creswell, 2018). Lastly, presenting all information from the study—even outlier information which diverged from the findings—aided in validity and presented realistic results. The credibility of the

research was increased when deciding to present all evidence and not just the evidence that made for a good case or outcome (Creswell & Creswell, 2018).

Ethical Considerations

The Institutional Review Board (IRB) convenes and reviews research in order to ensure that no harm is done to humans and animals and are federally regulated (Creswell & Creswell, 2018). IRB reviews assist in guaranteeing that all ethical considerations are considered throughout the research process. What and who are involved in research determines the need for a full review of the board. In some instances, research that includes a survey with no identifiable information can go through expedited review and bypass full board review. Institutional Review Board approval came from the Baylor University Office of The Vice Provost for Research after an exempt review. The Board was provided an exempt application, interview protocol, consent form, all surveys and interview questions, and all recruitment materials. Additionally, the completion of the Social and Behavioral Research Training in CITI was required before data collection could start.

Informed consent forms were provided to all participants to provide the purpose of the study and information on the rights of the participants. Participants were allowed to terminate their participation at any point during the research process with no penalty. The potential harm and confidentiality procedures required to do research were highlighted within the informed consent.

Privacy and confidentiality are important when research includes identifiable pieces of information from participants. To de-identify information, the researcher assigned research participants a code, filed within an electronic system only accessible by

the researcher, upon questionnaire completion. Secure servers encrypted by Morehouse School of Medicine held all information to decrease the possibility of information being obtained by unwanted parties. The researcher included a confidentiality clause on the informed consent form and clearly outlined and explained the limits of confidentiality (i.e., the presence of other participants in the room) to all focus group participants prior to participating in the focus groups. He also encouraged participants to maintain confidentiality regarding the responses from other participants.

Limitations and Delimitations

Several limitations existed with this research that were acknowledged in previous sections. The researcher is positioned at the institution where many of the student participants matriculate, and some have been involved in programs he has managed. Given that conducting research at an organization where the researcher is positioned can impact power within the study and limit the type of data being collected (Creswell & Poth, 2018), the researcher addressed potential bias throughout the process of analyzing and interpreting data.

As described earlier in this chapter, being reflexive and describing the researcher's positionality aids in combating potential concerns with biases. The reader is able to see exactly where the researcher is situated in the research, and other validity strategies like triangulation (Creswell & Creswell, 2018; Fusch et. al., 2018), member checking, and providing thick and rich information (Creswell & Creswell, 2018) combat the concerns of bias within the research.

Another limitation involved the inability of the study to be generalizable. Creswell and Creswell (2018) stated, "Qualitative generalization is a term used in a

limited way in qualitative research, since the intent of this form of inquiry is not to generalize findings to individuals, sites, or places outside of those under study” (p. 202). Despite this, certain readers may find this information to be useful. Students who share common characteristics with the study participants may find this information helpful as it can create discussion and provide strategies to approach their own journeys to the healthcare profession. Additionally, educators and administrators may find the results useful to identify the challenges and barriers for Black students. It could also lead to more intentional programming, support, mentorship, policy changes, and funding opportunities for students of color pursuing health careers.

Conclusion

The study is situated in a qualitative research design, specifically a phenomenological case study approach. This research design and approach was used to examine the anticipatory and formal socialization stages of the professional socialization theoretical framework as it relates to Black students in the healthcare pipeline and the influences that existed regarding pursuing a career in health. That was further analyzed with their perceptions of the COVID-19 pandemic and its impact on healthcare, the healthcare workforce, and their pursuit of a career in health. This chapter also established how the site selection, participants and sampling, research design, data collection procedures, and data analysis procedures align with a phenomenological case study and the PSTF. Chapter Four discusses the findings of the study, the implications, and the potential future research projects that will rise as a result of this study.

CHAPTER THREE

Results and Implications

Introduction

The purpose of this phenomenological case study was to address the need for a more racially and ethnically diverse healthcare workforce. Culturally competent care and building trust enhanced by Black-focused healthcare data are essential to Black men and women and their interaction with the healthcare system. This concept has definitely surfaced as a need as COVID-19 has significantly impacted the Black community, an impact exacerbated by existing health disparities within this community (Yates et. al., 2003). The findings of this phenomenological case study on the impact of COVID-19 on the perceptions of Black pipeline students related to healthcare and the healthcare workforce are outlined in this chapter in a manner to take the reader on a journey, starting with the foundational social components that shaped students' professional outlooks. The researcher first employed the professional socialization framework to analyze the anticipatory and formal socialization influences on health career choices. Anticipatory socialization focuses on the influences prior to entering school such as family culture, childhood environment, socioeconomic status, and similar phenomena. Formal socialization takes place when students enter school, attaining new knowledge they must balance with cultural and environmental knowledge gained prior to school. After establishing those foundational components, this chapter brings to light the impact of an unexpected public health crisis (disorienting dilemma of COVID-19) on the process of professional socialization from the voice of Black college, graduate, and medical students

who either are matriculating or have participated in pipeline programs at Morehouse School of Medicine. Whether viewed through a negative or positive lens, professional outlooks are impacted by formal and informal environmental factors and should be the focus of career outcome conversations. In this case, due to the novelty of COVID-19 and ongoing struggles, there is a gap in the literature related to the impacts of COVID-19 on the pipeline of healthcare students, specifically Black students. As discussed in Chapter One, most literature focused on the impact COVID-19 has had on workers currently in the healthcare field, the conditions that currently exist, and the impact it is having on the present-day workforce. This pandemic and its effects on society cannot be omitted from the conversation about healthcare career outcomes and its potential impact on the pipeline of healthcare workers for the next several years. This research is bringing voice to the experience of Black pipeline students as they pursue health careers in the midst of a pandemic, contributing a framework for consideration when infectious diseases, epidemics, or pandemics surface in the future.

Educational researchers often use a disorienting dilemma to describe how transformative learning is fostered by educators and facilitated to aid in the education process (Roberts, 2006). COVID-19 served as the disorienting dilemma to be examined to see if it impacted the professional socialization theoretical framework process that students experience as they proceed toward a health career. Specifically, the researcher analyzed data to determine whether the virus's effects have either negatively or positively influenced the pursuit of health careers.

The study narrowed from a broad start of various influences in each of the two themes (social influence and structural influence) to two overarching findings—

connectedness as a motivation to persist toward career and social media's impact on healthcare during COVID-19. The research questions were as follows:

Question 1: How have the COVID-19 pandemic and the proximity to the profession played a role in your pursuit of a health career?

Question 2: How have your prior influences in choosing a career as a Black pipeline student been impacted by the COVID-19 pandemic?

Sub question 1: What awareness was brought to the social and environment factors that influences your decision to pursue a healthcare career?

Sub question 2: What awareness was brought to the school and educational factors that influences your decision to pursue a healthcare career?

Data flowing from these questions produced the following findings that will be explained in this chapter:

1. Perception: Participants perceived lack of trust in social media due to widespread misinformation practices and subsequent impacts on societal behaviors and the healthcare profession.
2. Persistence: Participants expressed the importance of Black representation and sense of community and belonging in the educational environment of Black pipeline students and how those are fostered through institutional practices and programming.
3. Proximity: COVID-19 Invoked Alternative Options in Students Farthest Away from the Profession

The implications for this study close out the discussion in this chapter:

- Implications and Recommendations for Culturally centered Connectedness as a Practice that Strengthens Career Persistence
- Implications and Recommendations for Social Media and its Negative Impacts on Healthcare due to COVID-19.
- Implications and Recommendations for Proximity to the Profession as an influence on practices regarding health career pursuit.

The questionnaire and focus groups did not include questions identical to the research and sub questions but provided breadth and insight into students' professional

socialization foundation as well as their perceptions of healthcare and health careers as a result of COVID-19. Students were encouraged to provide their voices related to their personal experiences, thoughts, judgments, and professional outlooks regarding COVID-19. The participants offered honest insights into their own career trajectories, insights that are best told through their own voices.

Data Collection Phase I Results and Analysis: Questionnaire

Participants completed an initial questionnaire that examined how anticipatory and formal socialization aspects influenced their interest in the healthcare profession. Answers to baseline demographic information and open-ended questions provided a glimpse into factors influencing students' decisions to pursue healthcare careers. This snapshot provided a better understanding of the research questions and how COVID-19 has impacted foundational influences in the participants' lives. The results during Phase I were varied and will be presented in a cross-case analysis approach. No within-case analysis of this information occurred because there were no significant differences within the college student, recent graduate, graduate student, and medical student backgrounds.

The baseline of information seated in the professional socialization theoretical framework, which highlighted the demographics and states of mind of participants prior to the phenomenon of COVID-19, was key to grounding the research and exposing the factors that influenced career choices prior to the disorienting dilemma. Anticipatory socialization in the early stages of life involved factors such as socioeconomic, environmental, familial, and cultural membership influences, each shaping the professional self-concept of students prior to entering formal school years. Formal socialization took into consideration formal encounters such as school curriculum,

teachers, programs, self-efficacy, and student motivation related to career decisions. A combination of anticipatory and formal socialization factors completed students' overall professional outlooks prior to post-formal workplace encounters and influence. The following section highlights the gender profile, participants' current educational level, guardianship status as a child/adolescent, parental education levels, childhood and adolescent income, childhood and adolescent geographical location and transportation status.

Tables 3.1 and 3.2 provide a synopsis of how themes emerged within the anticipatory and formal socialization phases of the professional socialization theoretical framework. After identifying codes from the questionnaire and transcripts, the researcher analyzed those codes through the lens of a priori themes of the PSTF and subsequently placed them into categories. From the codes, themes surfaced and were all grouped to provide an overarching thematic category. These figures summarize all information obtained during Phase I of this study. This information was necessary to have a better understanding of each participant's environmental influences related to pursuing a career in healthcare. The researcher situated themes in the professional socialization theoretical framework, which connected the anticipatory and formal socialization to participants' professional development. There was no analysis of the post-formal socialization stage because that stage represents the experiences of individuals who are fully immersed in the healthcare workforce. Cant and Higgs (1999) defined professional socialization:

Both a formal and informal part of an ongoing journey for individuals and their evolving community engagement with multiple individuals. For individuals there is a period of anticipatory socialization resulting from multiple life and learning experiences prior to commencing tertiary education and prior to entering the workforce. During this time, expectations about future roles and work are created and the emerging practitioner's identity and capabilities start to evolve (p. 88).

Since all participants were matriculating students, they had not reached the stage of full employment within the field. This data will be helpful in providing information to educators as students voiced their influences, experiences, and perspectives along their journeys to healthcare employment.

The examination of the perceptions, attitudes, and motivations of students within the pipeline revealed two foundational themes of professional socialization: structural and social influences. Structural influences are the systems within an individual's upbringing which intermingle with varying levels of the development of self-concept, career identity, exposure, and socialization. Social influences are environmental factors that are introduced or forced on individuals because of nuanced environmental conditions, whether those factors are in abundance or are limited. This section illustrates the foundational professional socialization themes of social and structural factors of influence related to the seven college, six recent graduates, six graduate, and nine medical students that participated in this study.

Demographics Analysis

Gender. The participant pool consisted of 28 Black male (n=16) and female (n=12) students who were current students at, or had participated in, pipeline programs at MSM and had an interest in pursuing a health career (see Figure 2.1). The overall goal of the pipeline programs was to prepare, support, and equip students with the tools needed to pursue a career in health in alignment with the overall goals and mission of the institution.

Table 3.1

*Black Pipeline Students' Greatest Influences within the Professional Socialization
Theoretical Framework for Anticipatory Socialization (Pre-School Years)*

Codes	Theme	Thematic Category
Mother was employed in healthcare	Familial Influence	Social Influence
Father was employed in healthcare	Familial Influence	Social Influence
Grandmother was employed in healthcare	Familial Influence	Social Influence
Aunt was employed in healthcare	Familial Influence	Social Influence
Sister was employed in healthcare	Familial Influence	Social Influence
Healthcare business owners (pharmacy, home health, etc.).	Familial Influence	Social Influence
Professional role and impact on community	Familial Influence	Social Influence
Hearing work-related stories	Familial Influence	Social Influence
Follow your passion	Familial Influence	Social Influence
home setting & environment	Familial Influence	Social Influence
Books and Materials at home	Familial Influence	Social Influence
Family Healthcare issues	Familial Influence	Social Influence
Professional talks and discussions regarding career outlook	Familial Influence	Social Influence
Networking via the internet	Internet Influence	Social Influence
Research various careers	Internet Influence	Social Influence
Healthcare professionals as TV characters	Media Influence	Social Influence
Local and National Healthcare-related news	Media Influence	Social Influence
Healthcare settings exposure	Media Influence	Social Influence
Career Role Playing	Media Influence	Social Influence

Table 3.2

Black Pipeline Students' Greatest Influences within the Professional Socialization Theoretical Framework for Formal Socialization (School Years/Prior to Workforce)

Codes	Theme	Thematic Category
Curriculum exposure and assignments	Educational Influence	Structural Influence
Hands-on experiences	Educational Influence	Structural Influence
Class offerings	Educational Influence	Structural Influence
Teacher influences and stories	Educational Influence	Structural Influence
College major offerings	Educational Influence	Structural Influence
College helped narrow decision toward careers	Educational Influence	Structural Influence
Science and healthcare clubs	Educational Influence	Structural Influence
Co-op offerings and career placement	Educational Influence	Structural Influence
Community needs and exposure	Educational Influence	Structural Influence
Internship exposure	Pipeline Programs Influence	Social Influence
Shadowing opportunities	Pipeline Programs Influence	Social Influence
Access to guest speakers	Pipeline Programs Influence	Social Influence
Realistic environments	Pipeline Programs Influence	Social Influence
Research conference exposure	Pipeline Programs Influence	Social Influence
Summer research experiences	Pipeline Programs Influence	Social Influence
Test preparation for entrance tests	Pipeline Programs Influence	Social Influence
Access to internet and computer at school	Internet/Media Influence	Social Influence
Research various careers at school	Internet/Media Influence	Social Influence

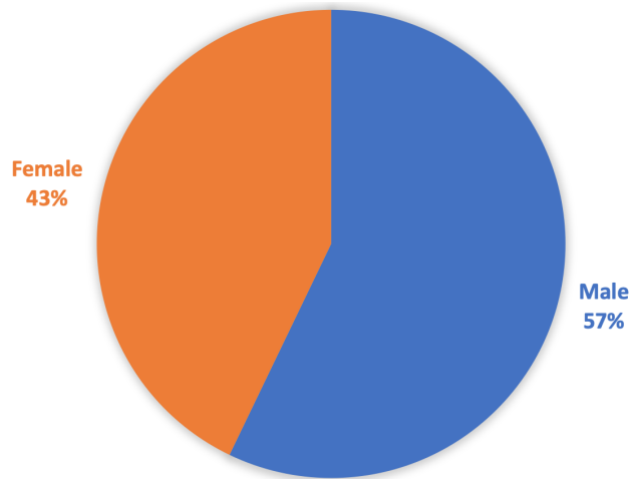


Figure 2.1. Gender profile of study participants.

Participants' current education level/case studies defined. Highlighting each student's location on their educational journey allowed for the assessment of their proximity to the healthcare profession and the examination of perceptions and influences related to their particular environments. The breakdown of the student groups included seven college students, six recent college graduates, six graduate students, and nine medical students (see Figure 3.1).

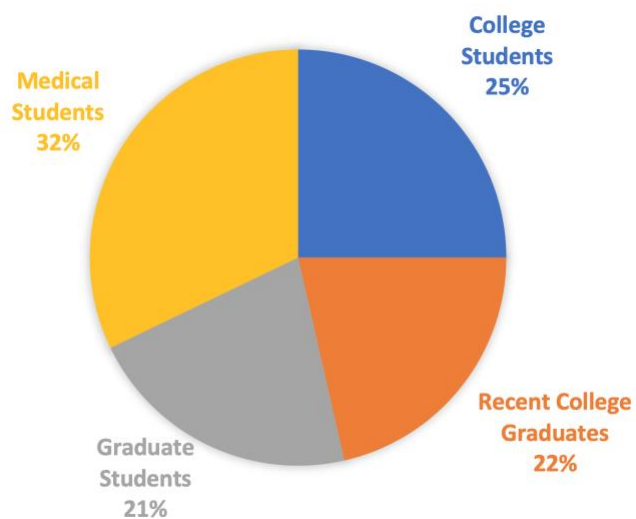


Figure 3.1. Current education level of study participants.

Because MSM is not an undergraduate institution, only the graduate and medical students were current matriculants. The college students and recent graduates had participated in one or more pipeline programs at MSM, thus being immersed in the culture of the institution and receiving the support and resources from the faculty and staff.

Childhood and adolescent guardianship. The questionnaire called on participants to categorize their childhood households as single or two-parent, blended family, stepfamily, or guardianship that took other forms such as same-sex, grandparent, or extended family. Figure 3.2 shows that 100% came from one or two parent households—11 from single parent households and 17 from two-parent households (three that included stepfathers).

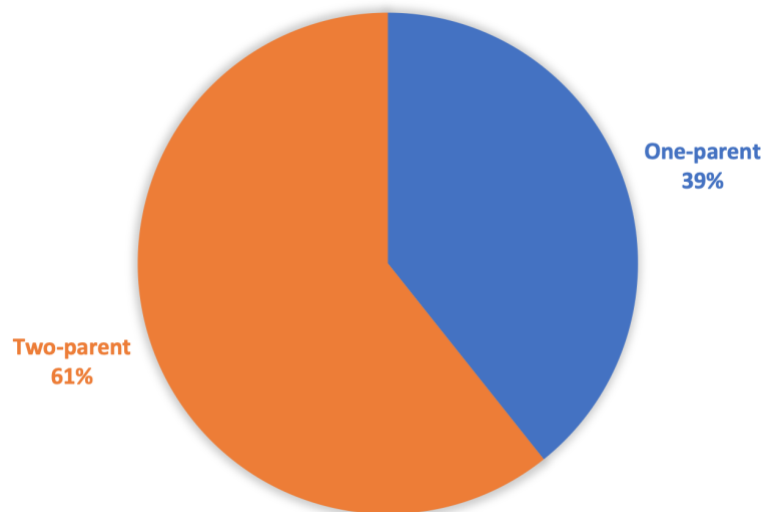


Figure 3.2. Childhood & adolescent guardian status of study participants.

Parental/guardian education. These questions provided insight to the environmental factors and influences in the homes of each participant related to perspectives on educational attainment. Within single-parent households, 9% of

guardians attained less than a high school diploma, 27% earned a high school diploma, 18% held an associate degree, 37% earned a bachelor's degree, and 9% attained a doctorate degree. In two-parent homes, 38% attained a high school diploma only, 12% had associate degrees, 29% earned a bachelor's degree, 12% attained a master's degree, and 9% had a doctorate degree (see Figure 3.3).

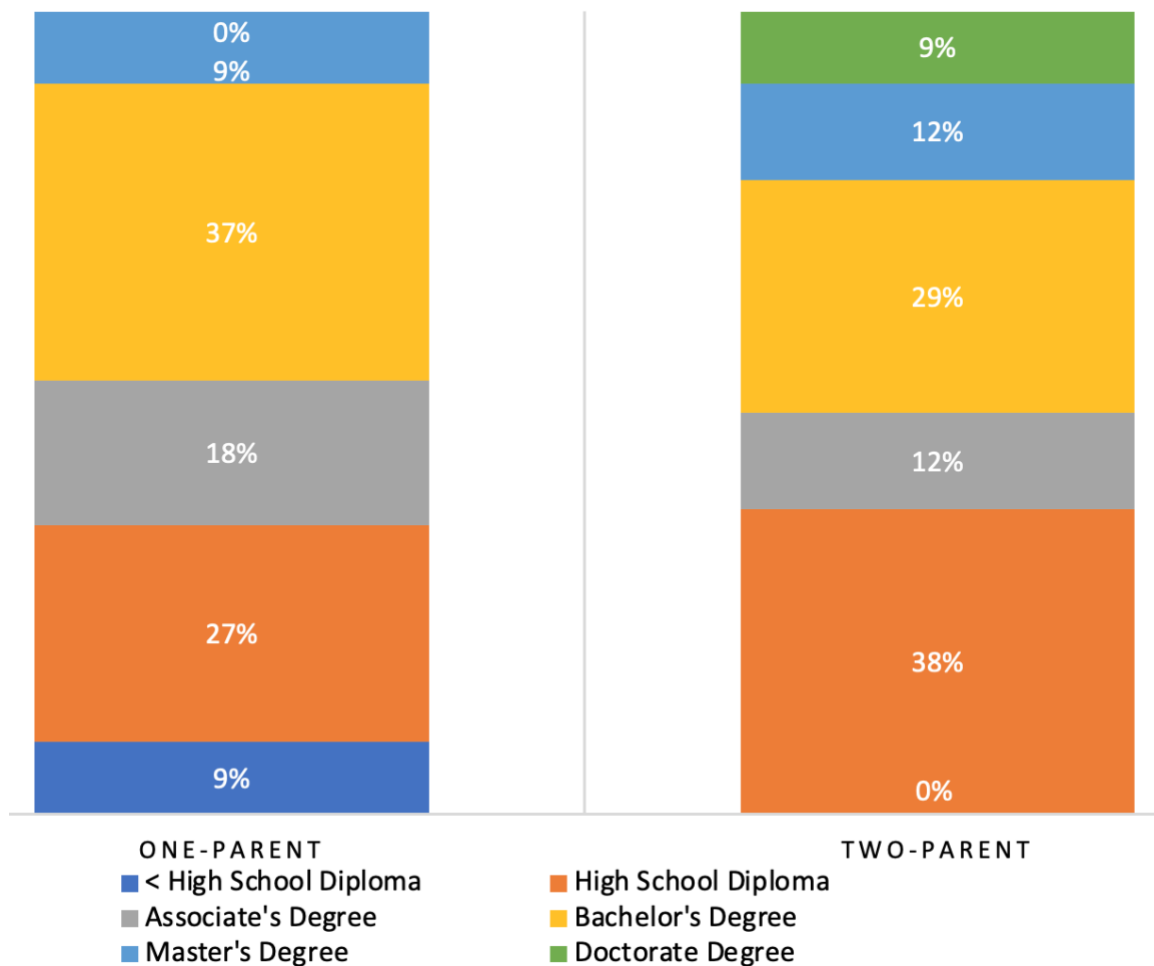


Figure 3.3. Educational level of parents/guardians of study participants.

Childhood and adolescent geographical location. Answers to these questions provided a baseline of location factors which may have influenced access and proximity

to resources and other social and environmental influences. Eleven participants lived in a large city as children, two lived in rural areas, five lived in small cities or towns, and ten lived in suburbs near large cities (see Figure 3.4). Geographical location impacts how students experience the world around them, and the voices of three students highlighted the influence of geography on widening exposure for Black students.

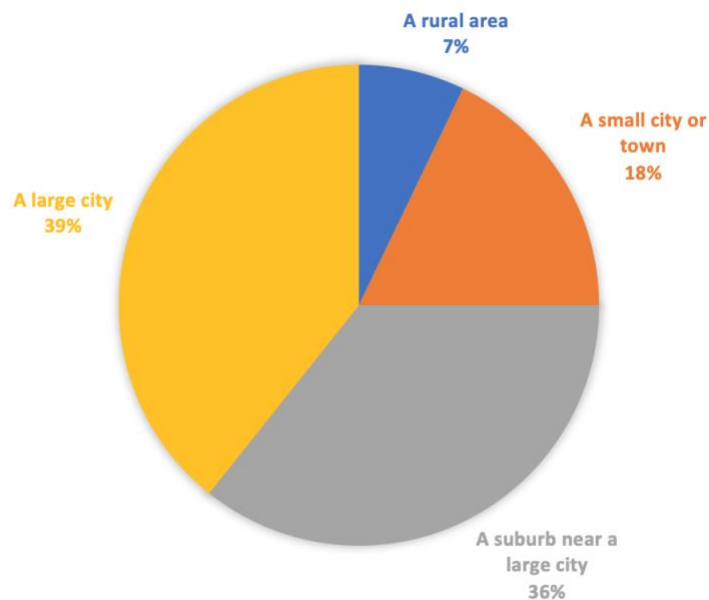


Figure 3.4. Study participants' geographical location during childhood and adolescent years.

