AN ASSESSMENT OF FACTORS THAT INFLUENCE THE ACADEMIC ACHIEVEMENT OF BLACK MALE PHYSICIANS

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Dedication

“Every man and woman is born into the world to do something unique and something distinctive and if he or she does not do it, it will never be done” ~Dr. Benjamin E. Mays

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Shine bright my loves, and never forget that Black girls are magic!
Abstract

This study sought to understand Black male physicians’ perceptions of factors that contributed to their academic success while in medical school and residency. The researcher gathered information by interviewing six Black doctors and collecting their demographic profile data. The study used a qualitative, narrative inquiry design. This research method allowed the researcher to learn from the participants through storytelling what influences they associated with achieving academic success. To understand better the stories and the impact of race for Black male students, a theory in the field of education called Critical Race Theory was utilized. In-depth interviews were conducted using a purposeful sample of six physicians employed at a major academic medical center in North Carolina. Each participant was asked 10 questions to determine his perspectives on factors that influenced his academic success. The narratives collected from the interviews provided a voice for the participants’ perceptions of what it took to become academically successful. The questions from the interview focused on the impact of community support, mentorship, and race. Also explored were obstacles and barriers to overcoming academic success. Also discussed was relevant literature, methodology, findings, implications for change and further research.
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CHAPTER 1

Introduction

The American Association of Medical Colleges (AAMC), determined that the number of Black male physicians in America had risen since the Civil Rights era with physicians of color making up 4 percent of U.S. physicians overall (AAMC.org, 2016). While this statistic seemed to have finally inched up, it concealed the troubling fact that the number of Black males entering the medical field had been steadily declining since the early 1990’s (AAMC.org, 2016). Despite many efforts to increase the number of underrepresented minorities (URM), a term coined by the AAMC that means, "those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population," (AAMC.org, 2016, p. 3), a significant impact had not been made particularly when applied to Black males. More specifically, Rosenthal (2014) wrote that Black males were the lowest percentage of medical school registrants from all major racial groups who trained as physicians.

Problem of Practice

In spite of the frequently noted statistics emphasizing the underachievement of Black male students, there were those who successfully navigated through the obstacles and challenges of medical school and residency to become practicing medical doctors. One might wonder what motivated these individuals to strive for excellence when the precedent for failure was often more noted and recognized. In the past, researchers (Bowman et al., 2011, Taylor et al., 1990) focused on barriers to Black men in health careers but seldom did they try to identify contributors of success in medicine for Black men.
Issues with access to the educational pipeline, limited exposure to medicine, lack of mentors, and financial challenges were well documented obstacles that lended to disparate application and progression medical school rates for Black men (Thomas, Manusov, Wang, & Livingston, 2011). It was clear that several interventions attempted to fix the “leaks” in the health sciences pipeline however; it was rare to find research into the resources, and involvements of those Black men who succeeded in becoming physicians. Thus, this study aimed to enhance our knowledge of the medical school experiences, opportunities and other factors that contributed to the successful medical degree obtainment and residency completion of Black male physicians employed at a major academic medical center in North Carolina.

The concept of race has historically played a major role in the lives of Black people. Carter (1997) wrote, “It is apparent that people of color, for the most part, know that they have been classified according to their race and that this racial grouping has meaning and significance for their personal identity” (p. 198). African American was the term used to describe people of African descent who lived in America. However, in respect to the different racial and ethnic traits of the participants of this study, the term Black was used instead of African American.

Considering the stigma and stereotypes often associated with this selected group, it was important to highlight and investigate the factors that contributed to prosperously navigating the medical training process. In doing so, the researcher gained useful knowledge about helpful techniques, resources, and interventions, and also reinforced positive enterprises that were beneficial for the participants.
Summary of Existing Literature

Society in the 21st century was more multicultural and diverse than ever before and universities and academic medical institutions were challenged to duplicate the same pluralistic dimensions within their organizations (Peek, et al., 2013). Given the aim of many medical organizations to resemble a microcosm of society, recruiting and retaining URM physicians was a fundamental interest. As the Accreditation Council of Graduate Medical (ACGME) strived to revise and enhance the guidelines and decisions made regarding the hiring and retention of URM physicians, it was evident that there was a need to revisit the subject of attracting Black men into the health sciences arena. Even more important was revisiting the strategies that ensured that Black students were recruited and supported into and through medical school, residency and the workforce. Conducting more research to gain a clearer picture of the factors that contributed to the accomplishment of Black males graduating from medical school, completing residency, and entering the workforce was necessary.

Overview of M.D. Training

Interested applicants used a uniformed order when applying to medical schools across the United States. Most students submitted applications through a centralized database titled The American Medical College Application Service (AMCAS) once the baccalaureate degree was completed. The first two years of medical school focused on the basic sciences while the last two years required clinical rotations in Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery. In order to obtain licensure, students were required to take and pass a series of standardized exams that were administered by the National Board of Medical Examiners (NBME). The exam, called the United States Medical Licensing Examination (USMLE), was divided into four parts and taken at different stages of the student’s
career. Step 1 was taken after the first two years of basic science study and passing the exam was often a prerequisite one’s clinical rotations. After the first two years of clinical study, students took the Step 2CK exam, a written exam of clinical knowledge. Additionally, since 2005, students were required to take Step 2CS, which was a practical, clinical skills exam, based on their encounters with patients. Both parts of Step 2 were expected to be taken at the end of medical school and passed before a residency program was begun (National Board of Medical Examiners, 2016).

Upon completion of those rigorous four years, students were awarded the Doctor of Medicine degree, but they were not yet eligible to receive a license to practice medicine. After medical school, doctors were accepted into an accredited residency program that lasted anywhere from three to seven years depending on their specialty. After completion of the first year of residency, doctors took Step 3, the final part of the USMLE exam. Once the designated years of residency were finished, doctors were able to apply for licensing and could begin practicing as a physician (American Association of Medical Colleges, 2014).

Statement of Significance

There was not a lot of insight into the persistence and academic success of Black males in medical school and residency. The study was significant because it explored the issue of Black males in medical school and residency, how they persisted and achieved academic success. While much was generally known about URM medical students and the issues pertaining to their admission, matriculation, retention, and graduation, limited insight was available about what factors contributed to reaching academic achievement. Much of the gap could be traced to social, educational and economic problems that generated substantial differences for this population. The AAMC launched an initiative entitled “Project 3000 by 2000”, with the goal of increasing
the numbers of URMs admitted to the nation’s medical schools (AAMC.org, 2016). The success of this program and others like it was hindered by the difficulties that URM students, more specifically Black males, faced on their paths through enrollment, graduation, and later in professional development. Thomas, Eron and Wang (2011) stated that in 2010 Black men accounted for the lowest percentage of medical school learners from all major racial ethnic groups.