Transitioning from a small to large city can be an eye-opener for students as they acknowledge and adjust to differences. One 28-year-old female recent college graduate stated:

I am from XXXX and it was small in my eyes. However, once we moved to Atlanta, I didn't realize that all the activities I participated in was nonexistent. Everywhere I went my mother had to pay in order for me participate in extracurricular activities. My auntie was a traveling nurse and she would bring back stories from her previous employment, and I was intrigued. I would go to the library and find other healthcare jobs that would allow me the freedom to travel.

This student began by comparing small-town living to big city living, pinpointing the expense required to participate in extracurricular activities that may have been free in a smaller town. Additionally, she highlighted how geographical location related to her aunt's profession and depictions of various places of travel influenced how she imagined her lifestyle, geographically, as she pursued a future career.

A 21-year-old male college student supported this notion of proximity to a larger city being key to the opportunities provided to him as a child. He states, "Living in a suburb near a big city provided a wide variety of medical centers and health professionals everywhere. Access to the internet also allowed for the opportunity to research and discover the health professionals in the surrounding areas." He believed geographical location influenced practices such as internet searches about careers around him as well as accessibility to exposure to those careers. In contrast, a 27-year-old graduate student stated that, "Because XXXX was such a small town, there were not many physicians or healthcare educational opportunities in the area, so exposure was very few." Location is correlated to the degree of exposure and resources students feel they have when it comes to career options.

These three students showed how living in big cities, the suburbs, and rural areas impacted their lived experiences related to access to resources and exposure to opportunities where they are able to see and touch the healthcare profession. Even without the physical component, one of the students highlighted the impact of storytelling and the exposure to experiences of a family member. Exposure is thus a key benefit of geographical location.

Demographics Summary and Conclusions

The aforementioned charts and information revealed experiences and influences during their socialization as children and adolescents that contributed strongly to developing the professional mindset of these Black students. The following highlights can be pulled from this information:

- This research provided more data from male students (57%) than female students (43%). This gender breakdown is significant given that Black males are 50% less likely to seek career counseling than Black females (Bingham & Ward, 2001).
- There is a rather even distribution of cases (college students – 21%, recent college graduates – 22%, graduate students – 25%, and medical students – 32%). This facilitated within-case and cross-case analysis related to the investigation of the research questions and impact of COVID-19. There were no significant differences from a within-case perspective; therefore, baseline information was provided from an across-case analysis approach.
- All students came from either a one-parent (39%) or two-parent (61%) household. In addition, 49% of all parents held a bachelor's degree or higher, and 21% of parents working in the healthcare field. This shed light on the familial influence theme.
- Most of the students (61%) came from a lower middle-class or lower income group (\$60,000 or under). Browne & Battle's (2018) research examined one- and two-parent households and showed educational outcomes are positively impacted by socioeconomic status for both males and females. Data from this research aligns with those findings.
- Seventy-five percent of students either lived in a large city or a suburb near a large city, and 79% of families owned at least one vehicle. This enhanced student access to nearby resources and opportunities for exposure to health careers and healthcare environments.

Demographic data was necessary to build a foundation from which to build greater understanding of socialization factors. Anticipatory socialization takes into consideration the influences students had prior to formal socialization at school, and it provides a litmus test to compare to findings related to how individuals are professionally

socialized. As a reminder, the researcher only conducted cross-case analysis for the anticipatory and formal stages of the professional socialization process because no significant within-case results or themes surfaced.

PSTF: Anticipatory Socialization Cross Case Results and Analysis

As previously stated, anticipatory socialization is a process occurring in early stages of life which involves factors such as socioeconomic, environmental, familial, and cultural membership influences that contribute to the professional self-concept of students prior to entering formal school years. This section analyzes participant responses regarding the influential factors within their households and environments that helped to shape their professional outlook.

Information attainment and communication practices. Participant comments shed light on the various ways they communicated and received information as children. This is important as cultural communication and information gathering starts at home, prior to students socializing at school. Forty-one percent of the students obtained information about current events and news from parents and family members who they considered trusted sources. As a result, this section opens with the influence families have over professional socialization related to communication and information dissemination practices within the household. Student responses revealed the influence of televisions and other types of technology in educating the family.

Many lower-income homes did not have multiple televisions, so the main television was kept in the main room of the house. A 22-year-old female recent college graduate stated, “Most of the information I received was from family or friends. I was not allowed a television in my room and was not allowed to use social media.” This quote

highlighted a generational phenomenon as social media did not exist or there was only limited access during the childhoods of the study participants. A 21-year-old male college student stated that he watched Fox or ABC on the television, but most information was filtered through his mom as she provided most of the information about current events. The parents within his household had a heavy influence and filtered information that was broadcast through television media.

A 24-year-old male graduate student spoke of the dynamic of the family discussions that took place. He indicated they watched television as a family, followed by discussion between family members and their assessments of television information. Like the student before, television was filtered but this family allowed for discussion involving the voices of every family member. In lockstep with that concept, a 22-year-old female college student indicated, “My family learned a lot about what was going on through the news and I eventually heard that information from them.” A 31-year-old male medical student spoke of how his parents were a huge influence as they “regularly watched the news channels” and due to his boredom with the news “much of what I knew about the world came from them.” These students spoke to the dynamic of familial influence on the ways children gathered information, underscoring how parents and guardians can control the narrative and heavily influence how minds are shaped within the home. Although parental filtering opened the door to biased interpretation of information, participants none the less deemed those interactions as positive influences on their anticipatory socialization.

Familial influence. The familial communication style set the stage for the main themes that surfaced within familial impact, namely (a) the influence of familial

professions (not solely tied to parental professions), and (b) family encouragement. Students indicated that 21% of their parents worked in the healthcare profession, the equivalent of one parent within all households being employed in the profession. That statistic solely reflects parental professions; it does not take into consideration the extended family members. This family structure is important in career development as earlier researchers have indicated, despite students being encouraged to be whatever they want to be, a child's career aspirations are strongly tied to that of their parents and their extended family (Chaney & Owens, 1964; Gottfredson & Becker, 1981; Trice & McClellan, 1994; Werts, 1968; Werts & Whatley, 1972). Students explicitly stated additional influence came from the professions of grandparents, aunts, uncles, and siblings. Subthemes also surfaced within the overall theme of familial influence. Students indicated it was the direct influence from family members that solidified their interest in healthcare. Secondly, the impact their loved ones had as healthcare professionals on the community around them had a strong influence. The professions of their loved ones also emitted job security, and some participants spoke of motivation to pursue positions higher than their loved ones. Finally, their internal vantage points provided unique access to the aspects of the healthcare setting.

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higher than their loved ones. Finally, their internal vantage points provided unique access to the aspects of the healthcare setting.

Conventional wisdom states individuals tend to be a product of surroundings and are shaped by what is observed. When students were asked what most influenced them to choose the healthcare profession as a potential career during their childhood, they indicated the profession of their loved ones was the sole influence on their interest and desire to enter the healthcare profession.

- 21-year-old male college student—“My grandmother who died when I was younger was a nurse. She was my only influence within the medical field.”
- 22-year-old male college student—“My mom worked in HR for XXXX for as long as I can remember. I do recall her having a desk job at one point, but this was also in the medical field setting. This has greatly influenced my decision to go into the same field.”
- 18-year-old female college student—“My grandmother was a home healthcare worker, so it piqued my interest.”
- 27-year-old male medical student—“My mother is a nurse, so hearing her stories coming back from the hospital was always interesting. That’s what sparked my interest.”
- 27-year-old male medical student—“Both my grandmothers were Registered Nurses, and they were my biggest influences on why I chose medicine as a profession. They nurtured my interest in medicine and made sure I had the exposure as I got older.”
- 31-year-old male medical student—“My sister was the first person in my family to get accepted to medical school, so she was a huge influence on my decision.”

These validated the direct influences of what the participants saw as children in their households. Family relationships led to impactful storytelling, nurturing of interest and intentional career exposure, and being the first to pursue a healthcare profession within families. Dunn et al. (1994) indicated goals and professions of older siblings can be in

direct competition with and, in some cases, override those of parents. This concept further confirmed the influential power of the household and familial influence.

The second subtheme within the theme of familial influence involved participants recognizing the impact and importance their family members were having on the profession. A 30-year-old male medical student spoke about seeing his mother care for people as a nursing assistant and how patient responses to his mom's care heavily influenced his career choice. He was able to see firsthand the joy his mom brought others and how she was helping to monitor and improve the health of others. Similarly, a 22-year-old female recent college graduate spoke about her grandmother working at her school, placing her profession on display to the student and others. She saw her grandmother's care for individuals at school, but she also witnessed a broader impact as her grandmother also treated patients from their community at the school. This display of care allowed an individual to glimpse job satisfaction that may result from being in such a profession.

Students also spoke of job security that exists within the healthcare professions. Healthcare will always be needed as there are illnesses and diseases that are prevalent or may be even developing (similar to COVID-19). There is a perpetual need for a workforce that strives to improve health outcomes. A 28-year-old female recent college graduate described how job security was important to her family. Her aunt often talked about being in a fulfilling profession, but most importantly a profession where one will always have a job. This was also expressed by a 26-year-old female recent college graduate, but she added her grandmother worked very hard; she wanted to be in the position of her grandmother's boss not only to improve conditions but also to make the

boss' level of income. This familial impression on students adds to that notion of not only seeing a family member in the profession, but also the impact of how success is shaped within the child and parent dynamic. Downing and D'Andrea (1994) provided insight into the phenomenon of children's desire to excel in the workforce being directly tied to the parents' assessments of how successful they have performed as parents. Thus, there is a relationship between exposure to the parent's career and push from parents for the child to do better than them and strive for greater.

Lastly, seeing the healthcare setting up close and personal can spawn a tremendous interest in the healthcare profession. This window into the profession allowed students to fully immerse themselves within the environment, and in the case of one of the students, also see the business side of running a pharmacy. A 22-year-old male recent college graduate spoke of watching his grandmother work in her pharmacy, providing shots and vaccines for people in his town. She was looked upon as a major influencer, serving as an example that healthcare workers are revered in certain communities.

The voices of the students communicated the degree of influence that family members in the healthcare profession had on them. Some participants indicated a direct influence from the family member, causing the student to determine they wanted to go into healthcare because of the career choice of a family member. Taylor et al. (2004) discussed the influential power of parents and family members, determining a child's first exposure to careers occurs through those relationships. Intentionally or unintentionally, implied expectations often result from those relationships and exposures. Implied expectations can be shared through storytelling, in which stability, job security, financial, and tenure benefits are suggested as a form of planning for life.

Other students shed light on gaining access to healthcare settings as a result of being directly connected to a family member in the profession. This direct access to healthcare settings situated the students within the environment and provided them with exposure and potential hands-on experiences. Some stated it also opened the door to seeing patient care live, bringing light to the desire to impact the community and the overall care for others. In one case, seeing patient care in action came because a family member owned a healthcare facility, an experience which provided a tangential glimpse into entrepreneurship. In a study of elementary students, Trice (1991) indicated children's career plans are tremendously aligned with those of their parents, and early career aspirations are directly related to experiences with parental careers. Both the visual and cognitive impacts are important takeaways to the themes that arose from familial influence through professions.

Professional influences on students cannot be siloed from the second overall theme of family encouragement. Bandura et al. (2001) discussed the role of family in encouraging and impacting the self-efficacy of students to pursue various careers. They stated, "The impact of socioeconomic status of the families on children's level of academic achievement is entirely mediated through parental academic aspirations and children's prosocial behaviors" (p. 188). They continued, "...parents exert their effect on career choice and development mainly through their impact on their children's self-efficacy appraisals, educational aspirations, and scholastic achievement ... parents of high perceived efficacy would structure academic activities that enhance their children's academic efficacy" (p. 189). This concept of efficacy is key in showing how familial encouragement can manifest in structuring academic activities within the home to prepare

students for careers, but more importantly to build their own self-efficacy in persistence as children.

The parents, siblings, and extended families of participants definitely provided encouragement which strongly influenced students to decide to go into the healthcare profession. A 29-year-old female graduate student stated, “My choice of career was influenced by my love for science due to exposure by my father who had a huge home library filled with science books.” This library enabled her to explore a world through reading, building her self-concept that in turn helped her identify her passions and tie them to a specific profession. This sentiment is an underlying theme provided in the following quote from a 20-year-old college student:

Well, my family members never pressured me to become anything, but they always said to follow not only what you like, but what you do best. So, for me that meant becoming a physician. So, I do credit them for indirectly leading me to my career.

It is this sentiment of following one’s passion that builds a sense of perseverance. A 23-year-old male recent college graduate indicated his father is not in the healthcare profession but was integral in encouraging him to become a health professional during his childhood. These sentiments were in line with Poulter (2006), who discussed the aspects of the parent-child relationship and claimed a father has a greater impact than a mother. Despite the fact that parents or family members were not in the healthcare field, during the anticipatory and formal stages of development the family unit was integral in encouraging and motivating students to persists toward a health career.

Additionally, there was the tendency for lived experiences to encourage students to pursue healthcare careers. For instance, witnessing a family member go through a serious healthcare issue can foster a passion to pursue a career to help improve healthcare

outcomes for their family and others. A 19-year-old female college student stated what sparked her interest:

When I was 13 my mom had to have 2 surgeries performed even though I wasn't allowed to go to the hospital to see her. When she came home, me and my siblings helped her with changing the bandages and things of that sort. I honestly liked it! Then when I was 14 my grandmother died unexpectedly, and the doctors could not tell us why so that also pushed me to want to join the health profession to find answers.

This student showed how multiple healthcare issues, scares, and even death can play a role in leading a student to a career that makes a major difference in the lives of others and can be therapeutic following a loss. She continued to discuss how her mom took care of one of their neighbors who had cancer until he passed away.

Familial influence dominated the responses from participants and highlighted the role of the family and its relationship to influencing and preparing students for careers in health. Beyond the tendency to just be influenced by the careers of parents, Taylor et al. (2004) argued parental approval is paramount, and some students are hesitant to explore certain careers without such approval, further confirmed by Kniveton's (2004) research that declared parental approval and influence are greater than that of teachers. The family environment and household are the genesis to an individual's development of their self-concept among other things. This dynamic of family connects to the anticipatory stage and concept that society anticipates that children and individuals are shaped by those environments prior to entering school. As students are being socialized to make decisions regarding professional goals, family influences have to be identified, acknowledged, honored, and ultimately used in continuing to foster social influences that are key to Black healthcare pipeline students' success.

Television and internet influence. The questions surrounding the influence of television and internet shed light on the role of these media prior to formal schooling and their role in shaping the professional minds of children. The previous section highlighted televisions often played a role in obtaining information, filtering information, and shaping discussions. With respect to pursuing a health career, there was a direct relationship to having access to a computer and television, key information given that these devices are often windows to various images, perceptions, and perspectives of the broader world. Figure 3.5 provides baseline information related to access, depicting 65% of students had access to a desktop computer, 14% of students had access to a laptop, and 21% of students had access to a mobile device (phone, iPad, etc.). Students ranged from having zero to six devices in their homes, with the average being two per household. Additionally, Figure 3.6 indicates that 83% of study participants had internet access and 97% had access to a television (see Figure 3.7).

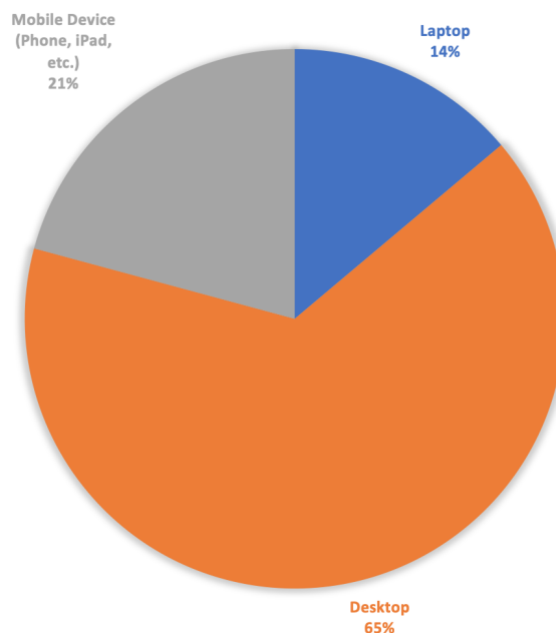


Figure 3.5. Computer access during childhood years.

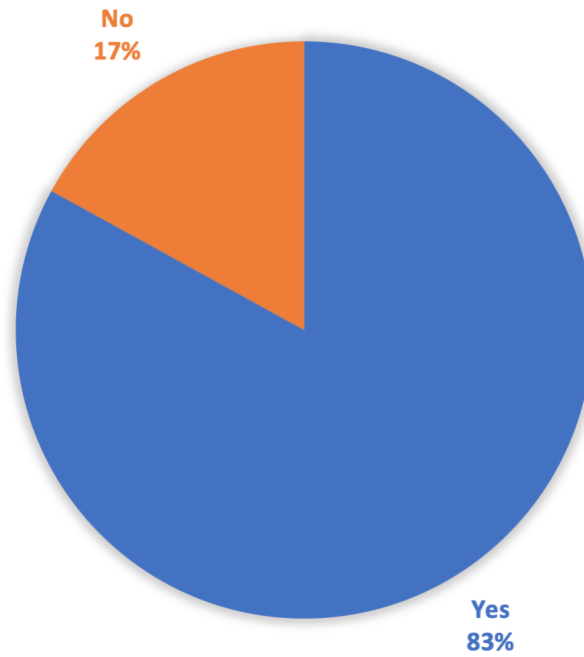


Figure 3.6. Internet access during childhood years.

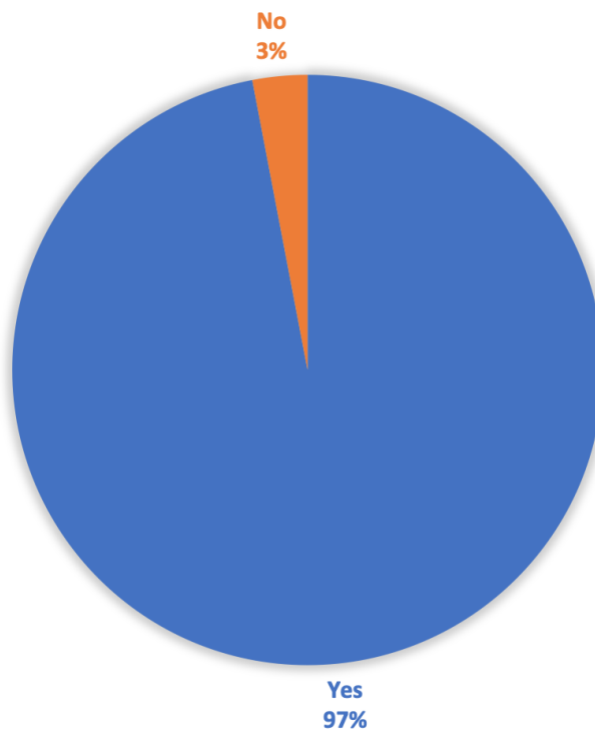


Figure 3.7. Television access during childhood years.

In addition, 41% of students indicated that during childhood television was their top choice of obtaining current news and information tying with family and friends. In a study on media influence in pre-middle school Black students, Waters (2005) examined how students viewed science, engineering, and technology roles in media as well as the importance of the media industry to ensure that there is representation of minorities and representation of them as “models of excellence” (p. 7).

Participant access to computer devices and internet connections was significant to consider; most research indicated there are major challenges with technology accessibility in the Black community. Tichavakunda and Tierney (2018) spoke to the concept of the “Haves and Have Nots.” The have nots tend to be “people of color, the elderly, low-income families, and families with limited education” (p. 111). Low-income youth have limited access to devices, often being forced to go to a local library, school, or community center for access. More affluent youth with immediate access to technology and devices in their possession encounter no restrictions on time and depth of learning. Immediate access is key as it decreases the digital divide for students of color.

Beyond access, the degree of engagement with technology was key to understanding how the digital culture combined with cultural knowledge of people of color can translate to educational benefits for teachers to include how career choices are developed. As noted in the familial professional influence section, internet and media played multiple roles in influencing how students obtained information and made career choices. Students stated television aided in facilitating conversations with family members and was used as a tool to gather and disseminate information within the family unit. This section focuses on how the internet and media directly impacted decisions to

pursue healthcare careers. Several subthemes surfaced from the feedback regarding television and internet influence. Students first indicated it was important to see someone that looks like them on television in the profession. Secondly, students described how television played a role in placing themselves in the healthcare setting, encouraging role playing and showing empathy toward the experiences of healthcare professionals. Lastly, television allowed for a newfound awareness of global healthcare issues that expanded mindsets beyond local issues.

The impact that media had in establishing that there is a place for students of color in certain careers surfaced throughout this study. Some participants indicated seeing someone such as Dr. Huxtable on *The Cosby Show* who looked like them as children greatly impacted their decision to pursue a career in healthcare. One student stated, “I wanted to become a police officer because of *Family Matters*. Carl Winslow’s uniform looked very cool, and he was Black.” Additionally, shows like *Grey’s Anatomy*, *Code Black*, *ER*, and *CSI* were mentioned due to their representation of Black healthcare professionals. Those shows not only piqued their interest in the show(s), but also made them feel it was a profession that was attainable.

Students indicated seeing television shows pushed them toward a higher order of thinking beyond being merely in a healthcare professional role. Television provided the option for students to see the level of critical thinking required of healthcare professionals. A 31-year-old male medical student recalled how he engaged with television:

I watched a lot of medically related shows and found an attraction to the roles of the doctors in them. Often, I’d try to develop a differential diagnosis with the healthcare team based on the information I had obtained as a lay-person without any medical training.

This notion of seeing someone who looked like him led this participant to imagining himself in the actual healthcare setting. He immersed himself within the television show's experience and role-played, imagining himself as being a part of the healthcare team and testing his knowledge of health with no training. Another student (27-year-old female) indicated she watched a great deal of television and saw doctors working directly with patients. She attributed much of her interest in healthcare to television's influence.

Fictional television shows can also help students understand the demands of various positions within the healthcare workforce. As COVID-19 has shown the current workforce, healthcare is not always about bright smiling faces and people being cured. A 28-year-old female recent college graduate indicated:

Watching a lot of Grey's Anatomy and other shows that piqued my interest made me believe I can make hard decisions as a future doctor. One of my top tv shows I watched growing up was MASH. It was amusing and serious at the same time. However, it was one particular episode that allowed me to understand what it means to be a health professional. As a health provider you have to find a way to not bring your work home and have a to release your negative energy.

This quote indicates students were taking into consideration the type of lifestyle they would like to live and how work-life balance affects their overall sense of wellbeing. Images transmitted through television provided a sense of reality, including the mental and physical toll healthcare can take on a professional. Television's depiction of healthcare was vital in understanding how students gained information from who they see and what they see in the media. Wyss (2012) researched middle school students' use of media to explore various careers in healthcare and provide access to healthcare professionals from different cultures and backgrounds. This study confirmed exposure to professionals through media had a positive impact. Coupled with other practices, using media this way can aid in career awareness that translates into career interest.

Practitioners must consider how television expands the geographical location perspective mentioned before. People are often only engaged with what is going on within their local communities and their families. Television expands that territory and allows people to learn what is taking place on a global perspective. Global perspectives can aid in making local decisions to decrease illness or disease. Some of the participants recalled how television opened their eyes to global healthcare issues. Some also indicated watching television and learning about public health globally sparked their desires to become doctors.

As initially stated, the need to provide experiences that allow students of color to see people who look like them in certain settings is key toward motivation. Additionally, the role of television can provide access to healthcare settings that expose students to anatomy, patient care, and public health issues. There is significance in the capacity for television to evoke a higher cognitive function, allowing students to role play or understand the need to be able to release the stresses of healthcare to promote work-life balance.

Computer and internet access is a mechanism to bring the outside world into the students' homes. Their homes immediately become places of research related to the world around them. Computer and internet access was key to providing a space for these students to research the healthcare field and stay abreast of the current news about the healthcare profession. A 22-year-old male recent college graduate claimed it allowed him to be "connected to updated and regular news about health innovations and discoveries." Another 22-year-old male college student stated, "My ability for exposure to health professionals was impacted tremendously because I was able to do cohesive research as it

related to the field I wanted to pursue.” Other students also spoke of how their career trajectory was enhanced due to their ability to access the internet at a moment’s notice. Having access to devices and internet within the home allowed all participants to enrich themselves, explore careers, and educate themselves on the steps it takes to reach those goals.

Anticipatory socialization themes and conclusion. The analysis of the anticipatory socialization factors brought light to two overall themes of familial influence and television and internet. Table 3.3 provides an overview of the themes and subthemes that surfaced within familial influence and television and internet influence. The families and households of students had a great deal of influence. The foregoing analysis provided a foundation of participant backgrounds, allowing for the transition into the next level of socialization, which is formal socialization—the phase of “tertiary education and prior to entering the workforce” (Cant & Higgs, 1999, p. 88).

Table 3.3

Emergent Themes in the Anticipatory Socialization Stage

Themes	Subthemes
Social Influence (Familial)	<ul style="list-style-type: none"> -Influence through professions—direct influence from family professions, witnessed community impact & patient care, job security, & access to healthcare settings. -Influence through encouragement—follow your passions & seeing family members suffer with illnesses.
Social Influence (Television & Internet)	<ul style="list-style-type: none"> -Black representation -Promoted higher order of thinking -Access to global health issues

It also established a background to determine if COVID-19 had any impact on the system of professional socialization.

PSTF: Formal Socialization Cross Case Results and Analysis

As previously stated, formal socialization is the middle phase of life that normally takes place once an individual enters school and begins to attain a new base of knowledge. In this phase, one balances new information with the cultural and environmental factors learned prior to this exposure. This phase takes place before an individual officially enters the workforce in their desired profession.

Information attainment and communication practices. Responses to questions revealed ways the students communicated and received information as an adolescent and into adulthood. There was a desire to note any learning during the formal socialization phase that differed from the earlier and anticipatory socialization phase. Unlike previous experiences of learning primarily from parents and family, 45% of participants stated they obtained information about current events and news from social media even though most acknowledged social media was the place of their greatest lack of trust. As a result, this section opens with the influence of social media on professional socialization. Sampson et al. (2018) asserted career information validity related to social media involves evidence that a source is “comprehensive, accurate, and relevant for the decision being made, as well as understandable to the decision maker” (p. 123). The role of pipeline educators is to aid students in navigating these spaces and assist them in distinguishing between truth and misinformation. This examination will be followed by feedback students provided regarding the influence of structured programs such as pipeline programs, shadowing experiences, and internships.

Social media. The questions for this area focused on the use of technology to shape everyday lives. As indicated before, the most popular resource for current events, news, and information as an adolescent and adult was social media. Their current fascination resulted from ease of access to information that is literally at their fingertips. Students indicated when they are not able to watch television, they are able to stay abreast of what is going on by visiting social media applications. A 26-year-old female recent college graduate stated, “Social media is number one because we learn everything from social media now (personal and professional). Everything is electronic now. The newspaper and television are the last places to access because everything is through our small handheld devices.” Some medical students alluded to the demands of medical education, characterizing social media as their quickest way to access news and current events as they proceed through busy days. Additionally, they stated it is also a platform that shows the most updated information because people make frequent updates, and breaking news is normally first posted on social media where, “information flows constantly, therefore, becoming [my] main source of information.” Sampson et al. (2018) asserted social media has broadened the ability to provide career information not only by experts but by users themselves. This consistent flow of information changes the structured manner of information provided through print media, giving way to real-time and lived experiences by users. This ease of access aligns with participants being drawn to social media due to the consistent flow of updates and quick access through handheld devices.

Structured programs. Responses to questions on structured programs like pipeline programs, shadowing experiences, and internships provided a glimpse into social

influences that occurred through mechanisms not completely tied to formal education and school. These structured programs, especially when socially and culturally relevant, enhanced formal schooling experiences. Students depicted these programs as vital to shaping their decisions and placing themselves within the profession.

Two subthemes surfaced in the area of structured programs. First, structured programs provided exposure for students to see beyond their environments and what they were initially taught regarding healthcare careers. Below are statements from some of the students:

- 21-year-old male college student—"My choice has been heavily influenced by these opportunities providing me insight to what the career is actually like, access to those involved in the career currently, and also opportunities to see the work in person. They definitely helped me confirm my desire to pursue a career in medicine."
- 21-year-old male college student—"This is where my choices of careers broadened the most. I was so fascinated by what the Health Careers Opportunity Program (HCOP) at Morehouse School of Medicine had to offer that it definitely helped me 100% know that I wanted to continue in the path of medicine. It showed me that there is so so much out there to learn about medicine and that knowledge is always continuous."
- 20-year-old college student—"I would say that this influenced my choice a great deal. This is because prior to attending internships, I had no prior knowledge regarding how vast careers were in healthcare. So, because of that exposure I felt that it was actually a chance to find what I wanted to do in the health field since there was a wealth of choices."
- 26-year-old recent college graduate—"HCOP played a major role in my career choice. I always wanted to be a doctor but being in HCOP showed me it was more to the medical field than being a doctor or a nurse. HCOP introduced their Physician Assistant Program at Morehouse School of Medicine to me, and I knew what I wanted to be. The decision was a life changing decision."
- 22-year-old male college student—"Highly influenced my decisions. It gave me even more insight and honestly made me consider other career options."

These students acknowledged their limited knowledge of careers in the profession at the outset was offset by the ways structured programs broadened their mindsets and awareness of various professions beyond doctors and nurses. This exposure aided in some finding exactly what they want to do in healthcare and confidently moving forward in pursuing that choice. The study of anticipatory socialization revealed many students are products of their environments and tend to pursue careers related to the ones they see in their home or environment. This environmental influence highlights the importance of exposure and identifying exact passions and areas of healthcare where these students can thrive.

Lastly, exposure to networking opportunities afforded by structured programs emerged as a subtheme. Students indicated structured programs placed them in settings where they were able to connect with individuals who are on the same level of pursuing a career or with individuals already in the profession. One student stated these connections helped him understand what medicine really means. A 28-year-old female recent college graduate spoke of presenting her research from the Health Careers Opportunity Program (HCOP) Summer Program at the Annual Biomedical Research Conference for Minority Students. She was encouraged by her peers' support and the opportunity to support their presentations. Of equal significance, this experience provided her and other students exposure to a new set of influencers and placed them in an environment that was conducive to where they are headed professionally.

Such efforts can also foster research interests. One student indicated his HCOP experience at MSM placed him alongside individuals within the public health setting, cementing his desire to conduct research on health disparities. Morehouse School of

Medicine (2021) stated the purpose of its HCOP Academy is to identify and recruit economically and educationally disadvantaged students who are interested in a career in healthcare or medicine. They are provided instruction, mentoring, tutoring, and other educational experiences as one participant described:

enhance academic achievement in terms of course grades, timely academic progression standardized test scores, admission to next educational level (as applicable); expand skills in critical thinking and analysis, research, data collection, and analysis, critical reading and writing, communication and interpersonal skills; and enhance interest and achievement towards a healthcare or biomedical science career.

HCOP Academy and programs of this kind are essential in providing exposure to various health careers as well as providing networking with other students who are on the same track and professionals who are currently in the field.

Shadowing surfaced as another opportunity for students to network and to be placed within particular healthcare settings. Two statements from students below show the power in students being able to shadow healthcare professionals:

- 27-year-old male medical student—A lot of the pipeline programs and experiences furthered my drive to pursue a career in medicine. The shadowing put me right in the front lines along with the doctors to see exactly what a day in the life is like.
- 26-year-old male graduate student—I was able to shadow physicians early in my college career. I shadowed a nephrologist and an orthopedic surgeon, and I am still in contact with these physicians to this day.

Shadowing built the students' networks and allowed them to form mentoring relationships. Shadowing was a tangible way for the students to see people who looked like them in the profession, and they developed intimate relationships which are key to the success of Black pipeline students.

Structural educational components. The questions for this section focused on the pros and cons of schools related to Black students pursuing a career in health. It is important to highlight how study participants viewed school since they were in the phase of life that is supposed to prepare them for the real world and to be productive citizens. Participants appreciated structural influences such as curriculum exposure, hands-on experiences in certain classes, and teacher mentorship and storytelling. However, some responses were laced with culturally related components that differentiated their experiences. For instance, coming up in a Black school environment affected responses. A 38-year-old male recent college graduate was disillusioned with school: “School was and largely still is theory with limited application. The school system even at the highest levels does not prepare students for the real world.” This concept of limits with school was confirmed by others but further included a dichotomy between home life and school life when a 22-year-old male college student stated, “Schools try to marginalize us, but at home the opportunities are endless.” This dichotomy highlighted the social influence again of the home environment during anticipatory socialization but added the inclusion of the school environment and the perceptions that existed once school engagement occurred. Specifically, a 26-year-old male graduate student indicated his early interest in healthcare and how, “Growing up, little emphasis was put on social determinants of health in regard to healthcare during my early education, which contrasted the difficulties and issues my family dealt with in terms of access to care.” This student identified the lack of culturally relevant pedagogy, pinpointing how lack of emphasis on certain areas of health contrasted with the experiences his family was dealing with. Relationships and

intersectionality with Black culture surfaced as students dug deeper and voiced their concerns regarding the professional socialization process during Phase II.

Participant inputs also highlighted certain structures within the school setting, classroom, or curriculum which enhanced traditional classroom methodologies. Schools were definitely prominent structures in their lives as they spent the majority of their lives there. Students responded in a common fashion regarding the science and health classes offered at their schools. These classes had a large influence but only when supplemented by hands-on experiences, dissections, physical activities, and even internships and shadowing opportunities. One 27-year-old male medical student spoke of his experience at a healthcare-focused high school. He stated, “We went on healthcare rotations during 11th-12th grade years that exposed me to the healthcare setting and careers.” This quote speaks to how his school was structured with a focus on healthcare, contrasted with another 29-year-old medical student who recalled he had exposure to public safety and criminal justice rather than healthcare attending professions. Students who were heavily influenced toward healthcare by school were institutions with healthcare academies and were structured to support an interest in pursuing a healthcare career. Ullman (2017) described a high school district in Illinois that integrates all courses with “real-world experience and work experiences like internships and apprenticeships” (p. 22). This integration is key in students using the school experience as a way to be immersed in potential future careers. This study indicated students who take advantage of these experiences outperform students who take general courses with no experiential learning components.

Students also spoke about having access to clubs and interest groups related to their interest in a healthcare career. Those clubs became an additional structure for social influence where participants were able to mingle and befriend others who had similar interests. These interest groups complemented connecting to faculty and staff who, despite currently being teachers, had particular interests in the healthcare setting. One 22-year-old male college student stated the following about his physiology teacher:

I had a Hispanic Physiology teacher that inspired me into choosing the medical field. She gave a really touching story with her journey and came out short with regrets of not making it into the medical field. At that moment I vowed to see it through by any means necessary.

The teacher as a structure within the school setting further illuminates the power that the school setting has over the influence of students pursuing a career in health. Teachers have tremendous power in shaping the minds of students. They are often battling hierarchies and roadblocks placed by administration demands. Many go beyond their job descriptions by developing after-school programs and other experiences to benefit the students. As a result, teachers secure the autonomy to take steps to preparing students for the future (Narayanan, 2021). Pedagogy and the curriculum are important, but teacher feedback opened the door to particular structures within the school setting that were beneficial to persistence in healthcare.

Formal socialization themes and conclusion. In closing out the analysis of the formal socialization factors, Table 3.4 provides an overview of the various themes and subthemes that exist within the social and structural influences of this stage of life. These influences continue to give a foundation into the backgrounds of the study participants and allows for the transition into Phase II of research. It also allows for the analysis of

whether COVID-19 had impacts on the system of professional socialization that takes place in the life of an individual or how this system has to be utilized in preparing students for their future. Post-Formal Socialization was not explored during this study as students were still matriculating and had not officially entered their desired healthcare profession.

Table 3.4

Emergent Themes in the Formal Socialization Stage

Themes	Subthemes
Social Influences	-Social Media -Structured Programs—internships, shadowing, & pipeline programs
Structural Influences	-Structural educational components—hands-on experiences, clubs, interest groups, and teachers.

Data Collection Phase II Results and Analysis: Focus Groups

Participants were invited to participate in one focus group to investigate the phenomenon of COVID-19 and its impacts on their perceptions of healthcare and the healthcare workforce. Focus groups were split among the three cases of study – college students and recent college graduates, graduate students, and medical students. A small subset of participants agreed to participate in the focus groups (See Appendix H). Students participated in a 60–75-minute Zoom videoconferencing session. This section provides insight into the impacts of a disorienting dilemma (COVID-19) on the system of professional socialization that takes place throughout the life of a student. The initial sections present a within-case analysis that identifies the nuances that exist with

participants in each case study based on research questions. Then a cross-phase analysis highlights findings from all groups and both phases.

The following are the research questions that are examined:

Question 1: How has the COVID-19 pandemic and the proximity to the profession played a role in your decision to pursue a career in health?

Question 2: How have your prior influences in choosing a career as a Black pipeline student been impacted by the COVID-19 pandemic?

Sub question 1: What awareness was brought to the social and environment factors that previously influenced your decision to pursue a healthcare career?

Sub question 2: What awareness was brought to the school and educational factors that previously influenced your decision to pursue a healthcare career?

The researcher crafted Research Question 1 to bring voice to any concerns that students had around COVID-19's presence within the healthcare landscape, examining whether COVID-19 impacted any of their decisions to pursue a health career. Due to all participants experiencing COVID-19 during this point in their lifetime, this time period is linked directly to the formal socialization stage. Across all cases and students, responses revealed an overall desire to continue pursuing a career in healthcare as COVID-19 had not deterred their interests. There was an impact on proximity to the profession as students who were farther away explored other career options took gap years. This proximity has not deterred them from pursuing a career in health, but this phenomenon needs to be noted as a possible trigger in the future related to epidemics, pandemics, or other public health crises. Although the study participants have decided to continue, they all used their decisions to continue their journey to healthcare as a lens into what COVID-19 has magnified as potential barriers and places of improvement as they journey toward a healthcare profession.

The within-case analysis for Question 1 briefly addresses the themes related to the brief pauses that took place with college students and recent graduate students while accounting for the overall desire to persist toward a health career. Table 3.5 provides a description of the themes from Research Question 1. The themes reveal social and structural influences COVID-19 stirred within each group. Similar to the baseline information provided on the students, social and structural influences remained factors as students moved throughout their education and as a pandemic was introduced to the process of determining a career.

Table 3.5

Emergent Themes from Research Question 1 and Proximity to the Profession

College & Recent Graduate Student Themes	Graduate Student Themes	Medical Student Themes
1. Social Influence: Arousal of Alternate Career Options due to Visible Impact on other Professions	1. Social Influence to Persist: Agent of Change and for Innovation	1. Social Influence to Persist: Source of Information for Community
2. Structural Barrier: Lack of Support for Healthcare Professionals		
3. Personal Influence: Gap Year Option		

Table 3.5 also magnifies the greater number of choices that are considered when further away from the profession. College students and recent graduates understood there was a greater distance between them and the profession, making it easier for them to slow down and breathe through the decision to enter the healthcare workforce.

The intent of Research Question 2 was to examine the social and environmental factors COVID-19 has stirred within their pursuit of a health career. Responses to this question revealed multiple themes related to participant thoughts about the barriers to pursuing a career in health as a result of a pandemic that impacts the Black community at a significant level. Table 3.6 gives insight into the themes that will be discussed throughout each case.

Table 3.6

Emergent Themes from Research Question 2 on the Social, Environmental, School, and Educational Influences During COVID-19

College & Recent Graduate Student Themes	Graduate Student Themes	Medical Student Themes
1. Social Barrier: Lack of Black Representation & Black Experiences	1. Social Barrier: Lack of Sense of Community & Belonging as a Black Student	1. Social Barrier: Lack of Experience that have Black Representation
2. Social Barrier: Lack of Trust in Social Media	2. Social Barrier: Negative Social Media Practices	2. Social Barrier: Negative Social Media Impacts on the Profession
3. Structural Barrier: Lack of Trust in Healthcare System	3. Structural Barrier: Lack of Trust in Healthcare System	

The table magnifies the congruency between all cases and groups. The students' thoughts provide a prescription to barriers that are magnified for Black students in the midst of public health crises like COVID-19.

Case 1: College Students and Recent Graduates Within Case Results and Analysis of Research Question 1

Question 1. How have the COVID-19 pandemic and the proximity to the profession played a role in your decision to pursuing a career in health?

There was an overall desire to move forward in pursuing a health career, but this group was the only group that provided some of the alternative thoughts and behaviors concerning pursuing a healthcare career during COVID-19. Its significance in this study was that this was the only group in this study that showed some hesitancy during their formal socialization stage of the professional socialization theoretical framework indicating that the proximity to the profession does have an impact. College and recent graduate students have additional time to make career and educational transitions as it relates to preparing for the workforce. The themes that surfaced were hesitancy due to the lack of support provided to frontline workers, the possibility of pursuing additional careers due to the indirect impacts on the profession, and the gap year impact for some students.

Hesitancy. Participant 3, a 21-year-old male college student, opened up about his initial hesitancy to the impacts of COVID-19 on healthcare professionals and the community. Due to his proximity to the profession and as an undergraduate student, he felt he had time to make a change if he desired. This combination of having time and the realities of dealing with a pandemic as a healthcare professional caused him to pose some important questions to himself. Some of his personal feelings are as follows:

It made me question because you hear the stories about how doctors lack support, and it makes you wonder as you already know that Black doctors themselves don't get as much support by administration in a regular setting. Then throwing in a pandemic that definitely adds even more stress to it. What if I get in the field and another one hits and how is that going to impact me when I'm already in it? There's no turning around. So it definitely made me think about that, but it's just what comes with the health field. You never really know what's going to happen, but if you want to be in it and you see your place in it and the difference you can make, then you just keep going forward.

The pursuit of a healthcare career and battling the fallout from COVID-19 caused students to focus on their motivation to enter the healthcare field. Despite the questions posed, he understood that if he desired to be in the healthcare field, he had to take into consideration all the factors that came with being in the profession. Future epidemics or pandemics cannot be forecasted, so there is a commitment to serving people and improving health as he committed to the journey. Within the professional socialization process there must be consideration for students who are not motivated to persist and whose environment has discouraged it. There is a possibility of losing students due to their proximity to the profession coupled with a global health pandemic. Fortunately, in this study all participants were focused on continuing to pursue a career in healthcare.

Career options. Participant 2, a 20-year-old male college student, indicated the pandemic increased his awareness of additional issues within his community related to COVID-19. Despite his desire to be a surgeon, he spoke of having the idea of being in politics. He thought about running for a House or Senate seat due to the policies that have been implemented that are destructive to Black communities. He mentioned there are “answers out there that someone needs to find.” His desire was heightened due to the state of politics in our nation at the beginning of the pandemic. He stated that he had this interplay between being a politician and being a surgeon. Surgeon “reigned supreme” as that was his heart’s desire, but he considered what other work he could do within the community along with being a healthcare professional. His desire to help his community was driving his thoughts as he noticed how the healthcare industry was impacted by politicians and other professionals. His thoughts speak to the importance of environment

and community for Black pipeline students—not only as an influential source in the process of professional socialization, but also as a driving force.

Gap year option. Participant 4, a 23-year-old recent college graduate, discussed how taking a gap year put multiple things in perspective for him. The break gave him the opportunity to find a job within the healthcare field that heightened his awareness of issues that exist for an underserved population—specifically refugees. He mentioned their lack of finances and the subsequent impacts and limits on comprehensive healthcare. He said it put the question in his head, “Maybe on top of being a primary care doctor, maybe I would want to focus on the broad public health side of things?” In this case, his decision to take a gap year broadened his mindset of the vastness of healthcare and how he can impact the profession in multiple ways. Martin (2010) confirms that “a gap year better prepares young adults for the self-directedness and maturity needed to make the most of further education or work” (p. 561). This break in education also highlighted the fact that a student’s journey to the profession is not linear and can involve some form of experience within the field in the midst of their journey to their ultimate career. There are certain detours or opportunities that aid in building skillsets that reinforce desires to pursue healthcare or any profession.

On the other hand, the educational environment and the student’s awareness of what type of learner they are aided in their decision to take a gap year. Participant 5, a 22-year-old female recent graduate, speaks about how COVID-19 caused her to slow down on her healthcare journey. She is a kinesthetic learner, and the virtual platform had not been the best for her educational success. She stated:

I'm taking a gap year as a healthcare consultant. And even with the healthcare consultant role, I'm able to see medical records and are able to read some of the doctors' notes and actually see the doctors, the pictures of the doctors and who saw who and this and that, which is interesting. So sometimes it does make me think about healthcare administration, just because, with the role that I'm in, I'm so close to healthcare administration. But I still have time, but I think it definitely did just make me slow down a little bit.

Participant 5's thoughts concerning her gap year and consultant role highlighted the benefits of taking a gap year in a career that was related to her career goals. Similar to what Martin (2020) discussed, she was able to maturely consider her options for whether to pursue more education or continue in the workforce. Nevertheless, this group of students could potentially fall through the cracks as a result of their distance from the profession. Educators will have to be creative and provide relevant counsel to keep this group engaged in their journey to their desired profession. Anderson and McQuire (1997) speaks to keeping students "stimulated, challenged, and progressing toward a meaningful goal" by making sure they are well-informed of their options through academic advising (p. 39). Some researchers have suggested that workforce outcomes and academics are negatively impacted when a student takes a gap year and disrupts that direct flow from school and future education (Berkner et al., 2003 & Lamb, 2001). In this case, students who took a gap year still planned on pursuing additional education and a higher career within the healthcare workforce.

Case 1: College Students and Recent Graduates Within Case Results and Analysis of Research Question 2

Question 2. How have your prior influences in choosing a career as a Black pipeline student been impacted by the COVID-19 pandemic?

Sub question 1: What awareness was brought to the social and environment factors that influences your decision to pursue a healthcare career?

Sub question 2: What awareness was brought to the school and educational factors that influences your decision to pursue a healthcare career?

Themes that surfaced were the need for Black representation in healthcare to aid in overall trustworthiness of healthcare, the need for Black experiences that foster community within themselves, the lack of trust in the healthcare system, and social media trustworthiness and usage.

Black representation and Black experiences. Participant 3 was a 21-year-old male college student who discussed the perpetual distrust of the healthcare system within the Black culture due to the mistreatment of Blacks during the Tuskegee Syphilis study. He asserted there was tremendous distrust in healthcare—especially within the older Black generation—even before COVID-19 and the need for vaccinations were issues. He pointed as proof to accounts in the media of Blacks’ experiences with the healthcare system and doctors’ visits. He spoke of the urgent need for “Black people who understand Black people... as culture is really important when it comes to medicine and understanding the different cultural backgrounds.” This cultural reference was further highlighted when Participant 5, a 22-year-old recent college graduate, pointed out the first person she saw during her battle with COVID was a Black doctor:

When I was admitted to the hospital my doctor was Black. It was a Black woman, and she was so nice. It was just really good talking to her about her experiences and stuff like that. She was just so cheerful. Even though I was sick and not feeling well, her positive energy just made me feel like, “ Okay, yeah, I can get through this.”

This quote illuminated how cultural representation can bring a degree of comfort for a patient and how positive energy and representation can impact a patient’s overall wellbeing. It further confirmed the phenomenon that took place in Alsan et al. (2019)

study where Black men were more likely to agree to more invasive preventive services than Black men seeing White doctors, a finding that researchers attributed to better communication and greater trust between both parties.

Participant 1, a 26-year-old recent graduate student, mentioned such representation disrupts the image that Black people are only janitors and certified nursing assistants. She highlighted the need for more Black doctors when she said, “Just being around Black people and seeing Black people doing what you want to do is very much needed.” Participant 5 added to that notion, commenting Black representation is scarce in a role she currently holds in hospital administration. She pointed out she is the only Black consultant at her hospital, and she noticed there are no Blacks in administration roles in her hospital. She stated, “They are the ones who run and control the hospitals. They are the ones who support the doctors and nurses and make the regulations within the hospital.” She brought forward the disparity of Black representation in hospital administration which can impact decisions that are made as it relates to the Black patient and worker experience. Black representation can also impact recruitment as a more diverse administration signals diverse thoughts and perspectives being considered as decisions are being made about the hospital.

Black representation is vital for the educational environment and experiences provided to Black students. Participant 3 reflected on his thoughts concerning his surroundings during COVID-19 and the need to have a supportive environment. He is currently on the path to a health career but speaks of how his current situation at his PWI shaped whether to continue the path to healthcare or not. He stated how he experienced his professors:

A lot of professors at PWIs have preconceived notions of minorities and they definitely don't expect minorities to be the ones who make it to senior year and who stay in the major. A lot of them definitely discourage you, instead of supporting you, and they definitely try to push you to go to your advisor to find a different path because they think the path isn't for you anyway.