Despite the fact that for more than two decades scholars and experts of medical education noted persuasive reasons for the importance of diversity in medicine and of Black male tenacity in medical schooling, the body of research specifically examining the influences affecting persistence and academic excellence remained insufficient. This study added to the body of scholarly literature on academic success of Black males in medical school and residency. An exploration of the experiences of Black males who persisted in and graduated from medical school will offer medical educators and administrators a unique perspective from which they can assess perseverance and achievement issues, through the lens of the student himself (Knighton, Tisnado, & Carlisle, 2001). As noted by Atkins-Brady (1999):

Understanding how minority physicians make sense of their own experience in the medical education pipeline can help medical educators improve ways of providing support services to these students within the dynamic context of minority student affairs in medical education. (p. 27)

There were many practical and important benefits for an increased medical school admission and enrollment rate among Black men such as, solving persistent public health issues. Black male graduates were more likely to choose to serve their communities, which tended to be
places in dire need of medical resources. According to Kington (2001), data showed that physicians of color were more likely than their majority counterparts to practice in underserved communities and to treat larger numbers of minority patients irrespective of income. Significant attention was placed on health care disparities that existed between minorities and White, and studies showed that Blacks and Latinos who received emergency care were less likely to receive pain treatment compared to White participants. Another study conducted by Van Ryn (2002), found that African Americans and Latinos were less likely than Whites to be placed on kidney transplant lists or receive cholesterol screening. Patients responded more favorably to medical professionals with whom they shared a common culture, race, language, and gender. That affinity provided a great opportunity to bridge a cultural gap and address race-specific skepticism about medicine.

For the purpose of this study, it was prudent to review the literature on factors that influenced the success of Black males in higher education. Hamilton (2005) used qualitative methods to examine the achievement experiences of 12 Black men at multiple colleges in Southern California. He noted several nonacademic variables perceived to be instrumental to their success, including a collaborative learning climate, strong support system, mentoring and financial assistance. Other studies yielded comparable conclusions; Harper (2003) studied 32 high-achieving black male college students and discovered the benefits that came from involvement in organizations and school clubs.

The existing literature on Black male high achievers revealed that they often faced challenges such as, subtle and overt racism, and reconciling their racial, ethnic, cultural and academically gifted identities. These experiences have been determined to limit a student’s achievement and diminish their motivation (Solorzano, Allen & Carroll, 2002). Though scholars
have discussed the role and positive impact that social support structures may play in helping students overcome negative experiences and barriers to success (Bonner, 2001), there was less understanding of what pushed these students to continue to strive for academic excellence and pursue their goals despite these challenges.

For Black males, the findings of this study provided empowerment and confidence in obtaining academic success. Being aware of the factors that lead to academic success as well as the obstacles, Black male students could control their overall educational experiences and positively affect the number of Black males entering the medical education pipeline.

By using a qualitative approach to gain insight into Black male physicians’ perspectives on both their sources of inspiration, and how they impacted academic achievement, a better understanding can be gained of high achieving Black male students’ motivation patterns. Additionally, replicating these extrinsic factors in conjunction with pipeline programs and mentoring efforts to increase enrollment and better ensure success for future Black male medical school students may prove to be beneficial.

**Positionality Statement**

As this study examined Black male physicians motivating factors for academic and career success, it was important to understand my own biases and perceptions as the researcher. Understanding my own attitudes and influences as they relate to myself, my relation to others, and the larger system of health education helped to minimize influences that could damage the reliability and validity of my proposed study (Briscoe, 2005).
Personal Background and Biases

The position of the researcher as a professional Black woman in the Medical Education division of a major healthcare system provided the opportunity to experience the effects of the lack of diversity amongst a cadre of physicians from two very different perspectives. As an employee, immediately noticed was the absence of Black residents in the residency programs, as was the fact that senior academic leadership was comprised solely of Caucasian males. From a personal perspective, I heard many stories from family members who were often confused and untrusting of medical advice given to them by practitioners who were racially different and culturally incompetent.

A study involving both Black and White physicians found White patients’ physicians’ interactions with physicians were less dominated by the physician and involved two-sided, patient-physician communication (Johnson, Roter, Powe, & Cooper, 2004). It was concluded that physicians have preconceived ideas about how interactions with Black patients should occur, which led to one-sided, doctor-centered communication, a pattern that resulted in lower positive affect for both the physician and the patient. A personal story involving that type of interaction was of my father and his nephrologist. My father suffered from hypertension for many years and was placed on a high dosage of medication by his physician as a result. As his body became used to the drugs, his blood pressure no longer responded and began to increase. Consequently, he suffered a mild stroke in 2001, but fully recovered. His physician, which was important to note, was a white male, did not change his medication but instead again increased his dosage. Like many minority patients, my father never questioned the reasoning or rationality behind his doctor’s rationale and continued to take the medicine. My mother, a registered nurse, intervened and questioned the high dosages of medications that my father was taking and that was when
further review and consideration were given to his medical record and history. Unfortunately, by then it was too late and he had medicine induced stage four kidney failure.

Patient-centered communication was associated with improved outcomes for both patient health and satisfaction of care; for Black patients, physicians were less likely to engage in patient centered communication than they were for White patients. This suggested that these nuances of doctor-patient communication might have contributed to health care disparities. My father changed doctors and found a Black male nephrologist to treat him. After introducing himself his first words were, “It is my habit to treat the patient and not the disease” (Etomi, personal communication).

Of course, in an ideal world, the ethnic distribution within health professions would make no difference in the delivery of care. Unfortunately, in the United States, there was overwhelming evidence that supported the position that it did make a difference. The landmark publication, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care” (2003) sponsored by the Institute of Medicine (IOM) found that, “Evidence of racial and ethnic disparities in healthcare is, with few exceptions, remarkably consistent across a range of illnesses and health care services… and ethnic disparities remain even after adjustment for socioeconomic differences and other health care access-related factors” (Smedley, Stith, & Nelson, 2003, p. 5).

The researcher believed that social, legal and political controls were real and remained part of current society. Racialization was not overt but instead cloaked in institutional racism that manifested in the public school system, higher education, and corporate America. This was a barrier that many Black male students faced and continued to face. Most medical schools operated from a position of white privilege and its administrators lacked understanding of the
obstinate institutional racism that made college experiences oppressive (Harper & Hurtado, 2007).

In the case of this research, the factors supporting the efforts of Black males toward the achievement of academic success in medical school and residency needed to be examined in order to create a roadmap that would provide guidance for educational decision makers, teachers, mentors, and family members to increase the number of Black males in the medical education pipeline. The researcher was biased about the conclusion that the research would lead to since this particular problem had been a trend in academic medicine for many years, and there was concern that any efforts towards transforming a situation that had such deep historical roots would be fruitless and futile. The researcher also acknowledged her implicit bias as an African American woman, in that she was skeptical of implementing change in a system that was for decades. Changing a corporation’s understanding of “differences of race, class, culture and language” (Jupp 2010) is difficult and often faced with resistance.