He expressed there is an immediate view of what a Black student cannot do at PWIs prior to student failures or successes, a view compounded by subtly discouraging Black students from pursuing certain career paths. This theme arose in all student groups as the basis to many of their thoughts concerning school. The lack of Black representation can decrease the institutional support that Black students receive, but Participant 3 stated a White professor's preconceived notions of minorities can impact the retention of Black students within majors. Preconceptions also have led to common practices at PWIs where White professors funnel Black students to advisors to choose different paths if one mistake is made. His feelings are confirmed by discriminatory practices that take place within the classroom by White professors:

The professors have certain students who they see as, this is the person who needs to be a doctor, and they provide a certain level of support to those people. You definitely see it in your classroom, and you definitely see this student is definitely held to this standard, while I'm not given that same level of support.

A professor's actions can shift into negatively impacting a student's cognitive sense of self and whether a goal is attainable. He continued to say this is heightened by the fact that he does not see someone who looks like him that has reached certain career levels. He said, "it makes you question yourself before you even get to the next stage." He then posed the question, "How do I even know it is possible when nobody else has done it?" Additionally, he spoke of never having a Black pediatrician nor optometrist and how those experiences throughout his childhood also made the idea of being a doctor farfetched. He mentioned how he expresses to others the power and imagery of President

Barack Obama and Vice President Kamala Harris being elected to the highest offices in this nation. It showed the Black community that “It is possible.” He spoke of how representation means so much to the Black community and how it can completely shift mindsets. This idea of black representation is vital to the anticipatory and formal stages as representation is vital to a child’s sense of attainment—seeing it in the media, having it within their own healthcare experiences, and feeling fully supported throughout their school career.

It is important to highlight that Participant 3 followed up with his HCOP pipeline experience at MSM and was able to repair some of the damage done at his PWI. He stated, “... being in the program and getting to meet actual Black doctors, actual Black residents, and getting to talk to them and hear their experiences was definitely useful.” There was a consistent message throughout his responses of the importance of tangible representation of Black representation in education and in the healthcare field. His overall views highlighted a phenomenon that must be addressed at PWIs yet highlights some of the benefits of attending an HBCU for people who have been discouraged and damaged due to racial microaggressions and discrimination. The position of HBCUs in the higher education landscape advances the interests and betterment of the Black community, defining social prowess through their ability to assemble tangible and relevant resources for Black students through intentional relationships and constructed networks that support the advancement of the Black community (Bourdieu & Passeron, 1977). It is important to be in environments that are inclusive and support the total person.

Lack of trust in the healthcare system. Individuals currently in the field provided a window into the seriousness of COVID-19 and the settings that existed within hospitals

by sharing their experience and stories with community members who did not have that front row vantage point. This exposure showed people the fragility of the healthcare system and how it responded to a global pandemic. Participant 5 spoke about her distrust in the healthcare system due to her exposure to nurses while working in a grocery store during the pandemic. Nurses were coming into her store speaking of how hospital administrators were mishandling situations and how on the frontline, they were not provided proper PPE to help patients. Her reaction to those stories fostered a sense of fear and thoughts regarding the sacrifices of healthcare workers:

It was scary because it's like, oh man, I'm helping people but nobody's helping me. There was no type of relief for nurses and doctors, and they're going so much time without seeing their family, especially in the beginning, or so much time without checking on their mental health that it's just like, that's a lot to handle, that you're helping other people, but no one's there to help you when you need the help.

Her grocery store experience showed a glimpse into the current workforce's state of mind. Additionally, it was an indication of how this student's environment aided in professional socialization due to her indirect exposure to healthcare workers. Healthcare workers venting about the distress and frustrations within the profession further confirmed the pitfalls within the system, therefore, perpetuating a warped image of the system leading to a lack of trust.

Participant 2, a 20-year-old male college student, spoke of the disparities that have existed among underserved communities and their access to care. He spoke of how cost of everything and people's inability to afford care was exacerbated during COVID-19. He stated he saw people who could not afford insulin and were having to sell other items in order to afford their insulin. This concept of affordability shifted him into a

space of wanting to contribute to the solution in the future. He stated the cost of drugs and care has left some people to fend on their own and to come up with solutions.

I've seen that some people haven't been able to afford insulin during the pandemic and they are now having to sell things in order to pay for insulin. That's just wrong! And I had this thought, that maybe I should do something on the side while I am a surgeon or a doctor. I've thought of opening up maybe health care clinics that are affordable and just reasonable all around. I'm not going to start a practice and then have a simple surgery cost thousands of dollars.

He believed some of the lack of trust comes from the financial strongholds healthcare creates in the lives of some individuals. He indicated the desire to be responsive to his environment and provide services that alleviate the financial disparity that has existed for years and whether healthcare is a right or a privilege. His community's inability to afford healthcare or lifesaving medications plays a role in health disparities and speaks to social determinants of health. Participant 4, a 23-year-old male recent graduate, continued the conversation around finances and spoke to how the politicization of the healthcare system during COVID impacted the Black community and made it appear to be financially driven. He stated there are "some people that really just do it for their own gain and for money." Due to this acknowledgement of greed, he spoke of the need for the healthcare system to focus on getting people well, suggesting targeted communication to the Black community will confirm wellness is a priority while addressing their needs and insecurities. These both speak to the need for culturally competent care where healthcare workers understand the needs and disparities of the Black community and seek mechanisms for improvement. Yates et al. (2003) spoke of how providing culturally competent care will aid in increased research and policies that improve health outcomes for Blacks. What is key to the professional socialization process is the desire for participants to improve conditions for their communities due to their awareness of the

issues that exist within the Black community. The importance of placing students within environments to see and hear the needs of people within their communities aided in the creation of solutions and mindsets toward ways to improve health conditions and trust in the system.

Social media. There was a consensus among multiples students that social media lost its credibility during COVID-19, driving the constant need to fact-check everything that was posted on all platforms. There was also a politicization of social media as information provided to individuals were based on algorithms and the trends of people who engaged with the platform. This algorithmic approach can negatively or positively impact the views of individuals as social media platforms are able to shape the narrative in ways that could potentially benefit the platform and not necessarily the public.

Participant 5 gave her views in the statement below:

I definitely think that social media can be really biased, and especially with the algorithms. So, say if you're more liberal, you're going to get more of a liberal feed. Or say if you're more conservative, you're going to get more of a conservative feed. A lot of things I have to fact-check, because especially in the beginning of the pandemic people were like, you don't need to wear a mask, you're fine. Only doctors, only nurses should wear a mask. Then it was like, no, everyone wears a mask regardless. Then the CDC would put out statements through Twitter, and then take their comments back. It was like, who do we trust at this point?

Her comments pointed directly to the see-saw vibe that many were feeling, but in most cases, it was all being done through social media communication. Participant 3 said his consistent question with everything on social media was, "Is this the truth? Who did this come from?" He stated social media is a great space to quickly spread information, but everyone does not use it responsibly. As a result, Participant 2 said that he blocked everything out regarding social media. He did not pay any attention to it, which forced

him to obtain answers other ways and ensure they were coming from trusted sources. This tool for communication was weaponized during COVID-19 and spread misinformation about the pandemic which in turn impacted the healthcare industry. The access that computers and internet provided to students throughout their anticipatory and formal socialization stages shifted to pose ethical dilemmas as it was the source to social media platforms of misinformation. Juyal et al. (2020) spoke to that significance as social media “creates confusion, spreads fear, and hampers the outbreak response, which eventually can undermine the government’s efforts toward effective and efficient management of the situation” (p. 442). It brought to the forefront the dichotomous relationship with the computer and internet as being a source of factual and fictional information throughout the professional socialization process for students. Their engagement with the computer and internet shifted throughout their lifetime and showed them how it has the power to positively and negatively impact the workforce and their need to have proper engagement with social media.

Case 1: Within Case Summary

The college students and recent graduates were the group focused on their experiences with the healthcare system and how those experienced influenced their views of pursuing a career in health. Beyond the lack of trust in the healthcare system and social media, they expressed the importance of Black representation based on how they personally experienced healthcare. Significantly, this was the only group that showed any wavering toward their thoughts of entering the healthcare workforce. They spoke of taking time away from education in order to get some experience in the field and potentially doing other jobs as a result of the impact of COVID-19. These thoughts and

instances shaped their approach to their careers in health. Merton et al. (1957) speaks of how social influence of a student's environment aids in student deciding the career they want to pursue—it is this interplay between prior social interaction, knowledge, and new social interaction. Again, educators must recognize there is a chance of potential fallout if targeted practices are not considered to keep them on track towards a health career.

Educators must also identify and tap into the intrinsic motivating factors pushing students to pursue careers in health. “Learning is an ongoing process involving the reciprocal interplay among the learner, other individuals, social systems, and culture” (Pransky & Bailey, 2003, as cited in Cook-Cottone, 2004, p. 209). Understanding that phenomenon, especially in the midst of a pandemic, and the social support and networks needed to keep students focused will aid in educators helping students foster an unwavering spirit of moving forward in healthcare.

Case 2: Graduate Students Within Case Results and Analysis of Research Question 1

Question 1. How has the COVID-19 pandemic and the proximity to the profession played a role in your decision to pursue a career in health?

All students indicated that COVID-19 had not impacted their desires to pursue a health career as they were closer to the profession and considering their futures in the field. All participants were on a track to apply and enter medical school within one year of this study. Participant 9 (a 26-year-old male graduate student) reflected on his proximity to the profession through speaking of his personal experience with it during his exposure as a current pre-health student. He spoke of how real it became to him during his opportunity rotating within a local hospital:

I think my proximity at this point makes COVID more real to me than other people. I used to go to the COVID floor, have to suit up and walk the COVID

floor. It would be like, one day you talk to someone, the next day they're intubated, five hours later, they're dead. It's just like, "Damn." This is happening.

His thoughts highlighted his realization of the state of healthcare during COVID-19 and his direct experience with how the virus swiftly impacts the health of individuals and in some cases caused death. This formal socialization stage of this student's life had him engrossed in the healthcare field providing him firsthand experience of what takes place in his future profession. Fortunately, the grim environment did not deter him from not going into the field but rather caused him to be reflective on healthcare practices and the impact he can have once he enters the profession. He spoke to those desires in the following statements:

I think COVID has exposed that medicine is really archaic in some forms, and there's a lot of room for improvement. It gives me ambition to be like, wow, I can really make a change here. These are some of the flaws that are made apparent by this pandemic, both on how doctors are working, how hospitals are working, and how insurance companies are working.

He spoke to the shifts in healthcare delivery as a result of COVID-19 and how it will impact delivery in the future and his ability for innovation within the field. He spoke of the rise of telemedicine and the need for more similar innovation and tools needed within healthcare. This innovation excited him as he stated, "I think stuff like this really sets a fire for people to innovate quicker and to adapt faster. I think that's what I want to walk into, a space that's more critically thinking of how we can improve." His mindset was on how COVID-19 has changed the field and the possibilities of innovation in the future. His mindset highlights the phenomenon of students adopting the mindset and practices of the field as they go through the formal socialization stage and approach entering the healthcare field.

Case 2: Graduate Students' Within Case Results and Analysis of Research Question 2

Question 2. How have your prior influences in choosing a career as a Black pipeline student been impacted by the COVID-19 pandemic?

Sub question 1: What awareness was brought to the social and environment factors that influences your decision to pursue a healthcare career?

Sub question 2: What awareness was brought to the school and educational factors that influences your decision to pursue a healthcare career?

Themes that surfaced from the responses to these questions were the need for overall sense of community and belonging, the lack of trust in the healthcare system, and the lack of trust in social media.

Sense of community and belonging. There was a strong inclination to speak about the need to be in a space where there is a sense of community and where participants felt supported by their peers. This inclination surfaced as a tremendous need during the pandemic as many participants said that the immediate shift from being around friends and having access to people came to a halt as there was a need to protect the health of everyone by shutting down everything to socially distance people. As a result, some institutions were creative and for the continuity of programming developed virtual experiences for students. Participant 7, a 26-year-old graduate student, discussed some of the career exploration programs he participated in during the pandemic. He said these programs kept him connected to his career aspirations and the impacts COVID-19 was having on his community. He went on to speak of the personal connections he made in the HCOP Pipeline Program at Morehouse School of Medicine. He stated:

There were students my age and we were all either in school, applying to graduate schools, or making plans to transition into the workforce. We were able to lean on each other and put each other on to different resources. For example, I know XXXX is interested in dentistry, right? Hey, XXXX, here is a scholarship that I found. I'm not applying to it. Passing it along and having that unity made me feel

that we were in it together. Yeah, it's hard. Yeah, it's different with COVID-19. It's probably never going to go back to normal, per se, but we have each other, and this is where we are right now, so we have to make the best out of it.

This student was able to stay encouraged during the pandemic, grounded in the connection to his peers and a spirit of camaraderie. This connection is vital at all times, but the need was magnified during COVID-19 as it was one of the only sources for interaction with other students. He did not feel alone due to the effort collectively made by participants to create a sense of community. Once again, the importance of the participant's social environment during their formal socialization stage played a major role toward persistence. Participant 8, a 26-year-old male graduate student, reflected on this sense of community and belonging and predicted how things would have been different had he still been attending his previous PWI. Even in the context of virtual education, he spoke about the motivation he felt by being at a HBCU:

If COVID-19 would've happened while I was in XXXX College, I would've had a really hard time... If I would've had to go virtual, while I was at my previous school, I'd be all over the place... But being at Morehouse School of Medicine virtually and then in person, I would say that even if we would've gone back to virtual this year, everything here foundationally is set up so that I can succeed. I have the ability to succeed regardless. COVID-19 had an opposite effect compared to the other school as I'm more motivated here as opposed to the other school I feel would've been a whole mess.

Tinto (1993) discussed how student isolation has impacted educational programs who offer virtual programming but is combated by students who express that they feel a strong sense of community at their institutions, therefore, enhancing commitment to continue as the student expressed above. The comments from Participant 8 underscored the impact of the environment he found himself in, expressed by the assurance that he would be successful even if there was a need to return to a virtual format. Additionally, these comments followed with a discussion about a traumatic experience at his previous

institution related to his race and his White professor's grading practices. An investigation revealed evidence of years of discrimination and trends related to students of color, and the professor was fired. There was obvious residue from that experience, as he said that drove him toward seeking a HBCU for his graduate experience. This phenomenon cannot be glossed over as it highlighted how the student sought to find an atmosphere that would fully support his educational, racial, and personal identities. The right social environment is necessary in the professional socialization process of Black students in the healthcare pipeline.

Ironically, Participant 8's disclosure opened the door for Participant 9, a 26-year-old male graduate student, to share his experience at MSM during COVID-19 and how his social environment broadened his horizon through the help of mentors and how he overall no longer experienced a sense of being alone. He relayed his shifts in mentality related to his abilities within his current education environment:

Before I didn't really have a lot of mentors and now, I have a plethora of mentors. Then not only having the mentors, but I also am equipped with information and guidance. It is a motivating factor because it also makes things less stressful when you don't have to be a one man show or figure everything out on your own or have anxiety that maybe you did something wrong. You have someone there who can show you the light or talk you through it. I think being in a space where people are willing to do that is also something that's been more valuable and more motivating to move forward.

This student's thoughts highlight the power of community as shown from various participants throughout this entire study. Community broadens the ability to be around a network of likeminded individuals that has cognitive benefits to a student's mental health and academic outcomes. Rovai (2002) spoke of how Black students desire a sense of community and belonging is directly correlated to their academic success. Similarly to Participant 8, Participant 9 reflected on what it would have been socially during COVID-

19 if he was attending a PWI as he did for undergraduate. He spoke of his previous feelings of isolation at that institution and the absence of connections with professors. He succinctly likened his professor to a deadbeat dad as shown in the following comments:

Someone who like barely knows your name and no matter how much effort, it's like a deadbeat dad, no matter how much effort you put in to trying to get to know them or be personal, they just don't care. That is making me more grateful to be in a space like this, where people make that extra effort to personify you and humanize you as a person and as an individual.

His statements illustrated a reciprocal approach to education where faculty and staff genuinely care about student success and make extra efforts to build students as individuals. This student made the comparison to his professor being similar to a familial concept in stating them to be deadbeat dads. The role of that faculty member is an extension of the family's influence that was shown during the anticipatory socialization phase of these participants' lives. Professors have the weight of providing a nurturing experience for students all while being sources of information during the school careers.

Lack of trust in healthcare system. The students generally felt that there was distrust of the healthcare system as a result of COVID-19 while also understanding their responsibility to improve this image. Participant 9 recounted personal experiences during the pandemic related to what he saw in the healthcare system during his rotations. He spoke to what he felt was the bureaucracy and business side of healthcare as it related to the decisions being made around care and surgeries for patients:

I was working in a hospital when the pandemic hit and noticed the fragility of the healthcare system, and then how the bureaucracy controls healthcare. People can come in and be like, "My kidney's falling out," and they're like, "Yeah, we're just not seeing patients today." And so, you see the business of healthcare. "Aren't you here to help people," but the doctor's like, "Nah, we can't. Our hands are full. We're not doing surgeries right now." They're capable of doing surgeries, but they're just not doing surgeries due to COVID-19. Seeing that stuff happen and

seeing people just suffer through stuff... exposed the lack of a unified front in terms of leadership in healthcare.

A healthcare system that was riddled with lack of trust from certain communities due to historical practices, disparities that exist within the system, and access to care was now ceasing to provide care to individuals due to its focus on COVID-19. This response shook the ability of the system to respond to global health crises in the future, but also for some affirmed their thoughts regarding the lack of trust in leadership and the system. This student spoke to how individuals were making decisions that did not always show the public that the healthcare system was unified. He went on to speak around the concept of how individualism of leadership and practitioners contributed to the sense of chaos, therefore, adding to the lack of trust of the system:

There are too many voices of what we should do and what we shouldn't do. From a people perspective, not every doctor thinks the same and not every doctor's an expert on everything. So, when you have 100 doctors giving 100 opinions, it muddies the water. That was just a big issue that I was seeing and having to deal with and confront in my own personal spaces.

COVID-19 put a level of stress on the system where it impacted decisions being made regarding care, the battle of personal beliefs and values as it relates to a global health crisis, and how those factors contributed to the fragility that surfaced during COVID-19. Additionally, he alluded to the mental toll it took on him and the need for him to personally confront his thoughts. Once again, it is cognitive dissonance that takes place where participants were wrestling with the interplay of social environments and how decisions within those environments were impacted their personal lives and the lives of their communities.

Social media practices. Social media practices arose within this group, as well. It continued to bring to the surface the ethical usage of the platform and a person's choice around engagement. Engagement with social media is personal; that personal interaction was explained by Participant 9 as he stated that social media was a quick way to get information and it is not platform to invoke critical thinking. "It's quick, it's short, and it doesn't require too much brain power and they just smile, laugh, like oh, that's an interesting thought" was his way of explaining how the public generally engaged with social media platforms. As he spoke to general engagement. He continued by bringing to the surface the interplay between entertainment and factual information and the difficulty that his family and friends were having back in his hometown:

...my friends and family back home describe the nightmare that is the vaccine and how they're putting DNA in our bodies and what DNA does to us. It's interesting what people will run with without any sort of scientific foundation. I think it's difficult because it kind of muddies the reputation of doctors and medical professionals. People are less likely to trust them because they're like, "Well, WebMD doesn't say this," or "I saw on social media or Instagram that you can cure this with this."

As he has stated regarding social media engagement, ethical practices and temptations to misinform the public must be taken seriously since that platform involves the intersection of various components and empowers the housewife or mechanic at home—no clear healthcare expert—to shift the narrative on a major healthcare crisis. Juyal (2020) spoke to how "responsible, sensible, and judicial use of social media is one of the crucial factors in public health response particularly in the emergency situations we are currently facing" (p. 442). Using the tool to provide clarity from subject matter experts is a responsible way of using social medial. Participant number 7 affirmed that thought as he mentioned social media is only a tool and a space to obtain truth only from sources that are

credentialed to provide it. He stated it is primarily a platform to “keep in contact with your friends and family.” He said there is a need to establish subject matter experts who stay true to the subjects they know well. He is a vegan and follows vegans on social media, some of whom are tremendously anti-vaccine and encourage others to follow their lead. Because they are subject matter experts, he looks to the physicians and people who are on the front line to provide him advice. Having this concept regarding seeking experts within the field can be a life-or-death decision when deciding what information to believe and consume on social media platforms.

Case 2: Within Case Summary

The graduate student group was in the space of no longer being in college but not yet in the medical school space. Their overall spirit regarding Question 1 was their ability to be change agents within the profession. Beyond their lack of trust in healthcare and social media, their overall spirit surfaced from the need for better educational practices that included a space for Blacks to feel they belong and are a part of a community that values their race and culture. They openly shared stories about discouraging moments but being in a nurturing environment of people who look like them made them feel empowered and capable of doing anything. This empowerment is key for educators to consider in nurturing the career aspirations of Black students. Lastly, social media cannot be ignored and was a major source of misinformation and distrust in healthcare professionals and the science. In the midst of a global health crisis social media’s influence cannot be ignored.

Case 3: Medical Students' Within Case Results and Analysis of Research Question 1

Question 1. How has the COVID-19 pandemic and the proximity to the profession played a role in your decision to pursuing a career in health?

These students on this level were looked at their proximity to the profession as being synonymous to them already being in the workforce. Their responses embodied those of healthcare workers and acknowledged the impact of their presence within the community as physicians and how it can aid the COVID-19 narrative and response.

Participant 12, a 27-year-old female medical student, spoke about her duty to be a source of information:

I feel responsible for this whole COVID-19 thing because people look at me, and they're like you're a medical student so tell me about this, tell me about these vaccines, and tell me about this virus. Okay, well, let me tell you what I know and let me try to help out that way. It's like you can't really turn your back on this pandemic being a medical student. You can't just turn a blind eye to people who are like denying the benefits of vaccine. I feel like we hold a bigger responsibility of putting out information that is true and accurate and coming against misinformation and trying to help the community trust us,

Participant 10, a 27-year-old male medical student, had similar sentiments. He expressed how COVID-19 put everything in perspective for him, recognizing in a few years and months he will be a physician. Because people will be asking him all the questions, he said it "puts this pressure on us because people look at us as Black doctors and they want to have trust in us and the healthcare system." He also mentioned that, even if he does not know the answer, he should be able to steer them in the right direction to find the answer.

Their responses highlight a mental transition during formal socialization from being a Black student to the embodiment of the healthcare profession as a Black healthcare student. This transferability is significant as it may highlight the change in approach needed as persistence may not be the focus, rather shaping their image as a

certain type of healthcare professional. Communication styles and the image Black doctors provide their communities was laced within their responses.

Case 3: Medical Students' Within Case Results and Analysis for Research Question 2

Question 2. How have your prior influences in choosing a career as a Black pipeline student been impacted by the COVID-19 pandemic?

Sub question 1: What awareness was brought to the social and environment factors that influences your decision to pursue a healthcare career?

Sub question 2: What awareness was brought to the school and educational factors that influences your decision to pursue a healthcare career?

The themes that surfaced as a result of these questions were the need for targeted experiences that have Black representation and the battle between the profession and social media regarding misinformation.

Targeted experiences that have Black representation. Consistently among all groups was the concept of Black representation that incorporates a sense of belonging and community. Once again, medical students speak of community and their presence from the space of embodying their future role within the profession. Participant 12 spoke about the importance of community health and work within the community in shaping culturally competent care practices. She indicated:

Morehouse School of Medicine is a great place to teach you how to care for patients, especially underserved patients... we go out to the community, the real community around the school and not just going over to the affluent areas but meeting the people who look like us and just saying we are here to give you culturally competent care. We have been giving care to people who come from impoverished areas or underserved areas and that is something you can always take with you. I think it makes us better as physicians. Sometimes your patients may not even have insurance, but you still go in there with a smile and talk to them like they're just as important as someone who does. We don't turn away people and we don't discriminate at all. I just feel that is going to help us in the long run and when we go, we will be more competent and more compassionate as they teach us that from day one.

Her thoughts revealed her development over time as a more culturally aware and competent doctor with the opportunity to go into the community. Her direct setting being underserved communities with people that look like her encouraged and empathetic spirit that will follow her as she moves forward in her medical career. She speaks of competency and compassionate which is needed in providing culturally competent care to the Black community. Participant 11, a 31-year-old male medical student, shared this spirit as he realized the power of communication and how Black representation is impactful—at times nostalgic—for Black patients. He stated:

I think Morehouse School of Medicine plays a huge role in helping with the trust of people in the community, because they see students from our institution who are also Black and administering the vaccine in the community. For instance, it's just like if you're giving me this vaccine and you look like my grandbaby then I would be more likely to accept this vaccine and accept what you say versus going to another school where you might have more foreign students giving vaccinations. I think it helps coming from this school, with this culture, and this mission to alleviate some of that mistrust because it's like how would you give somebody who looks like your grandma poison? How could you consciously do that? I think people see that and I think people are more likely to respond since you go to a school like Morehouse School of Medicine and if you are Black and minority.