Finally, the researcher kept in mind and used in her favor her race and therefore according to Briscoe (2005) “an oppressed group should be researched and represented exclusively by the members of that group in particular” (Briscoe, 2005, p 23). Hopefully that encouraged participants to answer honestly and openly and thus provided valuable and meaningful results for the study.

The personal opinions and feelings of the researcher regarding this issue did not prevent her from focusing on the scholarly work that the research required and produced. She was able to maintain a neutral position as a researcher by thinking of the possible positive outcomes their affect on future generations of physicians and ultimately patients and patient care. Carlton-Parsons (2008) wrote that the differences among groups should be celebrated and their
differences can prove to be valuable assets (Carlton-Parsons, 2008, p. 1138). These assets and their value were a major concern throughout the process especially as the research was disseminated throughout the health care organization.

**Research Question**

This study sought answer the following question: What were the perceived factors that contributed to and drove high achieving Black males to succeed academically in medical school and residency?

**Theoretical Framework**

Adapted from critical legal studies, Critical Race Theory (CRT) was utilized in education research to bring about awareness of racism, challenge dominant social, historical, and liberal ideologies, inspire social justice, and give voice to people of color (Chapman, 2005; Ladson-Billings & Tate, 1995; Parker & Lynn, 2002; Solórzano & Yasso, 2001; Taylor, 2009). The notions of social construction and the reality of race and discrimination were ever-present in the scholarly writings of contemporary critical race theorists such as, Derrick Bell, Gloria Ladson-Billings, Mari Matsuda, Richard Delgado, Kimberlé Crenshaw, and William Tate (Delgado & Stefancic, 2001). This group built upon insights into the relationship between power and the construction of social roles, as well as the largely invisible collection of patterns and habits that make up patriarchy and other types of domination (Delgado & Stefancic, 2001). As a theoretical framework, CRT gave special attention to the historical implications for Blacks in this country and took into account how those experiences structured the current society of which they were a part. CRT was needed to understand how a medical school campus was structured and how Black males were positioned in it. Black males were often positioned on the fringe of society and subjected to discriminatory practices, thus CRT offered an interesting paradigm to be used to
begin the process of finding meaning in the context of the current cultural system impacting the lives of Black men.

Since its inception, CRT grew in its application to many disciplines and had basic tenets that guided its framework. CRT recognized that racism was engrained in the fabric and system of the American society and the general mission of CRT sought to analyze, deconstruct, and transform for the better the relationship among race, racism and power (Delgado & Stefancic, 2001). CRT identified that these power structures were based on white privilege and white supremacy, which propagated the marginalization of people of color. This theory also rejected the traditions of liberalism and meritocracy. CRT challenged the legal discourse that the law is neutral and colorblind by examining these traditions as vehicles for self-interest, power, and privilege offered to those with wealth and power. These stories painted a false picture of meritocracy; everyone who worked hard could attain wealth, power, and privilege while ignoring the systemic inequalities that institutional racism provided (Delgado & Stefancic, 2001). CRT scholars employed alternative methodologies such as storytelling, parables, chronicles, counter-stories, and unconventional and creative ways to draw on the lived experiences of students of color (Solorzano, 2002). Critical race theorists used their experimental knowledge to explain their historical and shared experiences and transform social justices.

Despite the fact that theorists and practitioners of CRT had diverse approaches and emphasis, they had a commonality in their scholarship, the six basic tenets of CRT. Abrams & Moio (2009) contended the tenets were:

- Endemic racism
- Race as a social construction
- Differential racialization
- Interest convergence
- Voices of color
- Intersectionality

The tenet of endemic racism asserted that racism was an ordinary, everyday occurrence for people of color because it was so deeply embedded in the social fabric of American society. Race as a social construction maintained that race was a contrived system of categorizing people according to their physical attributes that had no connection to genetic or biological reality. Differential racialization warranted that dominant social discourses and people in power could racialize groups of people in different ways depending on historic, social, or economic need. Interest convergence asserted that racism brought a psychic advantage to the majority race, and progressive change regarding race only occurred when it benefited the majority population. The voices of color tenet advocated a rewriting of history that included the lived reality of the oppressed groups from their own perspectives and in their own words. Traditionally the majority populations’ accounting of history excluded racial and other minority perspectives to justify their power. Delgado (1989) stated that bringing these narratives into account challenged liberalist claims of neutrality, color blindness, and universal truths. The CRT tenet of intersectionality suggested that a primary focus on race could eclipse other forms of exclusion (Abrams & Moio, 2009).

From the CRT perspective, the plight of Black males in medical school was an expression of racism that was uniquely endemic to society in the U.S. (Delgado, 1995). Described by Ladson-Billings (1998), CRT sought to address racial issues that affected non-White persons through legal and institutional means. CRT proclaimed that the oppression that
stemmed from racism was rationalized and was not adequately examined for its complex and widespread effects that arose from action or inaction, as stated by Rosenthal (2014), “historical barriers, daily indignities, and stereotypes, which are bidirectional in the sense that both the oppressors and the oppressed perpetuate the racism” (p. 19). Critical race theorists argued that racism was an ingrained feature in American society and that the plight of Black males was actually a manifestation of the racial politics that were vital to the day-to-day functions of U.S. society.

The researcher believed that educational discourses regarding black males were “offensive without identification” (Ladson-Billings, 1999, p. 18). Furthermore, the thought that these discourses were not neutral but rather had embedded in them values and practices that normalized racism in society was prevalent. To apply this theory with the problem of practice, at one time Blacks were not widely accepted to most major medical schools and were barred from having membership in the American Medical Association (AMA), which was a requirement to practice medicine and work in most hospitals, of which were segregated until the late 1960’s (ama-assn.org/go/afamhistory, 2014). That history of racial discrimination and exclusion directly correlated to fewer Black males becoming physicians, which resulted in fewer positive Black male role models in the health sciences fields.

Critical race theorist Delgado (1995) stated, “We cannot identify with or love anyone who is too different from us” (p.55). He noted that not only were certain social groups excluded from institutions and marginalized with society, but also no one really cared about their plight. He argued that the majority of society perceived the conditions of the marginalized and excluded to be normal and as no cause for concern. So then it came as no surprise that many Black males had trouble in school, especially in the higher level academic programs because it was widely
believed and accepted that Black males were too different from other students and thus of little concern. That directly correlated to the steady decline of Black men who applied to medical school, and successfully became medical doctors. The applicant pool of students who applied to medical school grew, but the number of Black males who applied continued to trend downward (AAMC.org, 2014).

CRT was a suitable framework for the problem of practice because it not only centered race at the core of its analysis, but it also recognized other forms of oppression, namely class and gender, which also had important implications for Black males. That analytic lens acknowledged the “presence and perniciousness of racism, discrimination and hegemony” (Howard, 2008, p. 956). CRT sought to illuminate the voices of individuals who historically had been silenced in education research, and thus provided a counterscript to accounts of their realities (Tillman, 2002). Parker (1998) argued that:

The critical centering of race (together with social class, gender, sexual orientation, and other areas of difference) at the locations where the research is conducted and discussions are held can serve as a major link between fully understanding the historical vestiges of discriminations and the present-day racial manifestations of that discrimination (p. 46).

**Black Men and Intersectionality**

The intersection of race and gender manifested themselves in a multitude of intricate and detrimental ways within U.S. society. Hancock (2007), a theorist of intersectionality, believed that black men were intersectionally oppressed and called for broadening intersectionality away from content specialization that focused on women of color through the lens of gender, race and class to an empirical paradigm that, “can generate strategies for political change that incorporate
all of us as political beings, not simply a subset of the population discussed in a single comparative case study” (p. 249). Hancock further defined one of the principles of intersectionality as “within-group diversity”, meaning that the broad diversity across class, sexual orientation, and other identities or characteristics of the individual needed to be taken into account (Hancock, 2007). Therefore, Black men could be intersectionally oppressed due to poverty, blackness, sexuality or various other aspects of their identities for which in this case could affect their education and subsequent entrance and matriculation into the field of medicine.

A point of intersection between identity and institution vividly was illuminated in recent police encounters. Eric Garner, Michael Scott, Freddie Gray, Alton Sterling, and Philando Castile were just a few of the many Black men who, because they were black and male, suffered from an intersectional oppression that habitually targeted poor black men. Historically, blackness was associated with moral depravity and savagery in the main perception of Black people, dating back to the colonial period and the need to justify slavery. The Black men who tended to commit the crimes favored and portrayed most often by the media, or who endured racial profiling, typically were from lower socioeconomic backgrounds that only fed society’s perception toward impoverished, ghettoized, black communities. Thus, these racist attitudes influenced the acuity of how White America viewed and treated not only lower class blacks, but higher-class status ones as well. Hence, the entire process was a complex system of oppression that indeed targeted Black males because of their non-whiteness, gender, and class (Figueroa, 2000).

Mutua (2006) posited whether Black men were privileged or oppressed by their gender, and made the case that Black males both benefitted from and were disadvantaged by gender, more specifically they were privileged by gender and oppressed by race. She further suggested that Black men were dominant and more privileged in the Black community, but were
subordinated publicly, within the larger society outside of the Black community. She interpreted
the intersectional theory as applied to Black men by pointing out “that many social structures
contribute to the construction of individual and group identity and that to determine what a
particular intersectional identity means requires scholars to look to the context” (Mutua, 2006, p.
22). Hence, the conclusion was made that Black male physicians were privileged by gender but
oppressed by race, particularly since the AAMC reported that less than 3% of practicing
physicians are Black men as compared to the 77% of practicing Caucasian male physicians
(AAMC.org, 2016).

Though still evolving, there was criticism of CRT from both critical race theorists and
scholars not associated with the CRT community. Delgado and Stefancic (2001) wrote, “CRT is
overly concerned with middleclass issues of microaggressions, racial insults, unconscious
discrimination, and affirmative action in higher education” (94). Espinoza and Harris (1998)
challenged CRTs focus on the Black/White binary and believed additional research was needed
that focused on the intersection of all forms of subordination. As a result, more exploration into
the intersectionality of class and race was conducted to address inequality and oppression from a
global standpoint. Finally, some scholars believed that this theory became “expressly
preoccupied with issues of identity as opposed to hard-nosed issues of social construction, the
role of multiracial people, passing, and endless refinement of anti-essentialist theses” (Delgado
& Stefancic, 2001, p. 95). They preferred that CRT go back to its roots and focus on how the
effects of race and racism in a hegemonic system affected the lived experiences of people of
color.
Summary

This qualitative study was designed as a narrative inquiry approach to gain an understanding of experiences from the personal perspectives that influenced medical school success and degree attainment for Black males. A complementary objective of this study was the advancement of positive stereotypes about Black males pursuant to their educational fulfillment abilities, capacity for medical school completion, and integration into the mainstream health care workforce. An increased amount of diversity within the physician workforce to include more Black men would have several beneficial consequences, all of which were salutary. Expanding the number of minority physicians in the health care workforce would likely improve access to high-quality health care for underserved populations; broaden the research agenda to encompass a greater emphasis on problems of particular importance to improving the health of minority populations and reducing health disparities. Moreover, the increased cadre of minority health professionals interested in assuming management and policy-making roles in the future health care system would help ensure that tactical and strategic decisions about matters such as resource allocation and program design were tailored to the needs of a diverse society. The theoretical framework of Critical Race Theory provided a useful lens to examine the lived experiences of Black men who were successful in medical school and able to gain entry into the field of medicine by an otherwise colorblind society. Critics have claimed that CRT scholars were less concerned with measuring the accuracy of these counter narratives and at worst are distorting the truth (Delgado & Stefancic, 2001). Conversely, those in favor of CRT countered that there was no one truth or race-neutrality in the law or any other institution (Delgado & Stefancic, 2001). The reality was there were Black males who completed medical school, and used their degrees to transition successfully into the workforce. In that regard, there was a benefit in highlighting such
achievements in an effort to motivate other Black males to strive more readily and realize a similar potential. These stories were essential to understanding the plight that Black male physicians embarked upon in their quest to provide relevant, culturally competent care to an ever changing, ever diversifying nation.

As previously noted the educational outlook for Black males was systematically more debilitating than the outcomes for other racial or ethnic groups. By researching and reporting on Black male’s perceptions of factors associated with their academic success, policymakers and educators would be better equipped to develop and implement solutions. It was prudent that educators understood the factors that Black males perceived contributed to their academic performance and understood how to support and enhance their academic development.

CHAPTER 2

Literature Review

Increasing the number of Black male physicians in the workforce was a goal that continued to receive attention from researchers and educators. In Chapter 1, several factors were introduced that had a theoretical effect on Black males in the medical field. This chapter explored the significant historical philosophies that resulted in the underrepresentation of Black
male physicians. The literature review analyzed and identified key factors that contributed to a Black male’s educational success and the influences believed to have contributed to that success. These dynamics were thoroughly investigated to gain a better understanding of the achievement gap based on the perspectives of the Black physicians that participated in this study. The objective was for the results to serve as the premises for which recommendations for higher education decision makers could develop practices that promoted Black male college student success for utilization. The study had the potential to contribute to social change by helping to promote an anti-deficit image of Black men.

Five major areas of inquiry were dissected in Chapter 2. The first section was an investigation into the historical components that heavily influenced educational attainment, medical education, and Blacks. The next section explored the role of familial and community support, the third examined the exposure to racism and racial identity in the academic environment, the fourth assessed Black males and academic success, and the final section outlined the motivation that Black male students must possess in order to successfully attain educational excellence.