MSM's role as a HBCU medical institution is prominent in this student's response. The institution is a beacon of Black representation within its own community and fosters this spirit within its students. He also highlights a factor that existed during the anticipatory socialization stage with study participants—the influence of family. His thoughts regarding how his presence can remind patients within the community of their grandson or loved ones highlighted how family and family-related experiences between patients and healthcare workers are reciprocal influences throughout the professional socialization process. Participant 11 confirmed this notion when he followed and discussed his

personal experience with a patient that involved her comfort in asking questions about her own health:

I was with a patient on my obstetrics and gynecology rotation who was about to be wheeled down to the operating room for a scheduled hysterectomy. Literally the anesthesia crew was about to come and hook her up and she asked me, “Are they really going to take it out?” She said I haven’t felt comfortable asking that question because I feel like people just look at me stupid.

The student highlights the importance of his presence as a Black healthcare student and his ability to inform the patient of a major surgery she was moments from undergoing. He said in that moment she became super emotional. He speaks to how in that moment he realized the weight of his presence but also how she could have been perceived as being “stupid” by other professions. He also stated:

I felt bad that our healthcare system doesn’t make it where our patients understand exactly what is going on and we don’t make it so they feel comfortable asking those questions... I felt really happy to deliver that information, but I felt really sad that it depended on me when she had several series of free surgery counseling, and that point was not made.

His presence and ability to answer the patient’s question lends itself to how Black representation can contribute to rebuilding trust in the healthcare system. This dynamic is vital in understanding the role of Black representation and how it contributes to patients experiencing their own sense of belonging and community all while being provided culturally competent care. The participant’s pride in being the source of that information reinforced his awareness of the significance of his presence in that room.

The profession vs. social media and combatting misinformation. Social media continued to surface as a source of misinformation that has negatively impacted healthcare—beyond the professionals themselves—but the profession as a whole. Participant 12 shared her thoughts regarding the ease of anyone providing misinformation

as it is a free platform for the public. She spoke of the “worship of celebrity-hood” and the magnitude of influence that takes place due to their number of followers and access to the public. Due to them being in high regard among society, she spoke of this automatic assumption that what they state and post as being true and accurate. Beyond celebrities, she spoke of the President of The United States during the time of the COVID-19 pandemic:

When you look at the last administration where you had the highest ranking official in the country saying that the virus was a hoax, what else are people supposed to believe? He is supposed to know secret and top information and he’s saying it is a hoax and you have people holding this dear because he was in a highly, highly important position. People now do not trust what the scientists say because they are no longer the most highly regarded people in the country.

Her description of the President’s role in calling the virus a hoax shows the ability for the profession to be impacted and the trust between the science and the public can all be dismantled based on a person’s status and number of followers—not expertise.

Participant 10, a 27-year-old male graduate student, backed her up in detailing how COVID-19 “put everything on full display,” asserting society and the healthcare system have “a whole lot of work to do.” With the spread of misinformation, he stated some physicians felt they were “speaking to deaf ears because of misinformation people have heard.” Their statements illustrated the relationship between media and trust in the healthcare system, asserting communication from doctors is no longer trusted and physicians are no longer revered as healthcare experts.

Participant 11 commented on changes regarding censored and uncensored communication allowed to make it to the public through social media. He believed this allowance created a battle between what is reliable and what is untrue. He spoke of the initial reactions to social media and the internet in the past as there were complaints

surrounding censorship in the 90s and early 2000s. He talked about how information was limited due to censorship but now information is less-censored opening the door for various perspectives—true or untrue. He spoke of how this censorship aided in more factual information being posted that came from reliable sources. Sharing the sentiments of others, he stated that, “Social media has made it where you never know exactly where you are getting news from and many of the people who are presenting it do not have the credentials to responsibly give this information.” He speaks to how this misinformation changed his way of engaging with patients on rotations within medical school:

One thing that I have had to counsel people on is the adverse effects of getting the vaccine. You know the vaccine can cause autism or it can cause this or that, so I have to counsel patients on the science. The science shows that there’s no connection between this vaccine and that adverse effect. Some people saying that COVID-19 is a huge hoax. I have to counsel patients by saying that nothing about COVID-19 is unusual to the nature of viruses. We have seen this before in history, maybe not in our lifetime, but if you look outside of the scope of our lifetime, we have historically seen it.

The power that social media obtained during COVID-19 permitted those who were not credentialed to provide information on medical topics seem like experts. Such moves took the power out of the hands of the physicians and researchers and deemed them as no longer being viewed as trusted sources. Lastly, along the lines of censure Participant 12 mentioned the fact that Twitter started labeling false information on their platform, but due to the current social media climate people were claiming Twitter was censoring and keeping the public from knowing the truth. The influence social media has in changing narratives, even to the detriment of the world’s health and mortality, must be considered as the world tackles future healthcare crises.

Case 3: Within Case Summary

The medical students collectively had a spirit of embodying the profession as though they were currently physicians. Currently engaged in rotations at clinics and hospitals, they were already in the field and speaking from a perspective that gave voice to the community and patients. Distrust of social media was also threaded into their responses and how misinformation was impacting the profession as a whole. Consistent with the other groups, the medical students maintained a big-picture view of the importance of Black representation within the field to change the narrative of mistrust the Black community has toward the healthcare system. These are all important to consider as themes emerge across the phases and groups.

Cross Phase Analysis and Emergent Themes

As a review of the emergent themes that surfaced in Phase 1 of this research, Tables 3.3 and 3.4 show the social influences of (a) family, (b) television, (c) internet and social media, (d) outside of school structured programs and experiences, and (e) structural influences within educational settings that aid in students establishing their professional image and outlook. There is a direct correlation between this data and the data revealed from Research Question 2. Table 3.6 depicts the within-case emergent themes related to Research Question 2 that surfaced throughout each case related to the prior influences (social, environmental, school-related, and educationally related) in choosing a career as a Black pipeline student that have been impacted by presence of COVID-19.

Table 3.3

Emergent Themes in the Anticipatory Socialization Stage

Themes	Subthemes
Social Influence (Familial)	-Influence through professions—direct influence from family professions, witnessed community impact & patient care, job security, & access to healthcare settings. -Influence through encouragement—follow your passions & seeing family members suffer with illnesses.
Social Influence (Television & Internet)	-Black representation -Promoted higher order of thinking -Access to global health issues

Table 3.4

Emergent Themes in the Formal Socialization Stage

Themes	Subthemes
Social Influences	-Social Media -Structured Programs – internships, shadowing, & pipeline programs
Structural Influences	-Structural educational components – hands-on experiences, clubs, interest groups, and teachers.

Table 3.6

Emergent Themes from Research Question 2 on the Social, Environmental, School, and Educational Influences During COVID-19

College & Recent Graduate Student Themes	Graduate Student Themes	Medical Student Themes
4. Social Barrier: Lack of Black Representation & Black Experiences	4. Social Barrier: Lack of Sense of Community & Belonging as a Black Student	3. Social Barrier: Lack of Experience that have Black Representation
5. Social Barrier: Lack of Trust in Social Media	5. Social Barrier: Negative Social Media Practices	4. Social Barrier: Negative Social Media Impacts on the Profession
6. Structural Barrier: Lack of Trust in Healthcare System	6. Structural Barrier: Lack of Trust in Healthcare System	

The data also revealed an interrelatedness between the anticipatory and formal socialization of individuals as they progress through school and life. Relationships exist between familial influence, the formal school environment, and the need for Black representation and sense of community and belonging. Additionally, institutions and pipeline programs provide Black representation and sense of community and belonging. The initial influence of television, internet, and social media were places for children to see Black representation. It was also a source of information for the household and family. Now, specifically social media, transitioned to a place of misinformation and conspiracy theories that diminish the science and the role of the physician and healthcare providers. Additionally, it gave a window into the needs of frontline workers in the healthcare setting.

Relationship between Familial Influence, the School Environment, and the Need for Black Representation and Sense of Community and Belonging Discussion

Students initially indicated the impact of family and how the professions of family members were their first glimpses into healthcare and the healthcare setting. What cannot be glossed over is the fact that their families, in their childhood years, served as Black representation and was their first glimpse of seeing someone who looks like them within a profession. Multiple college students and medical students spoke of how mothers, fathers, aunts, grandmothers, and siblings operating in healthcare made a huge impact on their decision to pursue healthcare. One college student spoke of how his grandmother was a nurse and the only person he saw in the field; she was his “only influence within the medical field.”

Additionally, communication styles and how their families attained information provided a sense of community and belonging for students. Students discussed how

families got information from television and discussed it amongst themselves, or parents would provide the information as a way to keep members of the family informed. The transition into formal socialization and schooling disrupted a sense of community, belonging, and even Black representation. This disruption continued throughout the process of formal socialization, even as students entered college. As mentioned before, such a disruption can be a barrier since college is the first time of independence from the rigid environment of high school and living at home with parents and family. There is a shift in relationships with teachers, degree of independent and group work, and the expectations of intellectual acumen changes (Conley, 2018).

One graduate student spoke of not feeling supported at a PWI. He witnessed White students being provided more help and resources than what was provided to him. Additionally, the acknowledgement of Black representation with professors was mentioned as potentially making the difference between him failing or persisting toward a career in healthcare. One graduate student spoke about how MSM “foundationally is set up so that I (as Black man) can succeed.” Another graduate student spoke of his PWI experience and compared his professors to deadbeat dads—“no matter how much effort you put in to trying to get to know or be personal, they just don’t care.” This view of PWIs is significant and spoke directly to the role of familial influence, its relationship to school, and the need for Black representation and a sense of community and belonging. Educators must acknowledge the transition from home to various levels of schooling and the interplay of Black representation and sense of community within each transitional level. Rovai (2002) linked it all as he spoke on community and belongingness being a strategy that “has the potential to reverse feelings of isolation and, by making connections

with other learners, provide students with a larger base of academic support by increasing the flow of information among all learners” (p. 320–321).

Relationship of Pipeline Programs as a form of Black Representation, Sense of Community and Belonging

The notion of Black representation surfaced as the students spoke about the significance of pipeline programs. It is this sense of familial influence from family in the healthcare profession that they see when they are in pipeline and exposure programs. HCOP Academy at MSM is adamant about ensuring the majority, if not all, of healthcare professionals placed in front of students or assigned as mentors are all Black professionals. One recent graduate student spoke of how “just being around Black people and seeing Black people doing what you want to do is very much needed,” and it disrupted the image of Black people only filling professions within the hospital such as janitors. Another college student spoke of his view of pipeline programs that helped him not dismiss the idea of being a doctor—significant because he never had a Black doctor while growing up. He stated, “Definitely being in the [HCOP] program and getting to meet actual Black doctors, actual Black residents, and getting to talk to them and hear their experiences was definitely useful.” Lastly, pipeline programs can provide a sense of community and belonging due to relationships and networking within the program. These programs are considered formal mechanisms—“in school workshops, summer camps, rigorous science and math courses that include hands-on experiments, and shadowing opportunities with STEM professionals through co-ops, internships, and externships” (Strayhorn, 2015 p. 56). Palmer et al. (2011) indicated exposure to programs that introduced minority students to health and medical careers was key to them feeling more prepared for college (p. 498). These formal mechanisms provide the space to aid in

retention as they not only expose students to the healthcare setting and help them feel more prepared, but they provide a network of peers who are on the same track and have similar cultural backgrounds. One graduate student spoke of how the participants within the program looked like him and were able to lean on each other to provide information on resources. He spoke of how one of his fellow participants made him aware of a scholarship within his desired field. He stated, “Passing it along and having that unity made me feel that we are in it together... we have each other.” Pekel et al. (2018) spoke to the importance of developmental relationships that involve “surrounding people with a web of positive relationships contributes to greater resilience” (p. 494). This concept of resilience speaks directly to how community makes students feel supported and feel like they belong.

Social Media Misinformation and the Impact on Healthcare and the Profession

Social media was developed during the lifetimes of many of the participants. Social media’s development is notable as there was a shift within the participants from a dependence on television as children to social media as adults. Television was a great influencer, bringing Black representation into the homes of children and providing a glimpse into the healthcare settings. Social media is also a derivative of the advancement of the internet over the years. The internet in the beginning years provided families access to news beyond their communities and the ability to be able to research various topics. As technology developed, the students stated that social media has become one of the quickest ways to access current events and news. One medical student spoke of the evolution of the internet and social media, highlighting complaints about censorship in the 1990s and early 2000s contrasted with far less present-day censorship that has opened

the door for people to get more perspectives from various people. He stated, “Social media has made it where you never know exactly where you are getting the news from and many of the people who are presenting it do not have the credentials to responsibly give this information.” This student communicated a lack of trust in social media and the need to determine whether sources are providing misinformation. This evaluation of sources on social media was exacerbated with the political climate that existed during the outbreak of COVID-19. The power of television and social media increased, becoming the primary sources of information for most people due to worldwide shutdowns and requirements for people to state home. One medical student spoke to the importance of people in power to provide information as she spoke about the impact that President Trump had in calling the virus a hoax. This rhetoric negated all the science and the information that was surfacing on the virus and being shared by experts. This source of misinformation was coming from the highest office in the nation—The White House. Tasnim et al. (2020) discussed the impact that this misinformation can have on safety practices and health as he mentions that COVID-19 “hindered the practice of healthy behaviors (such as handwashing and social distancing) and promoted erroneous practices that increased the spread of the virus and ultimately resulted in poor physical and mental health outcomes” (p. 172). In short, social media is seen as a place of misinformation that can negate the science-based advice of medical professionals due to the popularity of the people who post misinformation.

With social media’s ability to broadcast misinformation, it also can impact a culture with deep-seated issues with the healthcare system due to past unethical practices. Social media revealed the conditions of hospitals, the lack of equipment for healthcare

providers, and the necessity to use trash bags and other items to protect themselves. However, it ran even deeper for the Black community as social media can assist in perpetuating stories of unethical practices which typically lead back to the Tuskegee Syphilis study. One graduate spoke of how social media became entertaining to him as he saw posts from friends and family describing the vaccine as a nightmare and how “they’re putting DNA in our bodies and what DNA does to us.” He went on to say how interesting it is what people will believe and post as though true without any scientific merit. Another student spoke of a social media story wherein people were putting a phone to the vaccination site and the phone was sticking to their arm. Any form of doubt made many question the importance of being vaccinated. One recent college graduate spoke to how algorithms are used to provide information about certain people based on their online activity. If one looks up misinformation on the dangers of the vaccine, that information will continue to be shown based on practices and social media algorithms. Additionally, she spoke to how even trusted entities, such as the Center for Disease Control, can get caught up in the practices of misinformation. She went on to mention:

Only doctors, only nurses should wear a mask. Then it was like, no, everyone wears a mask regardless. Then the CDC would put out statements through Twitter, and then take their comments back. It was like, who do we trust at this point?

The combination of conspiracy theories and trusted entities not being completely sure about their posts can cause anybody, not just the Black community, to lose trust in the healthcare system—in turn impacting vaccine and treatment options.

As previously discussed, concerning Research Question 1, Table 3.5 depicts the within-case emergent themes from each case related to how COVID-19 and proximity to the profession has played a role in pursuing a career in health. The researcher did not

analyze this information on a cross-phase basis as no significant themes arose from the information. This section discusses relationships associated with the mindsets of students across cases and their outlooks on pursuing a career in health.

Table 3.5

Emergent Themes from Research Question 1 and Proximity to the Profession

College & Recent Graduate Student Themes	Graduate Student Themes	Medical Student Themes
4. Social Influence: Arousal of Alternate Career Options due to Visible Impact on other Professions	2. Social Influence to Persist: Agent of Change and for Innovation	2. Social Influence to Persist: Source of Information for Community
5. Structural Barrier: Lack of Support for Healthcare Professionals		
6. Personal Influence: Gap Year Option		

Proximity to the Profession Matters

The difference in thought between the three cases shows that proximity to the profession made a difference in the mindsets of the student groups. College students and recent graduates had a more relaxed approach regarding pursuing a health career, stating they had time to determine exactly which route they wanted to go. This mentality surfaced in responses surrounding additional career options and taking a gap year. One student contemplated going into politics as a result of what COVID-19 showed him regarding destructive policies for the Black community. Additionally, other students indicated how a gap year had opened their eyes to careers in healthcare administration, thus expanding their mindset on how they can touch healthcare in multiple ways.

Graduate students and medical students spoke differently than the younger participants. They were in programs preparing them for the next leg and putting them within healthcare settings—immersion in the workforce. One graduate student mentioned his experience of one day seeing a patient—and the next day the patient was dead due to COVID-19 complications. He mentioned some practices of the healthcare system are archaic, but he as a future healthcare professional can be a part of a generation of change agents who bring innovative practices to the field. The medical student spoke of the profession from the perspective of giving voice to the community and patients. It was as though they thought, “As a medical student I cannot turn my back on the community and patients because they are looking to us as experts and to be the individuals to provide culturally competent care.” These angles and voices from all three case study groups showed a progression of students being outside of the profession (college and recent graduates) to adopting the practices of the profession (medical students) that determined how they assessed their decision to stay in the field.

Discussion

Due to the importance of socialization, education, occupation aspirations, and resources needed to ensure the success of Black students in the healthcare pipeline, the purpose of this phenomenological case study was to give voice to the perceptions of Black pipeline students on the impact of COVID-19 on the healthcare profession and their pursuit of a health career. This elevation of voice within the pipeline can aid in the potential implications of COVID-19’s impact on the future healthcare workforce and efforts in alleviating the shortage of racial and ethnic diversity in the healthcare workforce. Diversity is significant because minorities make up only 28% of all health-

related professionals. Of that 28%, Blacks compose 11% of the healthcare workforce (Funk & Parker, 2018). A review of the literature revealed there is a need to shape and develop educational and institutional practices that take into consideration a student's home and community culture. The literature review provided a journey through the components to consider when preparing Black students for careers in health, providing a historical context of HBCUs (McPherson, 1970), a review on the needed climate for minorities to be successful on college campuses (Museus et al. 2011), readiness in preparing minority students for careers in health (Byrd & McDonald, 2005; Kendricks et al. 2013), and an examination of how COVID-19 has impacted the current healthcare workforce. The review highlighted the tremendous literature gap related to COVID-19's impact on the healthcare pipeline from the voices of Black students. Increasing diversity in the healthcare workforce and bringing voice to pipeline students is necessary to assess their motivation to persist toward a career in health and to assess the relationships of those motivations to future preparatory and educational practices. Hassan et al. (2020) defined motivation as a "psychological persuasion that involves a person's eagerness or enthusiasm to endeavor a set goal at an expense of hard work and sacrifices" (p. 941). The research questions tapped into the topic of motivation, exploring the influences or barriers to pursuing a health career in the midst of a pandemic. The research questions were:

Question 1. How has the COVID-19 pandemic and the proximity to the profession played a role in your pursuit of a health career?

Question 2. How has your prior influences in choosing a career as a Black pipeline student been impacted by the COVID-19 pandemic?

Sub question 1: What awareness was brought to the social and environment factors that influences your decision to pursue a healthcare career?

Sub question 2: What awareness was brought to the school and educational factors that influences your decision to pursue a healthcare career?

The researcher entered this study with the assumption that COVID-19 would negatively impact the persistence of Black students due to his experience of current healthcare workers deciding to leave the field. Additionally, he felt that COVID-19's impact on the Black community and healthcare workers would also be a deterrence for persistence. The study resulted in three overarching findings of COVID-19's impact on Black pipeline students at Morehouse School of Medicine. These findings give voice to the perspectives of the participants and highlight not only what has aided in their persistence, but also other factors that have impacted their journeys during COVID-19:

Finding 1: Connectedness: Black Representation and Sense of Community and Belonging is a Motivator for Career Persistence

Finding 2: Social Media during COVID-19 Negatively Impacted Healthcare and the Workforce

Finding 3: Proximity to the Profession: COVID-19 Invoked Alternative Options in Students Farthest Away from the Profession

Table 3.7 illustrates how the three findings aligned with the literature and with the professional socialization theoretical framework. The professional socialization theoretical framework provided a foundation for the study to examine the influences and barriers that existed during the participants' lifetime as they prepare for a career in healthcare in the midst of a public health crisis. This study highlighted the influences that occur early in life (family, programming, exposures, etc.) that are all necessary for educators to consider in preparing Black students in the healthcare pipeline for career.

Table 3.7

Study Findings Aligned with the Literature and Theoretical Framework

Findings	Literature Perspective	Professional Socialization Theoretical Perspective
Connectedness: Black Representation and Sense of Community and Belonging is a Motivator for Career Persistence	Social influence of a student's environment aids in students deciding on a career they want to pursue—there is a constant interplay between prior social interaction, knowledge, and new social interaction (Merton, et al. 1957)	Formation of preconceptions takes place in the anticipatory socialization stage prior to school years.
	“Learning is an ongoing process involving the reciprocal interplay among the learner, other individuals, social systems, and culture (Pransky & Baily, 2003 as cited in Cook-Cottone, 2004, p. 209).	Moving away from the preconceptions and attaining a new cultural base with specific knowledge, values, and attitudes occurs during the formal socialization stage which involves the introduction of school and its practices
	The motivation behind learning and what resonates with students from a specific cultural group must be incorporated in order to resonate with intrinsic motivation, levels of arousal, and a student's self-worth as they see links and positive images of their own culture in their environment (Gentry, 2010).	Analysis, conflict, and confusion with the hidden curriculum occurs in the formal socialization stage and often continues in post-formal.
	The campus should reflect a diverse culture and not encourage minorities to adapt to the culture of the majority and adopt traditions of the campus (Stage & Manning, 1992).	
	Strong high school preparation from teachers, advanced classes, and exposure to programs that introduced them to health and medical careers were key in them feeling more prepared for college (Palmer et al. 2011)	
	Pipeline programs are formal mechanisms key in sparking interest in various subjects and potential careers (Strayhorn, 2015). You can't imagine being what you don't see” (L. Sullivan, personal communication, 2015).	

(Continued)

Findings	Literature Perspective	Professional Socialization Theoretical Perspective
Social Media during COVID-19 Negatively Impacted Healthcare and the Workforce	<p>Social influence of a student's environment aids in students deciding on a career they want to pursue—there is a constant interplay between prior social interaction, knowledge, and new social interaction (Merton, et al. 1957).</p> <p>“Learning is an ongoing process involving the reciprocal interplay among the learner, other individuals, social systems, and culture (Pransky & Bailey, 2003 as cited by Cook-Cottone, 2004, p. 209).</p> <p>The motivation behind learning and what resonates with students from a specific cultural group must be incorporated in order to resonate with intrinsic motivation, levels of arousal, and a student's self-worth as they see links and positive images of their own culture in their environment (Gentry, 2010).</p>	<p>Moving away from the preconceptions and attaining a new cultural base with specific knowledge, values, and attitudes occurs during the formal socialization stage which involves the introduction of school and its practices.</p> <p>Analysis, conflict, and confusion with the hidden curriculum occurs in the formal socialization stage and often continues in post-formal.</p>
Proximity to the Profession: COVID-19 Invoked Alternative Options in Students Farthest Away from the Profession	<p>“Learning is an ongoing process involving the reciprocal interplay among the learner, other individuals, social systems, and culture (Pransky & Bailey, 2003 as cited by Cook-Cottone, 2004, p. 209).</p> <p>It is critical that students are intrinsically motivated as the hours and stress that it takes to reach the goal of being a healthcare professional and to maintain a sense of happiness while in the profession can be overshadowed by the work environment and in some cases burnout (Hassan et al., 2020).</p>	<p>Moving away from the preconceptions and attaining a new cultural base with specific knowledge, values, and attitudes occurs during the formal socialization stage which involves the introduction of school and its practices.</p>

The importance of Black representation along with sense of community and belonging were key findings from the research questions. Those findings pointed to agents of persistence for Black students both in the anticipatory and formal stages of professional socialization. Secondly, the negative impacts of social media on healthcare and the workforce spoke to the changes in preconceptions that occur throughout an individual's lifetime—the use of internet and media and how engagement may change over time. Thirdly, the students' proximity to the profession was a factor of the formal socialization stage, where participants were forced to analyze the impact of COVID-19 on their decisions to continue toward a health career or assess changing their plans. Study results confirmed previous literature findings, appropriately aligning with the professional socialization framework and revealing the influences and processes individuals experience in determining a future career. The following explains the three findings in more detail.