**Historical Perspective of Blacks and Education in the United States**

To achieve an overall understanding concerning the perceptions of Black males and the psychological distress they often experienced, a historical context was necessary and relevant. In the *Souls of Black Folk* (1903), W.E.B Du Bois recounted that for America, the problem of the 20th century would be the problem of the color line (p.1). From the naissance, to the present, the
“color line” persisted as an American enigma. To secure control and the maintenance of wealth and resources, certain patriarchal Europeans rationalized the dehumanization and enslavement of Blacks by propagandizing religious and political ideologies that asserted their inferiority and warned of their barbaric and savage propensities (Loewen, 2008).

Throughout the history of the United States of America, Blacks experienced prejudice, racism, discrimination, and oppression. Blacks were brought against their will as slaves to serve as cheap laborers, which resulted in serious psychological and social effects (Robertson, 1996). Further, slavery instilled and reinforced the notion that Blacks were subhuman, lazy and stupid (Thompson & Akbar, 2003). Black males typically were separated from their families and sold to different plantations where the process of reuniting with their loved ones was an unlikely possibility.

Howard-Hamilton (2003) argued that, following the Emancipation Proclamation, the oppression of Blacks continued through the denial of human and political rights. Several laws were implemented and reinforced to suppress freed slaves progression towards social equality. The ex-slaves took an interest in expressing their desire for an education, and the dominant group who once looked negatively upon Blacks were forced to recognize their deep commitment to education (Anderson, 1988). Blacks were indoctrinated to believe that government was meant for the White, intelligent, educated and wealthy individuals in society and that the Black, uneducated, laboring class was best at performing menial tasks and should be excluded from participating in matters that pertained to their own welfare. It was by design that freed Blacks were led to believe that segregation was established to protect them and was in their best interest.

Black people were not brought to this country to be given an education, citizenship, or democracy. They were brought to this country to serve, to labor, and to obey… When servants are educated at all, they are educated to serve, but never to share in power, thus planting the seeds of our present day educational crisis. (Clarke, 1973, p. 17).
Because of this, the acceptance of disparaging labels became the norm for not only the dominant culture, but also by those of African descent. Feelings of helplessness and victimization manifested themselves within the Black community, and therefore were associated with Black history and culture (Franklin & Boyd-Franklin, 2000). W.E.B. Dubois (2001) noted, “The very feelings of inferiority that slavery forced upon them fathered an intense desire to rise out of their condition by means of education” (p.638). History has recorded the struggle for Black males in the battle for a quality education in America. Because of their distinctive beginning, the educational experiences of Black males were inadequate and have continued to be imbalanced.

Considering the early purpose of Black’s existence in America was labor exploitation and subordination to the dominant race (Ladson-Billings, 2000) education was considered as Black people’s passage to enjoying all the rights of freedom this country had to offer. For that reason, academic success played a major role in a Black male student’s educational growth and their gaining access to social, economic, and political freedom.

The historical significance of minorities pursuing medical education in the United States was deeply impacted by the country’s legacy of racism and segregation. The struggle for and obstructions to education were many for newly freed black people. The inferior quality of care available to Blacks was just one facet of the plentitude of injustices perpetrated against that population. Akin to public education during that time, health care for Blacks was handled in segregated institutions, severely underfunded, and lacked the basic support that was provided to comparable white institutions (Byrd & Clayton, 2002). Despite these barriers, at least seven Black medical schools were established in the decades following the end of slavery (Harley, 2006). Before the turn of the century, Black medical schools were haphazard, inconsistent and of
uneven quality. The schools often lacked financing, had limited faculty, poor facilities and lacked access to patients (Barzansky & Gevitz, 1992). In 1904, the Council of Medical Education (CME) was created by the American Medical Association (AMA) to conduct medical education reform (Arrington, 2015). The Carnegie Foundation charged Abraham Flexner, an education theorist, in 1910 for the advancement of teaching with the task of reviewing all 155 medical schools in the U.S. and Canada (Nivet, 2010). Flexner felt that Johns Hopkins Medical School exhibited “unprecedented academic virtue” and should be emulated (Flexner, 2002). His resulting exposé in 1910 was particularly critical of Black medical colleges, which ultimately led to the closure of five of the seven historically Black medical schools. The remaining schools Howard University School of Medicine in Washington, DC and Meharry Medical College in Nashville, TN, became the primary options for African Americans, subsequently limiting the opportunities for attendance to medical school (Nivet, 2010). In his report, Flexner wrote that the role of Black physicians should be the intention of serving other Blacks (Arrington, 2015). This would serve the purpose of “protecting Whites” from disease because Blacks were a potential source of sickness (Arrington, 2015). With only two Black medical schools in the country, Black physicians were produced in low quantities. In his report Flexner (2002) stated, “The Negro must be educated not only for his sake but for ours” and “ten million of them live in close contact with 60 million whites” (597). The impact made by this report reverberated for more than half a century. The Flexner report was deeply implicated in the structural inequality that systematically disenfranchised Blacks in medical education, and was an unacknowledged source of trauma in the collective Black health experience and had both literal and figurative implications.

Only four decades ago did organized recruitment efforts begin to increase enrollment of students of color in the nation’s medical schools. Nivet (2010) wrote that the Civil Rights Act of
1964 led medical schools to desegregate if they wished to receive federal funding for student financial aid and construction projects. The following year the creation of Medicare and Medicaid forced hospitals to integrate so they could receive reimbursement for care. The convergence of these events required a diversification of the physician workforce and prompted medical education to develop and offer affirmative action programs to increase minority enrollment. The AAMC recommended that medical schools achieve equality by eliminating the barriers or constraints to access the medical profession (AAMC, 2014).

The historic and continued challenges coupled with the scarcity of minority students pursuing and graduating from schools of medicine, severely hampered the efforts to increase the numbers of Black men in medical careers. Recruitment of more Black males to medical school was a vital factor in increasing racial diversity in the physician workforce. Price et al. (2004) theorized that prejudice against racial minorities and/or lack of leadership’s commitment to minority recruitment was a primary factor for this problem. Recruiting qualified Black male physicians was highly important and necessary for medical institutions across the country. Heron and Haley (2000) stated that studies showed that Black male physicians were more likely to provide care to the underserved and indigent population. These communities were expected to have a shortage of physicians regardless of community income levels.

**Family and Community Involvement**

In the search for strategies that increased academic success among Black male students, attention was focused on increasing parental involvement in these students’ schooling. The extent to which parents’ involvement in school activities and homework influenced the academic environment of their children had a long research history, however researchers failed to examine the role family played in the daily lives of Black students (Kiah, 1992). The familial unit played
a very significant role in the education of Black students. Black male students faced many obstacles including, racism, stereotyping and discrimination. Support and involvement from parents, family and the community was needed when educating academically successful students. The family was a conduit for educational attainment for many reasons; they were the primary sources for academic potential, they set the parameters of community standards within the home environment, and they provided the context and background for explaining meaning in life and the world (Herndon & Hirt, 2004). Adams et al. (2000) determined that parental involvement in school helped students acquire the academic proficiency needed for success. Research suggested that many Black students internalized parental expectations for their own achievement and motivation. The internalization of high parental expectation may have served as a motivator for success and persistence in academics. Hrabowski et al (1998) posited that African American students with parents who set high expectations for excellent academic achievement were more likely to have academic success.

In studying the traits and attributes related to Black college student academic achievement, Kiah (1992), determined that there was a strong correlation between family cohesion and academic success. Black student retention had been identified as being related to the support received from family members (Herndon & Hirt, 2004). Moody (1997) wrote that the primary factors that promoted Black students’ success in high school science, and motivated their achievement and persistence in the college science pipeline included family support and expectations.

Most critical to Black male student achievement was the time their parents invested instilling and developing the habits, styles, and behaviors that prepared children to learn and do well in school, pursue a college education, and ultimately attain a college degree (Bentley-
Edwards, et al. 2011). Parental involvement in a child’s education greatly influenced their academic achievement through higher grades, higher test scores, attendance, school readiness, and behavior (Simon, 2001). Students who had parents involved in their school, regardless of background and socioeconomic status, were more likely to earn higher grades, have better attendance rates, not have discipline problems, and graduate and go on to college (Brown & Fiester, 2003). Family relationships and expectations had a significant impact on the persistence of African American students in the science pipeline, as well as their educational preparation, achievement and ultimate success in school (Hrabowski, Maton, & Grief, 1998).

A study conducted by Barnett (2004), revealed that successful Black males attributed their high achievement to self-discipline, positive school experiences, motivation, excellent teachers, and supportive parents. Sullivan (2002), conducted a qualitative case study of successful Black males in Gary, IN. Significant findings from the study revealed that Black males were successful because of their individual responsibility and supportive commitments of persons at home, school and their community. The participants of the study stated that supportive role models such as doctors, lawyers and, teachers made a difference in their academic success.

Beyond the nuclear family in many Black households, the influence of extended family, church, community activities, teachers and peers was identified as motivators of student academic success. Roberts (1980) disclosed that the church, the family and the school were the three most critical institutions whose interactions were responsible for the viability of the Black community.

Findings from the research suggested that Black students might internalize parental expectations for their own academic achievement and motivation. This internalization served as
a tremendous motivator for success. Many Black students credited the support received at home as the impetus for their persistence through the science pipeline; and subsequent pursuit of degrees in science (Russell & Atwater, 2005). Overall, Blacks valued education, and earning a good education was viewed as the portal to economic stability and security among members of the Black community (Ladner, 1998).

**Racism and Racial Identity**

Ladson-Billings (1998), stated that education had long been viewed as a Black’s passage to enjoying all the rights of freedom America had to offer; therefore academic success played a major role in Black male students’ educational growth and their gaining passage to social, economic, and political freedom. The stereotypes placed on Black males throughout history defined their cultural identity. Some of the stereotypes included; ineptitude, languor, and violence. The academic performance of was often affected because of these stereotypes (Cheng & Starks, 2002). In the larger social milieu, Black males were often portrayed as criminals, gang bangers, athletes and entertainers, but rarely as academics. Some perceived “gifted Black” as an oxymoron since high levels of academic rigor and talent were often associated with White and Asian students, whereas expectations for the academic abilities of African American students were low (Fries-Britt, 1997). Smedley, et al. (1993), wrote that although all students experienced some sort of stress in life, academically talented Black students were subjected to unique minority status stressors which included, being the target of racist acts, having the legitimacy of being in honor’s classes questioned, and feeling pressured to prove one’s cultural identity to same-race peers. These stressors could be debilitating to students because they undermined their confidence, heightened their concern and anxiety over their academic preparedness, and may have limited their ability to bond to the academic setting (Smedley, 1993).
Franklin & Boyd-Franklin’s (2000) research exhibited that negative stereotyped assumptions fervently determined the prominence of Black males’ physical and psychological presence. Hence, members of this group were often associated with generalizations that tended to be socially feared or unacceptable. Because of these stereotypes and negative connotations, the research showed that the obdurate effects of oppression had weighed down and followed Black men since slavery. The social tendency was to push this group towards the prestige and significance of sports (Beamon & Bell, 2006). According to Lee, et al (1991), Black males may have experienced a significant division from education and its process and may have struggled to identify positive role models who value education.

**Racial Identity**

Research revealed many instances of academically gifted Blacks who were questioned about their intelligence, and some individuals reported feeling as if they were always being judged and watched by both their peers and faculty (Fries-Britt, 1997). Black students also reported having to endure a less overt form of racism in being questioned about their academic abilities and sensed that they were seen as less intelligent students that would not have been admitted to college without affirmative action (Solorzano et al, 2000). Students who were subjected to these stereotypes often attempted to resist and disprove negative assumptions about their intelligence by working doubly hard to show that they belonged. High achieving Black males in Harper’s national study noted that their academic achievement and engagement in extracurricular activities and highly visible leadership positions enabled them to challenge and disprove pervasive stereotypes about Black men (Harper, 2005).

Racial identity theory examined how a person of color perceived himself as sharing a common racial heritage with his socio-racial group (Helms, 1990). Racial identity development
was the process whereby members of an oppressed group overcame society’s negative evaluation of their group and developed an identity with roots in the culture and experiences of their ascribed group (Kohatsu, et al., 2000). The extent to which individuals came to terms with their racial identity may be related to academic achievement. Stevens’ (2007) study determined that adolescents with complex identity development that encompassed both a strong racial identity and the ability to interact authentically with the larger culture demonstrated greater academic success than those who either did not incorporate race or ethnicity in their self-concept or did so without a sense of membership in the larger society.

Woodson (2000) also noted that Black males, in particular, worried about being ostracized from their own Black community and not being accepted into the larger White community. In their study, Fordham and Ogbi (1986), supported this view by suggesting that Black students sometimes under-performed because of their cultural opposition to acting White. The concept of acting White however found its way to the center of much controversy as other studies revealed that Black students had a steadfast faith in education, even though their educational outcomes did not always match this belief (Shernoff, 2013).

In a study of undergraduate students, Ancis, Sedlacek, and Mohr (2000), found that African American students consistently reported significantly more racial-ethnic conflict, pressure to conform to stereotypes, and less equitable treatment, by faculty, staff, and teaching assistants. In many ways, stereotypes were over-exaggerated truths that tended to assign negative connotations to Blacks. In order to be incongruent with the stereotypes, high achieving Black students often were pressured into feeling the need to disprove the negative stereotypes and prove their academic ability. Solorzano (2002), posited that overcoming those typical perceptions could add additional burdens to Black high-achievers who were struggling to define
their identities, and these doubts of their academic abilities were found to be damaging to their achievement and self-esteem. How the internalization and awareness of stereotypes affected the psychological well-being and academic performance levels of Black male students was a critical element to understand.