Connectedness: Black Representation and Sense of Community and Belonging is a Motivator for Career Persistence for Black Students in the Healthcare Pipeline

The study indicated that community, belonging, and Black representation were key to Black students in the healthcare pipeline persisting toward a future in the healthcare profession—shaping the concept of connectedness. Rovai (2002) explained connectedness as the following:

Connectedness denotes recognition of membership in a community and the feelings of friendship, cohesion, and satisfaction that develop among learners. Once individuals are accepted as part of a nourishing learning community, they develop feelings of safety and trust. With safety and trust comes the willingness of community members to speak openly. This candor is important to a classroom community because with trust comes the likelihood that members will expose gaps in their learning and feel that other members of the community will respond in supportive ways (p. 322).

Connectedness is vital to the health of Black students as seen in the responses from many of the study participants, which also highlighted the importance of various environments. From the educational perspective, students voiced their experiences in relation to PWIs and HBCUs. Their MSM and HCOP Academy experiences were crucial to their persistence, providing a place of community and a sense of belonging in a space of being taught by faculty who looked like them. They also engaged in pipeline programming that fostered networking with healthcare professionals who looked like them, and they were supported by staff who looked like them. This Black representation leads to a sense of community and belonging. Strayhorn (2015) developed a sense of belonging theory as it relates to college students that states,

the concept refers to feelings that members matter to one another and the group, a person's perceived indispensability with a system, an individual's sense of identification in relation to a group (yields an affective response), and a student's sense of being accepted, valued, and care about in academic spaces (p. 49).

He went on to assert belonging is a “basic human need” and “must be satisfied continually” (p. 49). This assertion shows the link between the anticipatory and formal stages of socialization within the professional socialization theoretical framework. Formal socialization is noted to be the stage where students move away from prior preconceptions and attain a new cultural base with specific knowledge, values, and attitudes. As shown in this study, the spotlight has to be put on examining the influential factors in the anticipatory stage and using them in the formal stage to “expand” the cultural base with specific knowledge, values, and attitudes instead of establishing a “new” cultural base. This can be done by ensuring (a) students have an opportunity to have Black teachers and professors, (b) students receive an HBCU sense of community experience at PWIs by diminishing stereotype threats and racial microaggressions, and

(c) students are involved in pipeline programs where they are able to see Black practitioners and representation in healthcare settings. Such efforts will create a mechanism of extending and building upon the sense of connectedness that is critical to Black students as they progress from stage to stage in the professional socialization process.

The other side to this equation is the impact of connectedness on students' concept toward their eventual role in the healthcare profession. Many of the graduate and medical students spoke of being face-to-face with patients or in clinical experiences where the color of their skin resonated with Black patients, creating an immediate connection and trust that eased communication efforts. Research has shown that Black patients have a tendency to receive care from physicians who share the same race. This commonality heightens interpersonal care through culturally applicable communication styles and behaviors that contribute to a greater understanding of patient wants and needs (Cooper & Powe, 2004; Saha & Shipman, 2006; Saha et al., 2000; Shen et al., 2018). This commonality notion is extended beyond sharing the same race, as Saha and Beach (2020) state: "Black patients have better experiences with Black physicians ... because they trust other Black people more and view them as less likely to perpetrate discrimination" (p. 1084). Research pertaining to the average Black patient highlights their need for Black representation and a sense of community and belonging through culturally competent and connected care. It is this moment of transferability that takes place when Black students transition to being Black healthcare students. They need Black representation and a sense of community and belonging in social and educational environments as it breeds motivation to persist toward a health career, and their future

Black patients need it to repair the lack of trust in the healthcare system and to receive culturally competent care. The impact of black representation is confirmed by Alsan et al. (2020), whose research shows Black patients in these conditions are more likely to agree to invasive preventive services.

Morehouse School of Medicine and the HCOP Academy help students deal with the dichotomy of satisfying their personal need for community and Black representation and also seeing the needs of the communities they serve. This inclusive educational approach provides a safe space for students to explore their own racial and personal identities while understanding and highlighting the needs of others within their culture and community. Students learn in social and educational environments with support systems that feed their community and belonging needs from people who look like them (representation). On the other hand, the students' educational and career preparation places them in communities where the students serve as the Black representation (doctor) their Black patients and populations need to experience community and belongingness. This study should serve as a targeted approach for institutions—PWIs as well as HBCUs—to increase motivation and prepare Black healthcare pipeline students to persist toward a career in healthcare.

Social Media during COVID-19 Negatively Impacted Healthcare and the Workforce

Social media surfaced as a mechanism during the COVID-19 era that negatively impacted the healthcare system and the profession. Mitchell and Leidke (2021) indicated that a little over half (53%) of Americans received news about COVID-19 through social media, with four in 10 stating they followed vaccine news through social media. This study provided a window into the healthcare setting, allowing workers to provide

personal accounts of their experience within hospitals—the good, the bad, and the ugly. First-hand accounts of the conditions showed all Americans the shortfalls and inadequacies of the healthcare system. Some of the study participants stated social media brought light to the gaps that exist in healthcare administration. The pervasive nature of social media cannot be ignored given its impact on aspiring healthcare students as the environment and support received within the field aids them in making a decision of whether to pursue healthcare or not.

Additionally, misinformation practices within social media have impacted how society views the healthcare profession. Social media has harnessed the power of being a place of misinformation that can make the science and advice of medical professionals obsolete due to the popularity of the people who post misinformation. Lee et al. (2020) discussed the concept of “infodemic:”

Although social media can be used effectively to provide essential health-related information to the global community, misinformation does not require professional verification or review, and thus has the potential to proliferate quicker and be disseminated farther on social media due to existing algorithms that highlight popular or desired content. (p. 2)

Multiple students in the study spoke about the strain misinformation has placed on the profession as the public no longer believe science and physicians’ recommendations. Furthermore, misinformation and conspiracy theories reaffirmed a lack of trust from groups like the Black community who have been the target of unethical practices in the past. The residue of the Tuskegee syphilis study still resides within the responses of many in the Black community.

Proximity to the Profession: COVID-19 Invoked Alternative Options in Students Farthest Away from the Profession

Despite the desire and persistence to pursue a health career as stated by all student participants, it is worth noting college students and recent graduates were the only groups to show some degree of “pumping the breaks” and looking at alternative options. A review of the COVID-19 landscape caused some hesitancy by one student, another thought about pursuing a political career, and others decided to take a gap-year before determining next steps. As shown in the previous two sections, persistence was tied to student interactions with educational environments and programs that provided a space for Black representation and sense of community and belonging. Additionally, the student who considered a political career was fueled by what he saw on social media and the power politicians have in making systemic change. There are arguments on both sides concerning gap years. Martin (2010) confirmed “a gap year better prepares young adults for the self-directedness and maturity needed to make the most of further education or work” (p. 561), while some have suggested that workforce outcomes and academics are negatively impacted when a student takes a gap year and disrupts the direct flow from school and future education (Berkner et al., 2003 & Lamb, 2001). The interrelatedness of the students’ responses to COVID-19 and their proximity to the profession magnify the importance of intentionally supporting and meeting the needs of students who are the farthest away from the profession.

Implications

This research has the ability to create conversation and can inform pipeline educators, recruitment and admission offices at higher education institutions. Hospital officials who oversee diversity, equity, and inclusion can also benefit, as can medical

professionals and any other entities that are responsible for preparing Black students for careers in health. It can also add to literature centered on preparing Black students for careers in health, bringing awareness to the impacts of a public health crisis on the journey to becoming a health professional.

From an internal perspective, students were reviewing their personal values and needs during an unprecedented and unfortunately deadly period of history. Students were adjusting to societal, educational, and environmental changes that are all playing a part in decisions they make about their own lives and the future. The turmoil stirred up the importance of being in environments that provide a sense of community and belonging and where there are people who look like them—Black representation. On the other hand, it created a mirror into the needs of their future patients and developed a sense of “they need what I need, and I have the ability to provide it to them” reflection for the students. The desire for connectedness is nothing new, but as this research showed, it rose to the surface as a strong consideration when determining how to persist educationally while in the midst of a pandemic. As the students examined external factors, social media played a tremendous role in examining the external environment related to their professional interests—the professional setting, the future landscape of the profession, and the future respect of the science and the profession. These internal and external factors were key components that rose to the surface of this study and have significant implications for education, policy, and related research.

Implications and Recommendations for Culturally centered Connectedness as a Practice that Strengthens Career Persistence

Researchers have long talked about the importance of colleges providing a sense of community and belonging by fostering environments where students are accepted,

valued, and included (Strayhorn, 2015; Museus et al., 2011; Riley, 2019). This research spotlights an under-researched area wherein culturally centered connectedness throughout the lifetime of a Black student aids with career persistence. Connectedness marries with the developmental relationship framework by Pekel et al. (2018), demonstrating that showing students care, providing support, sharing power, networking, and connecting students to other people contributes to resilience. Students are also known to perform better socially, psychologically, and academically with this development relationships approach in school (Roehlkepartain et al., 2017). Black students also expressed their need for school staffs to reflect the diversity of the student population because Black students learn differently and have different interests than other minorities (Gentry, 2010).

There is a tendency to look at connectedness in silos and at certain phases of life (i.e., within school years) but seldom as a journey from cradle to career. Institutions of learning must consider intentional practices to make connections—starting with the anticipatory stage and flowing through the formal stage of professional socialization—to prepare students for the post-formal stage. Figure 3.8 depicts the relationships this study revealed between the stages of the framework and the interplay between cognitive and motivational factors in an individual's personal and professional life.

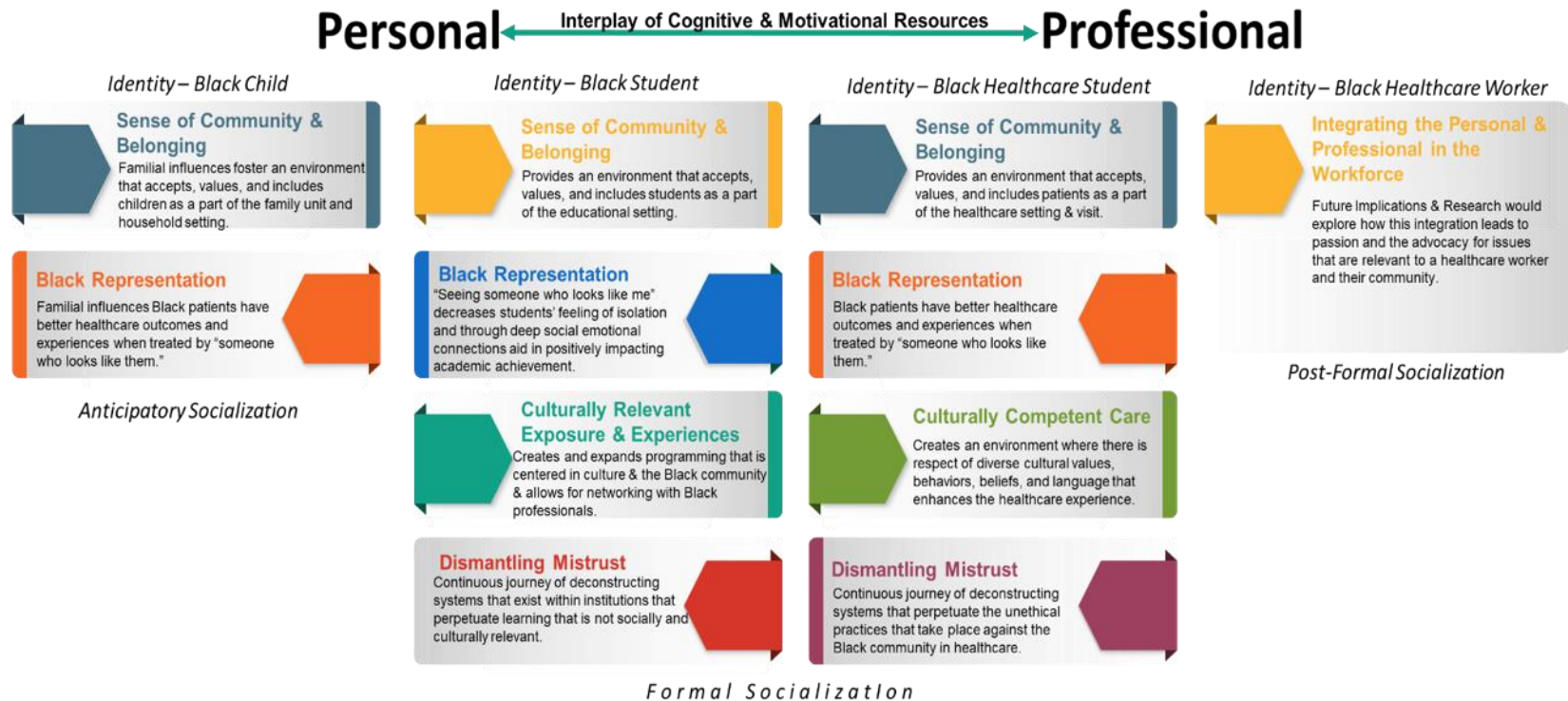


Figure 3.8. Framework of connectedness in the personal and professional evolution of Black healthcare pipeline students.

Interrelatedness between the areas and stages is informative because students adopt different identities as they move through the professional socialization process. It is this degree of transferability as Black students become Black healthcare students. For instance, sense of community and belonging was needed in childhood, the social environment of the formal schooling phase, and the embodiment of the profession as a means of meeting the patient's need for sense of community and belonging. Black representation also reached across the stages since students saw it in their homes, needed it in their schooling, and recognized the need for their patients to experience it. Culturally relevant exposures and experience centered on the benefits of structured programming such as pipeline programs, internships, and shadowing opportunities. Culturally competent care linked addressing the lack of diversity in the healthcare field. Lastly, dismantling of mistrust on the student side addressed issues at PWIs versus HBCUs. As students prepare for the workforce, addressing community, belonging, and representation can make inroads to dismantling the Black community's longstanding mistrust of the healthcare system.

Implications and Recommendations for Proximity to the Profession as an Influence on Practices Regarding Health Career Pursuit

Proximity to the profession did not deter participants' pursuit of a career in healthcare, but it brought light to potential mindsets of students as they were dealing with COVID-19. Figure 3.9 provides a snapshot of the mindsets of students within this study. Although recent graduates, graduate students, and medical students were professionally focused and already saw themselves in the profession, college students exhibited degrees of pause (hesitancy, gap years, and consideration of alternate professions) in their choices due to COVID-19. Anderson and McQuire (1997) spoke to the role of educators and

advising offices, throughout a student’s college journey, to be intentional in goal setting and encouraging and supporting students toward well-informed career decisions. The journey to the profession may not be straight for some, but having those discussions is key to the student’s success. Martin (2010) spoke to the benefit of taking a gap year as being helpful in maturation and preparing for the future of work, but others felt workforce outcomes and academics are negatively impacted when a student takes a gap year and disrupts the direct flow from school and future education (Berkner et al., 2003 & Lamb, 2001). Conversations regarding gap years and other potential deterrents are necessary for students to know all advantages and disadvantages as it aids toward goal setting.

PWIs and HBCUs should account for these findings to shift policies. In an era of increasing emphasis on diversity, equity, and inclusion initiatives, PWIs must go beyond solely recruiting Black students; they must consider retention practices that provide the best sense of connectedness for Black students.

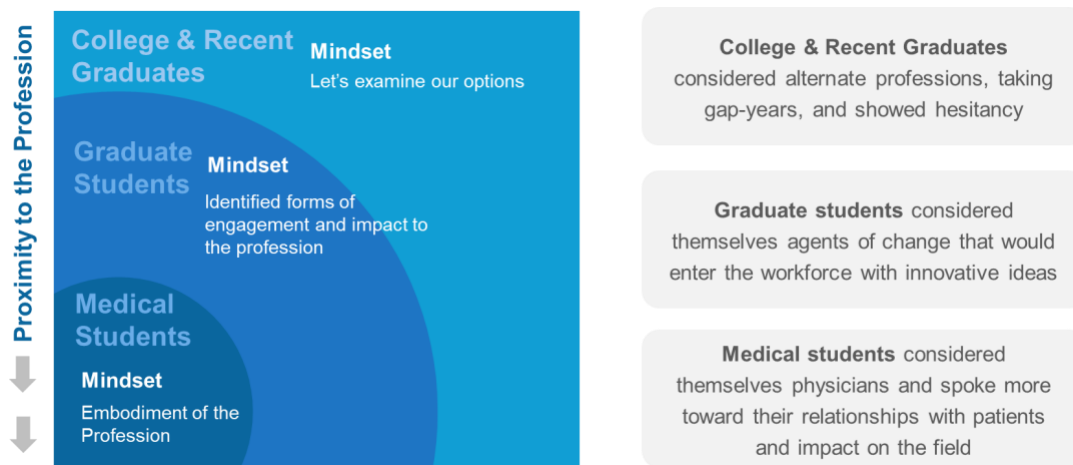


Figure 3.9. Proximity to the profession considerations.

Such practices encourage Black students to explore their racial and personal identities as a part of their educational process and as an embodiment of their impact on the healthcare workforce. PWIs should reflect diversity by not encouraging Black students to simply adapt to the culture of the majority or adopt traditions of the campus (Stage & Manning, 1992). Institutions may adopt or deepen culturally relevant pedagogy and develop structured programming, such as pipeline programs and learning communities, to provide culturally based networking opportunities. Culturally based internships, shadowing, field work, and community-immersed projects are also viable options.

Faculty and staff collaboration is critical to ensure learning communities and structured programming incorporated into the classroom encourage a village approach to supporting minority students (Mangan, 2019). Such tentacles throughout an institution ensure long lasting implications and decrease the probability these practices will be dissolved when administrative or leadership changes occur. These types of initiatives need more institutional support at PWIs and HBCUs; implementation cannot rely solely on grants and external funding. Institutional funding toward these efforts shows true commitment to support the success of Black students and, once again, decreases the likelihood these programs will be dissolved with staff changes or when external funding is no longer available.

Finally, HBCUs like MSM must find ways to highlight their practices of connectedness to inspire PWIs. Precisely because research is limited regarding the reasons Black students attend HBCUs (Van Camp et al., 2009), HBCUs must showcase

their connectedness initiatives. In so doing, these universities will serve as role-models for PWIs while simultaneously highlighting a significant benefit of attending an HBCU.

Implications and Recommendations for Social Media and its Negative Impacts on Healthcare

Because social media has become a vital part of global society by providing a quick way to search, share, and disseminate information to the general population (Juyal et al. 2020), research on the topic is not difficult to find. However, social media's impact during COVID-19 is an area ripe for exploration. This study's findings expanded and highlighted general social media research, but it also revealed social media's impact on the healthcare profession during COVID-19 from the perspective of Black students. Figure 3.10 highlights the various areas participants felt were areas of concern related to the future of healthcare.

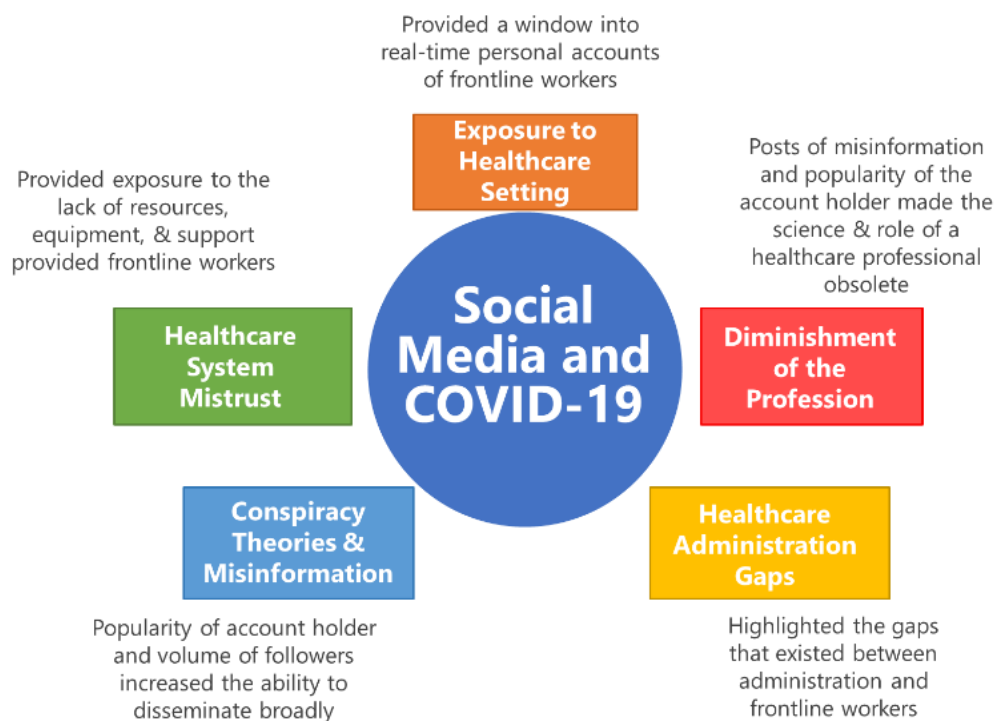


Figure 3.10. Social media's impact on healthcare during COVID-19.

Social media users understand personal accounts and real-time information can easily be shared. Social media platforms allowed healthcare workers to show the inadequacies in support, resources, and equipment for frontline workers.

Compounding the negativity, misinformation and conspiracy theories related to vaccines and medical care disseminated via social media exacerbated existing mistrust in the healthcare industry, diminishing opinions about healthcare professionals because many no longer believed the science or what healthcare experts were sharing concerning COVID-19. These areas of concern highlighted the need for policies to be changed or established. In the words of Vraga and Bodie (2021), “Mitigating the risks associated with COVID-19 requires sustained public action, so misinformation that promotes false narratives or cures can hinder necessary behaviors to reduce the spread of the disease” (p. 399). If dissemination policies regarding misinformation are not developed by the social media companies, congressional involvement is necessary in the form of law that outlines policies to be enacted by companies in the face of a public health crisis. Such measures could tag and scrub posts or ads that go against the overall healthcare, healthcare practices, and healthcare discoveries during crises.

In addition to policies and changes needed within social media companies, there is also a need for educators to assist students in acknowledging the unethical usage of social media and training them on ethical practices. This training can encompass the need to fact-check either everything or information that comes from sources that are not experts in healthcare and other areas. Additionally, training can include professional development curriculums that are employed to prepare students for the future of work.

Once again, these are recommendations that can be implemented or at least create discussion within pipeline, recruitment and admissions, and student affairs offices at higher education institutions. Senior educational leaders must consider systemic changes within institutions and curricula as a result of hearing the participants voice their needs and concerns while pursuing a health career in the midst of a pandemic.

Directions for Further Research

This study was bound to one site and only gave the views of students who were matriculating or were involved in pipeline programs at Morehouse School of Medicine. MSM is an HBCU which complements the intersection of race and sense of belonging, sense of community, and Black representation. The following are the researcher's thoughts concerning future research:

- Future research regarding Black persistence toward nonmedical careers should focus on the intersection of race and the intentional or nonintentional practices at HBCUs which foster a sense of belonging and community.
- Future research could include Black healthcare pipeline students from various institutions, including PWIs, to compare the experiences within both environments.
- Future research could include Black healthcare pipeline high school students to compare their experiences to this study.
- Future research could examine PWI medical programs to assess their practices regarding Black students' sense of belonging, Black representation, culturally relevant exposures and experiences, and social and structural inequities.
- Given the widespread nature of social media, future research could take a broader look at the impact of misinformation practices on the healthcare field during COVID-19.
- The lack of trust in the healthcare system in the Black community can originate with a lack of connectedness to the field of healthcare. A potential study could examine the healthcare practices of the Black community, using the Connectedness Framework highlighted in the Implication section to determine

whether the interrelatedness of sense of belonging, Black representation, and culturally competent care improves trust in the healthcare system.

- Because institutions are expanding diversity, equity, and inclusion efforts, a potential study could explore whether such efforts foster passion and advocacy within the workplace.

The purpose of this study was to bring voice to the experiences of Black students in the healthcare pipeline in hope that it would aid in increasing diversity within the healthcare field. The suggested studies will expand on the voices of these participants and provide a recipe for institutions to better provide conducive environments for success as Black students enter the healthcare pipeline and navigate the journey to a career in health.