**Academic Success**

Though obstacles existed, there were Black males that obtained academic success. Harper (2005) conducted a study of 35 high achieving Black male students from the University of Michigan, University of Illinois, Michigan State University, Purdue University, Indiana University, and Ohio State University, who were considered as student leaders. These students were involved in multiple student organizations, received scholarships, awards, and honors. The results from the study determined that the students were heavily involved in campus activities, clubs, and organizations. The analysis discovered active participation and engagement in multiple capacities for learning had a positive effect on the experiences of Black males.

Hood (1992) determined that in order for Black males to achieve academic success in higher education they needed to make a mental shift and reframe the issue if they were going to improve. He stated:

> We must move from a victim model to one that says not only can we be successful, but we will be successful. We must begin by reframing our perception of our status. Rather than seeing ourselves as victims, we must see ourselves as creator of our destiny. Rather than seeing ourselves as an endangered species, we must draw strength from our 500 years of struggling against, and often overcoming the hurdles of racism and other forms of bigotry (pg. 19).

In his study, he concluded that Black males who were successful could clearly articulate a personal concept of success. Secondly, the young males who defined themselves as successful
were adept at networking, not only with other students of color, but they were involved in various student groups, organizations, and student government.

Black Greek Letter Organizations (BGLO) also played a significant role in the academic lives of Black men. BGLO historically served as a valuable social support system for Black students. Harper & Wolley (2002) called attention to how these fraternities required aspiring members to demonstrate academic excellence, active involvement, outreach to the community, and leadership potential. Hayek et al. (2002) conducted a survey of the National Survey of Student Engagement (NSSE) and found that fraternity members were sometimes even more engaged in academic preparation, studying, active learning, interactions with faculty, and diversity related activities.

The American Council for Education (ACE) indicated the importance of supporting community organizations such as the NAACP, churches, and the Urban League. The message was that education and academic achievement was important and needed to be reinforced in additional environments outside of the home (Hefner, 2004).

**Understanding the Motivation of Black Male Students**

Most of the research focused on motivation included mostly White college students and thus the perspectives and studies did not accurately reflect the motivation patterns of Black male students. Realizing the paucity of available research, scholars have recently increased the amount of knowledge regarding what factors motivated Black male students to achieve academically. Cherry (2012) wrote that motivation was defined as the process that served as a catalyst for an individual to start and complete tasks and display goal-oriented behaviors. Based on their self-determination theory, Deci and Ryan (1985, 2000) determined that intrinsic motivation had a
stronger influence on important behavioral outcomes in education than extrinsic motivation. Intrinsic motivation arose within an individual and appealed to personal gratification (Cherry, 2012). The first step for understanding students’ motivation in an educational context was to distinguish between extrinsic and intrinsic motivation (Deci & Ryan, 2000). Deci and Ryan (2000) characterized intrinsic motivation as carrying out action or activity for internal satisfaction rather than for something to avoid consequences and extrinsic motivation referred to outside motivators for individuals to achieve academically. In other words, intrinsic motivation for students was their internal desire to learn where as extrinsic motivation was their desire for end rewards, such as grades.

Hwang et al. (2002) determined that student motivation was neither purely internal nor external but rather it was a multidimensional construct. Black students often drew upon multiple sources to fuel their academic motivation and connected this motivation with their drive to be successful. Deci & Ryan (1985) showed that students who were intrinsically motivated persisted longer, conquered more challenges, and demonstrated accomplishments in their academic endeavors more so than those who were extrinsically motivated. When individuals were intrinsically motivated, they were usually compelled by factors of interest, concerns, or instilled values. Intrinsic motivation combined engagement and activity and was associated with high levels of cognition and a desire on the part of an individual to feel accomplished (Steinhart & Wyer, 2009).

Overall, motivation enabled engagement in activity and had the ability to affect one’s thoughts, behaviors, and decisions (Steinhart & Wyer, 2009). Fazey and Fazey (2001), found that individuals who were controlled by external factors, credited their success or failure to chance or luck. On the other hand, individuals who were controlled by intrinsic motivators took
responsibility for both their success and their failures (Fazey & Fazey, 2001). The main
assumption of the self-determination theory (Deci & Ryan, 1985, 2000) was that the more
intrinsically motivated students were, the more likely they would achieve academically.
CHAPTER 3

Methodology

The proposed qualitative narrative study was designed to evoke and promote the voices of successful Black male physicians and to understand and tell the stories of their experiences during medical school, residency, and what they suggested contributed to their academic success. The research focused on examining and achieving a deeper understanding of their perception of factors that contributed to their academic merit. A narrative approach allowed the researcher to ascertain more complex research data. In particular, the researcher sought to determine how the characteristics of successful Black male learners led to their obtainment of educational excellence. This chapter presented a qualitative research design model, which was used with a narrative approach to identify commonalities and disparities to generalize about the larger population (Johnson & Christensen, 2008). Narrative inquiry was utilized in this study as a way to reveal Black male physician’s own spoken experiences about how they were able to navigate medical school despite social, socioeconomic, familial, cultural and environmental factors. Furthermore, the data that was collected would, “relate not only to the person’s present state, but also to past experience, situational and environmental factors that were relevant to the problem being examined” (Polit & Hungler, 1999, p. 250). The research study included findings that would not only add value and understanding to the researcher but to the participants as well. The voices of the participants were needed to create well-informed policy and programs to support other Black males; this would potentially motivate a much needed paradigm shift in how society views Black males. This chapter included a description of the research design, participants, instrumentation, data collection, and analysis.
Research Questions

The qualitative approach facilitated the transmission of ideas through the narrative, human stories of the participants. Narrative inquiry was grounded in Dewey’s theory of experience as it related to his thinking about situation, continuity, and interaction (Clandinin, 2000). Dewey’s idea of continuity was associated with examining past, present, and future experiences to identify solutions to the issue being addressed. Dyson and Genishi (1994) posited that narratives helped transform what took place currently to shape a future that was much better than what was being experienced in the present. To have a comprehensive and concise understanding of the complexities surrounding the experiences and perceptions that contributed to the academic success of Black males in medical school, the study addressed the following research question:

Overarching Question: What do Black male physicians perceive as factors that contributed to their academic success in medical school and residency?

Restatement of the Problem

The purpose of this narrative inquiry qualitative study was to explore Black male physician’s perceptions of factors contributing to their academic success while in medical school and residency. The study investigated the underlying meanings of the human experiences of these males to better understand and explain how despite societal stereotypes and preconceived notions they succeeded and graduated from medical school and successfully completed residency programs. A narrative approach allowed the researcher to ascertain the experiences of the participants and how they described them (Morgan, 2000). Specifically, the researcher determined how the characteristics of successful Black male students led to their obtainment of a medical degree. The inquiry focused on the self-reported social, socioeconomic, familial and
cultural factors conveyed by the participants. This chapter included a description of the research design, participants, instrumentation, data collection and analysis. The analysis of the data identified common themes of behavior and adaptive skill sets. Qualitative data was collected and the findings were transformed in an effort to understand the meaning of interactions of people in particular situations (Silverman, 2006).