Summary and Conclusion

This study fills a gap in literature related to the impact of COVID-19 on pipeline students, specifically Black students, who are pursuing a healthcare career in the midst of a pandemic. This study also involved students who were either matriculating at MSM or participated in pipeline programs like the HCOP Academy held at MSM. One intent of the study was to give voice to pre-health Black students regarding potential prolonged impacts of COVID-19 on recruitment, retention, and persistence into the healthcare profession. As stated in Chapter 1, research points to the need to increase diversity and representation of minorities in the workforce to provide culturally competent care to their communities. By 2060 researchers estimate that minorities will make up 57% of the population, an increase of 20% from the nation's current demographics (Bernstein, 2012). The AAMC (2020) estimated an increase in the shortage of doctors for underserved areas, which tend to be heavily minority, from 20,000 prior to COVID-19 to a range of 54,100 to 139,000 physicians in 2033. Healthcare professionals must prepare for the challenges resident in these statistics, focusing on recruiting, supporting, and preparing

future healthcare leaders for a more diverse workforce. In addition to addressing current shortfalls in the healthcare system exacerbated by COVID-19, practitioners must also elevate the voices of Black medical students to understand the pandemic's impact on the Black community in general and aspiring Black healthcare workers specifically. As the population continues to become more diverse, failure to provide awareness of the Black experience with healthcare education and professional practice will continue to negatively impact the diversity of the healthcare workforce.

The research design chosen for this study was a phenomenological case study that allowed for the researcher to assess the lived experiences of Black students related to impacts of COVID-19 on the healthcare pipeline. Although qualitative research is not common in healthcare environments, Reeves et al. (2006) highlighted qualitative formats centered on interviews are looked upon favorably. This research was grounded in the professional socialization theoretical framework comprised of the anticipatory and formal socialization stages of professional socialization from childhood to adulthood. The researchers did not address the post-formal socialization (workforce) stage because the participants had not fully entered the healthcare workforce. Phase I included an initial questionnaire disseminated to all students which gathered demographic and baseline information to reveal the influences of the anticipatory (childhood) and formal (school age and beyond) stages. Themes from the questionnaire spotlighted the influences of family, media (television, internet, and social), structured educational programs within school settings, and structural programs within the professional setting. Phase II included follow-up focus groups with a semi-structured style that allowed the researcher to expand on data obtained from the questionnaire. The following research questions were explored

during both phases; at the completion of Phase II the researcher was able to develop findings that incorporated both phases of research:

Question 1. How have the COVID-19 pandemic and the proximity to the profession played a role in your pursuit of a health career?

Question 2. How have your prior influences in choosing a career as a Black pipeline student been impacted by the COVID-19 pandemic?

Sub question 1: What awareness was brought to the social and environment factors that influences your decision to pursue a healthcare career?

Sub question 2: What awareness was brought to the school and educational factors that influences your decision to pursue a healthcare career?

Data from the study produced three findings regarding COVID-19's impact on Black pipeline students at MSM:

Finding 1: Connectedness: Black Representation and Sense of Community and Belonging is a Motivator for Career Persistence

Finding 2: Social Media during COVID-19 Negatively Impacted Healthcare and the Workforce

Finding 3: Proximity to the Profession: COVID-19 Invoked Alternative Options in Students Farthest Away from the Profession

This research led to two overarching areas of implications and recommendations for stakeholders and practitioners. The first pertained to culturally centered connectedness as a practice that strengthens career persistence, and the second was an exploration into social media during COVID-19 and its impact on healthcare. This research can inform the future practices of any entities responsible for preparing Black students for medical careers, including (a) pipeline educators, (b) recruitment and admission offices at higher education institutions, (c) diversity, equity, and inclusion personnel, (d) medical professionals and societies.

CHAPTER FOUR

Distribution of Findings

Executive Summary

Due to the importance of socialization, education, occupation aspirations, and resources needed to ensure the success of Black students in the healthcare pipeline, the purpose of this phenomenological case study was to give voice to the perspectives of Black pipeline students on the impact of COVID-19 on the healthcare profession and their pursuit of a health career. By alleviating the shortage of racial and ethnic diversity in the healthcare workforce, Black patients will be able to receive culturally competent care that can increase their utilization of healthcare. The disparity of Black healthcare professionals is significant: minorities make up only 28% of all health-related professionals. Of that 28%, Blacks comprise 11% (Funk & Parker, 2018). By 2060 researchers estimate minorities will make up 57% of the population, an increase of 20% from the nation's current demographics (Bernstein, 2012). The deficit in diversity is important as the AAMC (2020) estimates an increase in shortage of doctors for underserved areas, which tend to be heavily minority, from 20,000 prior to COVID-19 to a range of 54,100 to 139,000 physicians in 2033. The healthcare industry must prepare for the growing concerns posed by these statistics and address recruiting, supporting, and preparing future healthcare leaders to account for a more diverse workforce.

A review of the literature revealed a need to shape and develop educational and institutional practices that culturally account for a student's home and community. The literature review provided a journey through the components to consider in preparing

Black students for careers in healthcare. A review of the historical context of HBCUs (McPherson, 1970) preceded discussions regarding necessary climates for minorities' success on college campuses (Museus et al., 2011), readiness in preparing minority students for careers in health (Byrd & Macdonald, 2005; Kendricks et al., 2013), and the impacts of COVID-19 on the current healthcare workforce. The gap revealed in literature was COVID-19's impact on the healthcare pipeline from the voices of Black students, an already marginalized group. Increasing diversity in the healthcare workforce and giving voice to pipeline students was necessary to assess their motivation to persist toward a career in healthcare, generating the need for this study. The research questions are as follows:

Question 1: How has the COVID-19 pandemic and the proximity to the profession played a role in your pursuit of a health career?

Question 2: How have your prior influences in choosing a career as a Black pipeline student been impacted by the COVID-19 pandemic?

Sub question 1: What awareness was brought to the social and environmental factors that influenced your decision to pursue a healthcare career?

Sub question 2: What awareness was brought to the school and educational factors that influenced your decision to pursue a healthcare career?

These questions arose from the researcher's familiarity with developing and overseeing pipeline programs for Black students and familiarity with how socialization and a student's environment, such as the pandemic, can disrupt systems for these students. The following sections provide an overview of data collection and analysis procedures, summary of key findings, and informed recommendations.

Overview of Data Collection and Analysis Procedures

The purpose of this phenomenological case study was to examine Black pipeline students and the impact of COVID-19 on their views of healthcare and their pursuit of a healthcare career. Creswell's (2013) suggestions for conducting a phenomenological case study involve drawing on multiple data sources including observations, interviews, documents, and audiovisual materials which bring voice to the students and allow for the analysis of thick and rich information to shed light on student perceptions. Qualitative research is the best approach when there is a desire to provide an in-depth voice to lived experiences, and it enables the researcher to view a case and phenomenon through the lens of the study participants (Patton, 2014; Ritchie & Lewis, 2003). Through reviewing the experiences of the participants, researchers are able to derive meaning from various themes and describe the "essence" of the collective experience (Creswell & Poth, 2018, p. 372). Phenomenological case studies also allow researchers to present data from the assumption there is no standard for all people but only what people have experienced throughout life and directly what it means to them (Creswell & Poth, 2018).

There were no physical sites for this phenomenological case study as all interviews were held through Zoom videoconferencing software due to this study being conducted in the midst of the COVID-19 pandemic. This phenomenological case study used a purposive sampling strategy in its recruitment of student participants. The researcher was intentional in finding participants who were willing and committed to providing data based on their engagement and experience with the topic being researched (Etikan et al., 2016). Additionally, the purposive sampling method included a homogeneous sampling as the students who share similar traits (Etikan et al., 2016): they were around the same age, they were all Black, and they all participated in educational

programming and experienced the environment at Morehouse School of Medicine. The recruitment of 13 college and recent graduate students were from various institutions, but all shared in common their participation in the HCOP Academy Pipeline Program at MSM. The recruitment of 15 graduate and medical students all came from MSM.

For this study, the researcher pulled from the work of Devenish et al. (2016) and Cant and Higgs (1999) and their use of the professional socialization theoretical framework (PSTF) application on individuals pursuing health careers. Professional socialization is a process that takes place over the lifetime of an individual starting with anticipatory socialization that takes place prior to schooling (Cant and Higgs, 1999), formal socialization that takes place once entering school, and post-formal socialization that takes places once the learner has graduated and enters the healthcare workforce (Melrose, et al., 2015). Figure 1.3 provides a visual of what each phase of professional socialization entails. Additionally, this figure introduces the disorienting dilemma of COVID-19 across each phase. The post formal phase was not examined as students have not entered the health career of their choice.

Table 2.2 provides an overview of the data collection and analysis that took place during this study. Phase I of the research involved a digital questionnaire (Appendix C) that deeply examined various components of anticipatory and formal socialization by providing a baseline analysis of the study's participants. Each participant provided informed consent prior to proceeding to the remaining pages of as it was the first page of the digital questionnaire (Appendix C). The questionnaire gave insight into the childhood, adolescent, and adulthood socialization factors that aided or hindered developing an individual's professional image. Phase II of the research involved focus

groups (Appendix F) with each case (college and recent graduates, graduate students, and medical students) that built upon Phase I but focused more on COVID-19 because the participants are currently experiencing the pandemic during the formal socialization phase of their lives. That tie to the formal phase allowed the researcher to investigate the changes or impacts that have taken place since the onset of COVID-19. McGuirk and O'Neill (2016) spoke of the benefits of coupling questionnaires with focus groups, a step allowing certain concepts and themes to be teased out by the researcher and providing pre-guidance for the approach to the focus groups. The researcher performed a cross-phase analysis to establish Phase II influences or barriers that may have impacted or were influenced by the Phase I anticipatory socialization stage and earlier years of education. This comparison deepened the narrative and insight students provided on the impacts of COVID-19 on the Black student healthcare pipeline, and it established the importance of how this theoretical framework applies to this research and research design. The comparison also enabled the researcher to propose a framework situated in the professional socialization theoretical framework and wields the findings of this study's experiences of Black students in the healthcare pipeline.

Summary of Key Findings

The study resulted in three overarching findings of COVID-19's impact on Black pipeline students at Morehouse School of Medicine. These findings are key in that they bring voice to the perspectives of the participants and highlight not only what has aided in their persistence, but other factors that have impacted their journeys during COVID-19:

Connectedness: Black representation and sense of community and belonging is a motivator for career persistence for Black students in the healthcare pipeline. The study indicated that community, belonging, and Black representation were all key to Black students in the healthcare pipeline persisting toward a future in the healthcare profession. From the educational perspective, students voiced their experiences in relation to PWIs and HBCUs. Their MSM and HCOP Academy experiences were key to their persistence, providing a place of community and a sense of belonging in a space of being taught by faculty who looked like them. They also engaged in pipeline programming that fostered networking with healthcare professionals who looked like them, and they were supported by staff who looked like them. Black representation leads to a sense of community and belonging that Strayhorn (2015) asserted is a “basic human need” and “must be satisfied continually” (p. 49).

The other side to this equation is the impact of connectedness on students’ concept toward their eventual role in the healthcare profession. Research has shown that Black patients have a tendency to receive care from physicians who share the same race. This commonality heightens interpersonal care through culturally applicable communication styles and behaviors that contribute to a greater understanding of patient wants and needs (Cooper & Powe, 2004; Saha & Shipman, 2006; Saha et al., 2000; Shen et al., 2018). Research pertaining to the average Black patient highlights their need for Black representation and a sense of community and belonging through culturally competent and connected care. It is this moment of transferability that takes place when Black students transition to being Black healthcare students. They need Black representation and a sense of community and belonging in social and educational

environments as it breeds motivation to persist toward a health career, and their future Black patients need these connections to repair the lack of trust in the healthcare system and to receive culturally competent care.

Social media during COVID-19 negatively impacted healthcare and the workforce. Social media surfaced as a mechanism during the COVID-19 era that negatively impacted the healthcare system and the profession. This study provided a window into the healthcare setting, allowing workers to provide personal accounts of their experience within hospitals—the good, the bad, and the ugly. First-hand accounts of the conditions showed all Americans the shortfalls and inadequacies of the healthcare system.

Additionally, social media’s misinformation practices have impacted how society views the profession. Social media has harnessed the power of being a place of misinformation that can make the science and advice of medical professionals obsolete due to the popularity of the people who post misinformation. Lee et al. (2020) discussed the concept of “infodemic:”

Although social media can be used effectively to provide essential health-related information to the global community, misinformation does not require professional verification or review, and thus has the potential to proliferate quicker and be disseminated farther on social media due to existing algorithms that highlight popular or desired content. (p. 2)

Multiple students in the study spoke about the strain misinformation has placed on the profession as the public no longer believe science and physicians’ recommendations.

Proximity to the profession: COVID-19 invoked alternative options in students farthest away from the profession. Despite the desire and persistence to pursue a health

career as stated by all student participants, it is worth noting college students and recent graduates were the only groups to show some degree of “pumping the breaks” and looking at alternative options. A review of the COVID-19 landscape caused some hesitancy by one student, another thought about pursuing a political career, and others decided to take a gap-year before determining next steps. Related to the previous two sections, persistence was tied to student interactions with educational environments and programs that provided a space for Black representation and sense of community and belonging. Additionally, the student who considered a political career was fueled by what he saw on social media and the power politicians have in making systemic change. There are arguments on both sides concerning gap years. Martin (2010) confirmed that “a gap year better prepares young adults for the self-directedness and maturity needed to make the most of further education or work’ (p. 561), but some have suggested that workforce outcomes and academics are negatively impacted when a student takes a gap year and disrupts the direct flow from school and future education (Berkner et al., 2003 & Lamb, 2001). The interrelatedness of the students’ responses to COVID-19 and their proximity to the profession magnify the importance of intentionally supporting and meeting the needs of students who are the farthest away from the profession.

These key findings served as the foundation to developing the two informed recommendations discussed in the next section. The two overarching implications and recommendations contain all three findings; however, as the researcher continued to analyze the data, the considerations surrounding the participants’ proximity to the profession linked closely to connectedness. Thus, connectedness is discussed under recommendations.

Informed Recommendations

The study participants have a direct tie to MSM, and their voices are germane to their lived experiences and experience at MSM. Their voices and this research can inform the future practices of any organization or institution responsible for preparing Black students for careers. Specifically, these results are valuable for (a) pipeline educators, (b) recruitment and admission offices at higher education institutions, (c) diversity, equity, and inclusion personnel, and (d) medical professionals and societies.

Recommendations for Culturally-centered Connectedness as a Practice that Strengthens Career Persistence

There is a tendency to look at connectedness in silos and in certain phases of life, i.e., within school years, but seldom as a journey from cradle to career. Institutions of learning must consider intentional practices at to make connections starting with the anticipatory stage and flowing through the formal stage of professional socialization to prepare students for the post-formal stage. Figure 3.8 depicts the relationships this study revealed between the stages of the framework and the interplay between cognitive and motivational factors in an individual's personal and professional life.

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PWIs and HBCUs should account for these findings to shift policies. In an era of increasing emphasis on diversity, equity, and inclusion initiatives, PWIs must go beyond solely recruiting Black students; they must consider retention practices that provide the best sense of connectedness for Black students. Such practices encourage Black students to explore their racial and personal identities as a part of their educational process and as an embodiment of their impact on the healthcare workforce. PWIs should reflect diversity, not encouraging Black students to simply adapt to the culture of the majority or adopt traditions of the campus (Stage & Manning, 1992). Institutions may adopt or deepen culturally relevant pedagogy and develop structured programming, such as pipeline programs and learning communities, to provide culturally based networking opportunities. Culturally based internships, shadowing, field work, and community-immersed projects are also viable options.

Faculty and staff collaboration is critical to ensure learning communities and structured programming incorporated into the classroom encourage a village approach to supporting minority students (Mangan, 2019). An intertwined approach throughout an

institution ensures long lasting implications and decrease the probability these practices will be dissolved when administrative or leadership changes occur. These types of initiatives need more institutional support at PWIs and HBCUs; implementation cannot rely solely on grants and external funding. Institutional funding toward these efforts shows true commitment to support the success of Black students and, once again, decreases the likelihood these programs will be dissolved with staff changes or when external funding is no longer available.

Finally, HBCUs like MSM must find ways to highlight their practices of connectedness to inspire PWIs. Precisely because research is limited regarding the reasons Black students attend HBCUs (Van Camp et al., 2009), HBCUs must showcase their connectedness initiatives. In so doing, these universities will serve as role-models for PWIs while simultaneously highlighting a significant benefit of attending an HBCU.

Implications and Recommendations for Social Media and its Negative Impacts on Healthcare

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show the inadequacies in support, resources, and equipment for frontline workers. Compounding the negativity, misinformation and conspiracy theories related to vaccines and medical care disseminated via social media exacerbated existing mistrust in the healthcare industry, and it diminished opinions about healthcare professionals because many no longer believed the science or what healthcare experts were sharing concerning COVID-19. These areas of concern highlighted the need for policies to be changed or established. In the words of Vraga and Bodie (2021), “Mitigating the risks associated with COVID-19 requires sustained public action, so misinformation that promotes false narratives or cures can hinder necessary behaviors to reduce the spread of the disease” (p. 399). If dissemination policies regarding misinformation are not developed by the social media companies, congressional involvement is necessary in the form of law that outlines policies to be enacted in the face of a public health crisis. Such measures could tag and scrub posts or ads that go against the overall healthcare, healthcare practices, and healthcare discoveries during crises.

Findings Distribution Proposal

The findings of this study targets educators who prepare Black and minority students for careers in health. These stakeholders have perspective on the needs of pipeline students and are positioned to integrate this into their daily practices. Proximity to the profession is something that has to be considered when providing resources to students on any level throughout the pipeline—matching the supports needed at the level of their education. The recommendations in this study of what COVID-19 invoked in students farthest away from the profession provides a foundation for education practitioners to be intentional with their support in the presence and in the absence of a

public health crisis. Social media is an everchanging and evolving technology that will continue to adapt to the happenings of this world. Leaders in every sphere must continue to address the unethical uses of social media in order for it not to be a source of misinformation and impact the healthcare profession in the magnitude that it did during COVID-19. Lastly, acknowledging the need by stakeholders to provide an environment that is centered around connectedness will aid in not only the experience of Black students, but all minority backgrounds.

Proposed Distribution Method and Venue

Pipeline educators at undergraduate institutions and graduate institutions can benefit from the information provided in this study. Additionally, partnering high schools and advisory boards chaired by the researcher can benefit from these results. The researcher will develop a one-hour workshop that addresses the notion of connectedness—Black representation, sense of community and belonging. Within that presentation he will address the links to the professional socialization theoretical framework, thereby enlightening attendees on the impact anticipatory and formal socialization have on their students. A workshop-style format will encourage attendees to create connectedness plans and concepts that will greatly impact minority students. The researcher will develop a similar presentation that will focus on the negative impacts of social media on healthcare, but the content of this workshop will also benefit attendees who are preparing students for careers outside of healthcare. Such conference presentations will be flexible to parameters and adjustments that may be necessary due to time restraints.

Distribution Materials

Lastly, the researcher will provide a copy of these findings, frameworks, and figures to the leadership of MSM and the federal funder of the HCOP Academy. This study speaks directly to the impact that MSM is having on their students regarding connectedness and allowing students a safe space to explore their racial and personal identities on their journey to become healthcare professionals. Stakeholders may use the connectedness framework as a discussion piece that will allow institutions to examine the sense of connectedness. The federal funder of HCOP will be included to show the value of continuing to provide funding for these kind of pipeline programs. The researcher will also provide a copy to his department and team as a way to commence the process to publish information from this study that apply specifically to the work done within his team. Additionally, the researcher and his team will consider future research projects incorporating the suggestions made in the Directions for Further Research section.

Conclusion

The need for a more diverse healthcare workforce remains an issue for the profession and patients who desire culturally competent care. There must be an intense focus on Black student preparation as it relates to persistence toward health careers. The study examined the impact of COVID-19 on Black students in the healthcare pipeline and their perceptions of healthcare and the workforce as they pursue a health career during a pandemic. This study also filled a gap in literature related to the impact of COVID-19 on pipeline students, specifically Black students, who are pursuing a healthcare career in the midst of a pandemic. The current literature only addresses the experience of workers that are currently in the field on the frontlines. The results indicated that students seek a

feeling of connectedness—Black representation and sense of community and belonging—as a motivator for career persistence. Participants indicated the need for connectedness transferred across the stages of development—first as a student in general, then as a healthcare student. As they recognized the transferability of the need for connectedness in themselves and voiced commitment to providing culturally competent care, they became cognizant of the same need in their future Black patients. As they addressed proximity to the profession, students related their persistence toward pursuing a career in healthcare to Black representation and sense of community and belonging. Additionally, participants pointed to ways social media during COVID-19 can negatively impact healthcare and the workforce and how their proximity to the profession can invoke alternative options in students farthest away from the field. As educators who prepare students for careers in health, institutions and organizations must create conducive environments and consider intentional and targeted practices of preparing students for healthcare as the world—and subsequently the workforce—becomes more and more diverse.

APPENDICES

APPENDIX A

Email Language to Solicit Participation

Dear XXXX Students,

If you are willing to share your thoughts regarding COVID-19 and how it has impacted your perception of the healthcare workforce and pursuit of a healthcare profession, please read the attached flyer and complete the included questionnaire link. For your convenience the questionnaire link is XXXXXXXXXXXX.

This study is being done as part of graduate and doctoral work at Baylor University conducted by Mr. Jarrod Lockhart. Mr. Lockhart is in our Pipeline Initiatives Office here at Morehouse School of Medicine and oversees our Health Careers Opportunity Program (HCOP) Academy.

As students who are in the healthcare pipeline, your perceptions and thoughts are extremely important. Your participation is completely voluntary. Your information and perspectives will be confidential, and no one will have access to your responses, but Mr. Lockhart. Please feel free to email him with any questions you may have at XXXXXX@baylor.edu If you are not interested in participating, please forward to your peers who might be interested.

Thank you!

Jarrod W. Lockhart, M.Ed.
Doctoral Candidate (Ed.D.)
Learning and Organizational Change
Department of Curriculum and Instruction
Baylor University School of Education

APPENDIX B

Participation Flyer Attached to Initial Email

Volunteers Needed



PURSuing A CAREER IN HEALTH?

WE WANT TO HEAR YOUR THOUGHTS ABOUT COVID-19

This research seeks to identify the impact of COVID-19, its psychological impact and motivation to pursue a health career, and the ways in which surfacing themes might influence the context of educational practices needed within pipeline education.

Who is Eligible?

- Black male or female high school, college, graduate, and medical students 18 years of age or older.
- Students who are interested in pursuing a career in health

If you agree to participate, you will be asked to:

- Complete the consent form located at the link below.
- Complete the electronic questionnaire located at the link below.
- Participate in a one-time 60-90 minute focus group with a potential follow-up one-on-one interview. All video interviews will be done through Zoom Videoconferencing software and will be recorded.

To participate, please complete the consent form and study questionnaire located at the link below

Study Questionnaire: XXXXXXXXXXXXXXXX

Please pass this flyer along to any black male or female high school, college, graduate, and medical students you know.

Once the consent form and questionnaire is completed, the principal investigator will reach out to you for a potential focus group or interview. If you have any questions or concerns, please feel free to reach out to the principal investigator.

Principal Investigator: Jarrod W. Lockhart, M.S.Ed.
Email: XXXXXXXX@baylor.edu
Phone: XXX-XXX-XXXX

This study has been approved by the Baylor University Institutional Review Board (irb@baylor.edu)

APPENDIX C

Informed Consent and Phase I Questionnaire

Baylor University
Department: Curriculum and Instruction
College: School of Education

Consent Form for Research

PROTOCOL TITLE:	Pursuing Health Careers in the Midst of a Pandemic: A Phenomenological Case Study of the Impacts of COVID-19 on Black Pipeline Student Perceptions of Healthcare and the Healthcare Workforce
PRINCIPAL INVESTIGATOR:	Jarrod W. Lockhart
SUPPORTED BY:	Baylor University
Purpose of the research:	Due to the importance of socialization, education, occupation aspirations, and resources needed to ensure the success of African American students in the healthcare pipeline, this qualitative case study design seeks to identify language and frameworks for talking about the impact of COVID-19, its relationship to mental health and motivation to pursue a health career, and the ways in which surfacing themes might influence the context of educational practices needed within the milieu of pipeline education.
Study activities:	<p>If chosen to be part of this study, participants will:</p> <ul style="list-style-type: none">• Complete an electronic questionnaire issued by the researcher• Participate in a one-time 60–90 minute focus group with a potential follow-up one-on-one interview. All video interviews will be done through Zoom Videoconferencing software and they all will be recorded. If the participant feels uncomfortable being

recorded, they should not participate in this study.

Risks and Benefits:

Foreseeable Risks:

- To the best of our knowledge, there are no physical, mental, or emotional risks to participants taking part in this study.

Risk of Completing Tasks

- If a participant becomes tired during any of the virtual interviews, they are able to ask for a break or rest period.

Interviews

- The interview questions will ask participants to expound upon their desire to pursue a career in healthcare and will investigate their perception of COVID-19 and how it has impacted that decision. They may ask the interviewer at any time to take a break or stop the interview.

Benefits

- Outside of a personal reflection and helping to inform potential impacts of COVID-19 on the pipelining of healthcare students, participants will receive no benefits for taking part within this research study.

Confidentiality: Participant identities will remain confidential. At no time in the study, will their personal name, campus name, or regional location be used as an identifier within in the study.

The principal investigator will keep the records of this study confidential by storing all electronic video recordings and transcripts in a secured data management system which only the principal investigator and his faculty advisor have access to. We will make every effort to keep all records confidential. However, there are times when federal or state law requires the disclosure of your records.

Authorized staff of Baylor University may review the study records for purposes such as quality control or safety.

Compensation: No compensation will be provided for participation in this study.

Questions or concerns about this research study: The researcher can be contacted directly regarding any concerns or questions about the research.

- **Principal Investigator**
 - Name: Jarrod W. Lockhart, M.S.Ed.
 - Baylor Email: XXXXXX
 - Baylor Phone Number: XXX-XXX-XXXX
 - Contact Hours: Monday – Friday | 9:00 am to 7:00 pm
- **Faculty Advisor**
 - Name: Dr. Tony Talbert
 - Baylor Email: XXXXXXXX
 - Baylor Phone Number: XXX-XXX-XXXX
 - Contact Hours: Monday – Friday | 8:00am to 5:00 pm

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), you may contact the Baylor University IRB through the Office of the Vice Provost for Research at 254-710-3708 or irb@baylor.edu.

Taking part in this study is your choice. You are free not to take part or to stop at any time for any reason. No matter what you decide, there will be no penalty or loss of benefit to which you are entitled. If you decide to withdraw from this study, the information that you have already provided will be kept confidential. Information already collected about you cannot be deleted.

By continuing with the research and completing the study activities, you are providing your consent.

_____ I hereby certify that I am 18 years of age or older. (Please check before proceeding)

_____ I hereby certify that I have read the consent form above and agree to participating in this research. (Please check before proceeding)

Pre-Focus Group Questionnaire

DEMOGRAPHICS & ANTICIPATORY SOCIALIZATION

1. First Name
2. Last Name
3. Year of birth
4. Phone
5. To which gender identity do you most identify?
 - a. Female
 - b. Male
 - c. Gender variant/Non-conforming
 - d. Transgender
6. What is your current status as a student or worker? (Examples: High school senior, Sophomore in College, Year 2 Medical Student). (Open-ended question)

7. Are you a first-generation student? (Definition: A student both of whose parents/guardians did not complete a bachelor's degree, or in the case of students who live with and are supported by only one parent/guardian, a student whose only such parent/guardian did not complete a bachelor's degree.)
 - a. Yes, I am a first-generation student
 - b. No, I am not a first-generation student
8. Including yourself, how many people lived in your household as a child?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
 - f. 6 or more
9. Thinking about your most recent or latest status of your family, do or did you come from a single, double parent, or guardian household? (Choose all that apply) Please note: Mother 2 and Father 2 options are provided to accommodate same-sex couples/partners.
 - a. Mother (biological)
 - b. Father (biological)
 - c. Mother (step-mother)
 - d. Father (step-father)
 - e. Mother 1 (adoptive)
 - f. Father 1 (adoptive)
 - g. Mother 1 (foster)
 - h. Father 1 (foster)
 - i. Mother 2 (step-mother)
 - j. Father 2 (step-father)
 - k. Mother 2 (adoptive)
 - l. Father 2 (adoptive)
 - m. Mother 2 (foster)
 - n. Father 2 (foster)
 - o. Grandmother (maternal)
 - p. Grandfather (maternal)
 - q. Grandmother (paternal)
 - r. Grandfather (paternal)
 - s. None of the above
10. If answered "None of the above" to the previous question, please explain your guardianship status here.
 - a. Open ended
11. Please indicate the educational level of your FIRST-CHOICE parent/guardian from Question 9. (Please note: First choice indicates the first person chosen in question 9. If you didn't answer question 9 and answered question 10 regarding your guardianship, please click NOT APPLICABLE.)
 - a. No high school diploma
 - b. High school diploma
 - c. GED or alternative credential

- d. Some college credit, but less than 1 year of college
 - e. 1 or more years of college credit, but no degree
 - f. Associates degree (for example: AA, AS)
 - g. Bachelor's degree (for example: BA, BS)
 - h. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
 - i. Professional degree beyond bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
 - j. Doctorate degree (for example: PhD, EdD)
 - k. Not applicable (chosen if answer to question 9 was none of the above)
12. Please indicate the educational level of your SECOND-CHOICE parent/guardian from Question 9 (Please note: Second choice indicates the second person chosen in question 9. If you didn't answer question 9 and answered question 10 regarding your guardianship, please click NOT APPLICABLE.)
- a. No high school diploma
 - b. High school diploma
 - c. GED or alternative credential
 - d. Some college credit, but less than 1 year of college
 - e. 1 or more years of college credit, but no degree
 - f. Associates degree (for example: AA, AS)
 - g. Bachelor's degree (for example: BA, BS)
 - h. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
 - i. Professional degree beyond bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
 - j. Doctorate degree (for example: PhD, EdD)
 - k. Not applicable (chosen if answer to question 7 was none of the above)
13. Please indicate the educational level of the guardian(s) provided in Question 10 using the answer choices from Questions 11 and 12. If this does not apply to you and you didn't answer Question 10, please type NOT APPLICABLE in the space below.
- a. Open ended
14. Please indicate the profession/industry of your FIRST-CHOICE parent/guardian from Question 9. (Please note: First choice indicates the first person chosen in question 9.)
- a. Agriculture, Forestry, Fishing and/or Hunting
 - b. Arts and Entertainment, and Recreation
 - c. Broadcasting
 - d. College, University, and Adult Education
 - e. Computer Science and Electronics Manufacturing
 - f. Other Manufacturing
 - g. Construction
 - h. Finance and Insurance
 - i. Government and Public Administration
 - j. Healthcare
 - k. Homemaker
 - l. Hotel and Food Services
 - m. Information Services and Data Processing

- n. Other Information Industry
 - o. Legal Services
 - p. Military
 - q. Mining
 - r. Primary/Secondary (K-12) Education
 - s. Publishing
 - t. Real Estate, Rental and Leasing
 - u. Religious
 - v. Retail
 - w. Retired
 - x. Scientific or Technical Services
 - y. Software
 - z. Telecommunications
 - aa. Transportation and Warehousing
 - bb. Unemployed
 - cc. None of the above
15. Please indicate the profession of your SECOND-CHOICE parent/guardian from Question 9. (Please note: Second choice indicates the first person chosen in question 9.)
- a. Agriculture, Forestry, Fishing and/or Hunting
 - b. Arts and Entertainment, and Recreation
 - c. Broadcasting
 - d. College, University, and Adult Education
 - e. Computer Science and Electronics Manufacturing
 - f. Other Manufacturing
 - g. Construction
 - h. Finance and Insurance
 - i. Government and Public Administration
 - j. Healthcare
 - k. Homemaker
 - l. Hotel and Food Services
 - m. Information Services and Data Processing
 - n. Other Information Industry
 - o. Legal Services
 - p. Military
 - q. Mining
 - r. Primary/Secondary (K-12) Education
 - s. Publishing
 - t. Real Estate, Rental and Leasing
 - u. Religious
 - v. Retail
 - w. Retired
 - x. Scientific or Technical Services
 - y. Software
 - z. Telecommunications
 - aa. Transportation and Warehousing

- bb. Unemployed
 - cc. None of the above
16. Please indicate the profession of the guardian(s) provided in Question 10 using the answer choices in Questions 14 and 15. If this does not apply to you and you didn't answer Question 10, please type NOT APPLICABLE in the space below.
 - a. Open ended
 17. Based on your response to Question 9 or 10, please indicate your household income. (Example: If you came from a single or double parent household, please indicate total household income for one or both parents.)
 - a. Under \$20,000
 - b. \$20,001 - \$40,000
 - c. \$40,001 - \$60,000
 - d. \$60,001 - \$80,000
 - e. \$80,001 - \$100,000
 - f. \$100,001 or over
 18. Which of the following best describes the place where you grew up?
 - a. A large city
 - b. A suburb near a large city
 - c. A small city or town
 - d. A rural area
 19. Which of the following best describes the place where you now live?
 - a. A large city
 - b. A suburb near a large city
 - c. A small city or town
 - d. A rural area
 20. As a child, did you own or have access to an automobile?
 - a. Yes, we owned a car
 - b. Yes, we had access to a car
 - c. No, we didn't own or have access to a car
 21. If answered "No, we didn't own or have access to a car" to the above question, what was your main form of transportation?
 - a. Bus
 - b. Train
 - c. Taxi
 - d. Uber/Lyft
 - e. Bicycle
 - f. Walking
 22. As a child, did you have access to the internet (wireless and/or wired connection) in your home?
 - a. Yes
 - b. No
 23. As a child, did you have access to a computer at home? (Choose all that apply)
 - a. Laptop
 - b. Desktop
 - c. Mobile device
 24. As a child, how many computers/laptops were in your home?

- a. Open ended
- 25. Please discuss how questions 18 - 24 impacted your ability for exposure to health professionals?
 - a. Open ended
- 26. As a child, did you have access to a television at home?
 - a. Yes
 - b. No
- 27. How much was your choice of career influenced by what you saw on TV as a child? Please explain
 - a. Open ended
- 28. How much was your choice of career influenced by what your parents or someone in your family did as a profession? Please explain.
 - a. Open ended
- 29. Rank the order of how you obtained information about current events and news as a child (Put them in order from 1 - 7 with 1 being your top choice and 7 being your lowest choice).
 - a. Television
 - b. Social Media
 - c. Newspaper
 - d. School
 - e. Friends
 - f. Neighbors
 - g. Parents & Family
- 30. Please explain your rankings in the previous question (Provide exact social media platforms or television stations, etc.).
 - a. Open ended
- 31. Rank the order of how you obtain information about current events and news currently as an adult (Put them in order from 1 - 7 with 1 being your top choice and 7 being your lowest choice).
 - a. Parents & Family
 - b. Neighbors
 - c. Friends
 - d. School
 - e. Newspaper
 - f. Social Media
 - g. Television
- 32. Please explain your rankings in the previous question (Provide exact social media platforms or television stations, etc.).
 - a. Open ended

FORMAL SOCIALIZATION

- 33. How much was your choice of career influenced by what you learned and saw in school? Please explain.
 - a. Open ended
- 34. Were there times that there were conflicts in what you learned and saw in school versus what you learned and saw at home as it relates to careers and your choice of a career? Please explain.

- a. Open ended
- 35. How much was your choice of career influenced by pipeline programs that offered shadowing, summer experiences, research experiences, internships, and other exposures to careers in health? Please explain.
 - a. Open ended
- 36. In looking at the pipeline programs discussed in the previous question, how many programs have you participated in?
 - a. None
 - b. 1
 - c. 2
 - d. 3
 - e. 4
 - f. 5
 - g. 6 or more
- 37. Do you have a mentor
 - a. Yes
 - b. No
- 38. How many mentors do you have?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
 - f. 6 or more
 - g. None
- 39. What is the relationship of the mentors to you (Colleague, boss, teacher, pastor, etc.)? Please type NOT APPLICABLE if you don't have mentors.
 - a. Open ended
- 40. What is the purpose for having only 1 mentor or more than one mentor? Please explain. Please type NOT APPLICABLE if you don't have mentors.
 - a. Open ended
- 41. Is your mentor working in the field of your desired profession?
 - a. Yes
 - b. No
 - c. Not applicable (if you don't have a mentor and answered no to Question 37)
- 42. What type of mentorship do you currently participate in (click all that apply)?
 - a. Face-to-Face
 - b. Telecommunication/Phone
 - c. Virtually/Email
 - d. Not applicable (if you don't have a mentor and answered no to Question 37)
- 43. How often do you communicate with your mentor?
 - a. Very Often (Daily)
 - b. Often (Almost Everyday)
 - c. Sometimes (Weekly)

- d. Occasionally (Monthly)
 - e. Rarely (Every other month or less)
 - f. Not applicable (if you don't have a mentor and answered no to Question 37)
44. What type of mentorship does your mentor provide?
- a. Personal
 - b. Academic
 - c. Professional
 - d. All of the above
 - e. Not applicable (if you don't have a mentor and answered no to Question 37)
45. How would you rate the overall quality of your mentoring experience?
- a. Very High
 - b. High
 - c. Average
 - d. Low
 - e. Very Low
 - f. Not applicable (if you don't have a mentor and answered no to Question 37)
46. I believe mentorship improves the following (using scale – Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree):
- a. Academic Achievement
 - b. Attitudes Toward Learning
 - c. Behaviors
 - d. Graduation Rates
 - e. Life Skills
 - f. Professional Development
 - g. Career Choice
47. Have you ever served as a mentor?
- a. Yes
 - b. No
 - c. I would like to
48. What is your favorite way to learn new concepts?
- a. Seeing/Visual (Spatial)
 - b. Hearing Aural (Auditory-Musical)
 - c. Talking/Verbal (Linguistic)
 - d. Moving/Physical (Kinesthetic)
 - e. Thinking/Logical (Mathematical)
 - f. Interacting with others/Social (Interpersonal)
 - g. Working by yourself/Solitary (Intrapersonal)
49. Who or what made you interested in healthcare (Click all that apply)?
- a. A teacher or class
 - b. TV, movies or books
 - c. Games or toys
 - d. A parent or relative
 - e. Visiting museums

- f. Clubs or activities
 - g. Work/internship
 - h. A mentor
 - i. A famous person in the field
 - j. Science fairs/contests
 - k. Other
50. If you chose "Other" please explain. If not, please type NOT APPLICABLE.
- a. Open ended
51. Who had the most influence on your decision to pursue healthcare? (Click all that apply)
- a. Parent
 - b. Teacher or guidance counselor
 - c. Friend
 - d. Sibling
 - e. My physician
 - f. Mentor
 - g. Grandparent
 - h. Other Relative
 - i. Self
 - j. No one
 - k. Other
52. If you chose "Other" please explain. If not, please type NOT APPLICABLE.
- a. Open ended
53. How many of your friends are interested in careers in healthcare?
- a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
 - f. 6 or more
 - g. None

COVID-19

54. What were your perceptions of healthcare before COVID-19?
- a. Positive
 - b. Somewhat Positive
 - c. Neutral
 - d. Somewhat Negative
 - e. Negative
55. Please explain your answer above.
- a. Open ended
56. What are your perceptions of healthcare after COVID-19?
- a. Positive
 - b. Somewhat Positive
 - c. Neutral
 - d. Somewhat Negative
 - e. Negative

57. Have you been directly impacted by COVID-19 (Click all that apply)? A family member contracted the virus
- a. A family member contracted the virus
 - b. A family member died from the virus
 - c. A friend contracted the virus
 - d. A friend died from the virus
 - e. I contracted the virus
 - f. My parent/guardian lost their job
 - g. I lost my job
 - h. None of the above
58. Are there additional ways COVID-19 has impacted your life? If yes, please explain.
- a. Open Ended
59. Are you at higher risk for certain diseases and/or conditions due to your family health history or cultural background?
- a. Yes
 - b. No
60. Please explain your answer to the previous question
- a. Open Ended
61. How did shelter in place and the COVID-19 time period impact your mental health?
- a. Open-ended
62. Based on your response above did/do you feel more, the same, or less stressed before or during the pandemic? Please explain.
- a. Open-ended
63. PRE-VACCINATION: Based on what you practice/follow, rank the importance of following the CDC guidelines as it relates to the COVID-19. (Question will allow participants to rank 1 – 6)
- a. Social distancing – 6 feet away from another individual
 - b. Gathering of 10 or less
 - c. Masks/facial coverings
 - d. Washing your hands
 - e. Using hand sanitizer
 - f. Staying at home and only going out when necessary
64. POST-VACCINATION: Based on what you practice/follow, rank the importance of following the CDC guidelines as it relates to the COVID-19. (Question will allow participants to rank 1 – 6)
- a. Social distancing – 6 feet away from another individual
 - b. Gathering of 10 or less
 - c. Masks/facial coverings
 - d. Washing your hands
 - e. Using hand sanitizer
 - f. Staying at home and only going out when necessary
 - g. I have not been vaccinated
65. Please discuss how COVID-19 and the state of healthcare has negatively impacted your decision to pursue a career in health.

- a. Open-ended
- 66. Please discuss how COVID-19 and the state of healthcare has positively impacted your decision to pursue a career in health.
 - a. Open ended
- 67. What social influences has impacted your negative or positive views above?
 - a. Open ended
- 68. How has COVID-19 caused you to view careers in healthcare that are frontline (has direct contact with patients) or behind the scenes (research, policy, vaccines, etc.)?
 - a. Open-ended
- 69. How has the media (TV and/or social media) and its portrayal of COVID-19 influenced your views toward the state of COVID-19? Please explain.
 - a. Open-ended
- 70. How has the media (TV and/or social media) and its portrayal of COVID-19 influenced your decision to pursue a career in health?
 - a. Open ended
- 71. Based on where you are in school and being in the midst of the COVID-19 pandemic, how has any of your thoughts and decisions been impacted based on where you are or how close you are to having a healthcare job (proximity to the profession)? For instance, do you feel you have time to change or adjust your career of choice or do you feel pressure to keep moving forward?
 - a. Open-ended
- 72. Are there any suggestions and/or feedback you would offer pipeline programs as they prepare students for health, especially in a post-COVID-19 world?
 - a. Open ended
- 73. Would you be interested in us following up with you to do a virtual focus group?
 - a. Yes
 - b. No

APPENDIX D

Next Steps Email after Completing Initial Questionnaire

Greetings,

Thank you so much for agreeing to be a part of my research for my dissertation. The information that you provided in the questionnaire shed light on a great deal of information regarding what influenced you to pursue health careers and your perspectives regarding COVID-19. As a result, the second phase of this research will be a focus group (done through Zoom) with each group represented. This will give me the opportunity to corporately dig a little deeper on some of the responses you provided and the themes that arose from those responses and evaluate you on a student group basis.

- Group 1 - College students & recent graduates
- Group 2 - Graduate students
- Group 3 - Medical students

Please take a second and use the link below to provide me with your availability as soon as possible. It will allow you to provide me your availability over the next several days. Please complete your availability for each day as I will have to plan for the best date and time for everyone in your student group. I will follow-up with focus group calendar invitations and details.

Link: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Please note that this is voluntary, and you can decline to participate at any moment. If that is what you decide, please respond to this email, and let me know.

Thanks!

Jarrold Lockhart

Jarrold W. Lockhart, M.Ed.

Doctoral Candidate (Ed.D)

Learning and Organizational Change

Department of Curriculum and Instruction

Baylor University School of Education

APPENDIX E

Focus Group Introduction Script

Greetings!

Thank you for agreeing to be a part of my dissertation study!
Your participation in this study today will involve this focus group of approximately 6—75 minutes of your time. This focus group is designed to explore your thoughts regarding COVID-19 and how it has impacted your perception of the healthcare workforce and pursuit of a healthcare profession.

During the focus group and interview I will ask you questions regarding your specific opinions of COVID-19 and healthcare. It will also include a series of semi-structured questions allowing for open-ended responses.

During the interviews you have the choice to be able to skip or not answer any questions you do not feel comfortable answering. Please note there will not be any penalty if you make that choice. The Zoom Videoconferencing interviews will be recorded and transcribed. The transcription will include a pseudonym in place of your name. The recordings and transcriptions will be kept in a locked secured place and will only be accessible to me. Later, you will have the opportunity to review your interview and in order to clarify the content or confirm that it is an accurate representation of your participation. I may also follow up with questions should I have any regarding your responses or contact you for clarification. Furthermore, any information obtained during the study will remain confidential, to the extent allowed by law. Please note that your answers during the focus group will be identifiable to other participants due to the nature of focus groups, but recordings and transcripts will be deidentified. The transcripts will be destroyed within one year of the study.

Your participation in this study is completely voluntary. There will be no penalty if you choose not to participate or withdraw from the study at any point during the process. Please note that publications may occur because of this research, but your name will not be used in that publication. There are no anticipation of risks or discomforts due to your participation in this study. Your participation will benefit others and can potentially provide you an understanding of your own perspectives.

If you have any questions concerning your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), you may contact the Baylor University IRB through the Office of the Vice Provost for Research at 254-710-3708 or irb@baylor.edu.

Are there any questions before we get started?

APPENDIX F

Phase II Focus Group Questions

1. What is your perception of healthcare and wellbeing?
The interview question allowed the researcher to get a baseline of healthcare utilization and overall views toward wellbeing. Also, it allowed the researcher to examine their support systems and/or influencers that impact their view of healthcare and wellbeing.
2. How did your healthcare profession identity develop?
The interview question allowed the researcher to gain insight into when, where, and how the students knew they wanted to pursue a career in healthcare. Additionally, it gave the researcher an idea of what students value when determining what career to pursue.
3. What resources do African American students describe as helpful to determine interest in healthcare?
This area of questioning provided insight into the resources students feel they have access to or what exactly they consider to be resources. This allowed the researcher to categorize resources provided at the programmatic, school, home, or community level. Additionally, insight into what individuals are key in providing those resources were identified.
4. What kinds of barriers do African Americans encounter that serve as obstacles in pursuing a health career?
This area of questioning provided insight into the barriers and/or obstacles students feel exist when pursuing a health career. This allowed the researcher to categorize these barriers and examine whether they are physical, mental, or human barriers and examine any correlation with their COVID-19 perceptions.
5. What do students describe as their role and the role of their support systems in health careers education and exposure?
This line of questioning aided in investigating how students see themselves and their support systems (family, parents, teachers, community, etc.). This will give room to examine support systems and/or influencers that impact their views on healthcare and the healthcare profession.
6. How has COVID-19 impacted your view of healthcare and pursuit of a healthcare career?
The interview questions allowed the researcher to investigate whether students had made any decisions regarding their career pursuits as a result of COVID-19 and how was that shaped through television, social media, school, friends/peers, family, or infection/deaths.

APPENDIX G

Member Checking Email

Greetings XXXX,

Thank you again for participating in my research. I hope you found it to be an enjoyable experience.

I have been working through the transcription of the focus group and wanted to send it to you for your review, any comments, and any corrections that need to be made. Please find attached the transcription of our conversation. Your name has been removed for confidentiality purposes. Feel free to add comments directly to the document by using another font color or by using the Review tab and New Comment feature. If there is another way you'd like to add comments, please feel free to use that method.

I welcome any additional comments you have regarding the study.

Thanks again!

Jarrold W. Lockhart

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APPENDIX H

Breakdown of Participants Per Case Study

Phase I – Questionnaire Participants		
Educational Level	Gender	Age & Gender
College & Recent Graduates	Males	-20-year-old male
		-21-year-old male
		-21-year-old male
		-22-year-old male
		-22-year-old male
		-23-year-old male
		-38-year-old male
	Females	-18-year-old female
		-20-year-old female
		-22-year-old female
		-22-year-old female
		-26-year-old female
		-28-year-old female
Graduate Students	Males	-22-year-old male
		-24-year-old male
		-26-year-old male
		-26-year-old male
	Females	-23-year-old female
		-29-year-old female
Medical Students	Males	-27-year-old male
		-27-year-old male
		-29-year-old male
		-30-year-old male
		-31-year-old male
	Females	-23-year-old female
		-25-year-old female
		-25-year-old female
		-27-year-old female
Phase II – Focus Group Participants		
Educational Level	Gender	Age & Gender
College & Recent Graduates	Males	-20-year-old male
		-21-year-old male
		-23-year-old male
	Females	-22-year-old female
		-26-year-old female
Graduate Students	Males	-22-year-old male
		-26-year-old male
		-26-year-old male
Medical Students	Males	-27-year-old male
		-31-year-old male
	Female	-27-year-old female

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