### Research Design

This study was conducted using a qualitative research method to gather data concerning the lived experiences of Black male medical students. Marshall and Rossman (1999) theorized, “Qualitative methods help find the natural solutions to problems, the solutions that people devise without policy intervention” (p. 15). Qualitative research was a broad approach to the study of social phenomenon; its various genres were naturalistic and interpretive, and thus draw on multiple methods of inquiry” (Marshall & Rossman, 1999, p. 2). The strengths of qualitative research laid in the researcher’s ability to be flexible and exploratory. A qualitative approach was appropriate because the researcher wanted to understand the participants’ perspectives, and how events, actions and meaning were shaped by the circumstances in which they occurred. This approach had strength in areas that specifically corresponded to the impacts and encounters pertaining to people. Qualitative research possessed the capability to record an in-depth understanding of the participants’ perceptions, and to understand why individuals acted and reacted the way they do (Creswell, 2012).

Some regarded qualitative research as a method that recognized that occurrences may or may not be seen as easily and may emerge later on (Mack et. al, 2005). Some factors included, ethnicity, culture, social norms, and gender roles. The qualitative methodology allowed people to be expressive of their life experiences, emotions and feelings (Strauss & Corbin, 1990).
Research Tradition

Recently, stories have emerged as a popular form of qualitative research. Narrative inquiry methodology was used for this study as it elicited stories that related to the human experience in a way that was voiced by the participant and retold by the researcher. Clandinin and Connelly (2004) described narrative inquiry as a means toward understanding a particular experience. Furthermore, this study investigated the factors that contributed to Black male doctors’ academic success while completing their medical journeys. The research design enabled the use of storytelling of events and experiences, which enriched the research with candid responses of the participants’ views of their life and interactions (Glesne, et al. 1999).

Narrative inquiry considered the complex lives that people lived and reflected on the premise that people constantly change and therefore focused on more than the participants’ stories. The process of storytelling was enlightening because it moved beyond writing for the self; there was an audience, an abstract response and an actual response. Narrative inquiry fit into my approach because it investigated how power, culture, and society influenced a person’s life. Many positivists rejected the idea of storytelling as a form of data collection; however, Clandinin and Connelly (2004) countered this argument by utilizing compelling stories of marginalized groups in research and theorizing how the socio-cultural context of an individual’s life can be learned about thorough story and narrative analysis.

The use of narrative inquiry permitted the research to scrutinize experiences holistically in all of their complexities. (Mumby, 1993) stated that they are powerful constructions, which could function as instrument of social control. The value of narrative inquiry was that it allowed the researcher to be cognitive of the experience; often research only examined the outcomes and disregarded the impact of the actual experience. This methodology illuminated the progressive
notion of experience, and recognized that one’s understanding of people and events changes (Bell, 2014).

Clandinin and Connelly (1994) postulated that storytelling was a process of moving simultaneously in four directions: inward (inside self), outward (toward community), backward (in time), and forward (also in time). There was another important aspect of sharing stories from the past in the light of present knowledge. It was not adequate to retell the same story in the same way across time if that story was to be used to connect with new meaning and inform us in the present. Rather, a story remembered must be revisited using our own life experience across the intervening years (Clandinin and Connelly, 1994).

**Target Population**

A sample of six Black male physicians were selected to participate in this study. The researcher utilized email as the primary method of recruitment to contact the participants. Additional contact information was obtained directly from the physicians who agreed to be a part of the study. Ideally, the aim of this study was to research the selected participants and have them address and understand the research question (Creswell, 2009). Purposive sampling was the most suitable sampling method aligned with this type of research and allowed the researcher to study the participants who were directly involved and knowledgeable of the field of study. Purposeful sampling was the process of selecting participants that were likely to be information rich in terms of the purpose of the study (Gall, Gall, & Borg, 2007).

After the participants were selected, they were informed in detail of the specifications of the study. Those who agreed to participate signed and submitted a consent form. The participants
were selected based on the following criteria: a) they identified as a Black male, b) they attended and graduated from medical school, c) they were a practicing physician.

**Participants**

An approval form was provided to the participants prior to their involvement in the study. They were selected through the use of purposeful sampling and contacted via email to explain the nature of the research and ask for their participation in the study. The researcher obtained written permission from each participant and stated that confidentiality would be respected and maintained. Participation was on a voluntary basis. The consent form included information describing the nature and purpose of the research, confidentiality guarantees, and other pertinent information related to the study. According to Creswell (2009), it was important that participants understood their right to participate voluntarily and that they knew they could withdraw from the study at any time. Knowing their rights to ask questions, the procedures of the study, and its benefits was essential (Creswell, 2009).

**Ethical Considerations**

The possible ethical issues that could surface during this research study were thoroughly identified and taken into consideration. First, the research plans were reviewed and approved by the Institutional Review Board (IRB) at both Northeastern University and Carolinas Medical Center. Following the approval of the IRB, the participant consent form was provided to the interviewees prior to their involvement in the study, along with detailed information about the study, their rights, and other safeguards of their rights throughout the study. The data collection process did not begin until proper consent was obtained and agreed upon by the participants.
Due to the sensitive nature of this study as it related to life experiences, there was the possibility that personal information would be disclosed during the data collection, and the interview process would be viewed as derogatory and abusive. However, Patton (2002) commented that researchers could never truly know or pre-determine these types of situations before they occurred; however, they could anticipate that they may run into these issues. As a precaution, pseudonyms were used to protect the identity of the participants and enforce the privacy and confidentiality of the data collected. Moreover, the final manuscript and analysis was presented in an appropriate, professional and ethical manner. All information that was related to the selected participants and study was properly discarded to prevent misappropriation or unethical use of their personal content.

**Instrumentation**

Merriam (2009) stated the researcher was the primary instrument for collecting and analyzing data. The instruments that were used for this study were important to the research that was conducted and consistent with the necessary requirements for qualitative methods in a narrative inquiry study. An aggregate of open-ended and semi-structured questions were used for participants to respond and address. Marshall and Rossman (1999) specified, “The most important aspect of the interviewer’s approach concerns conveying the attitude that the participant’s views are valuable and useful” (p. 108). During the one-on-one interview, the researcher asked a series of questions to give the participants an opportunity to elaborate on their perceptions and experiences. The purpose of interviewing was to find out from the participants those feelings, thoughts, and intentions that cannot be observed (Patton, 2002). The interview questions in this study explored the perceptions of factors believed to have contributed to academic excellence as well as challenges to and solutions for academic success.
In-depth Interview

The interview elicited information that is significant to the study. Factors such as a) attitudes toward educational attainment, b) conditions that contributed to educational attainment, c) the influence of family, peers, and their community on their academic success and d) the characteristics and traits that were considered important to obtaining academic success, were solicited throughout the interview process.

During the interview, the researcher asked open-ended questions to gain a deeper perspective of the participants’ perceptions and experiences. Questions were asked to establish a rapport and create a more comfortable environment. The surroundings and the structure of the interview questions provided the participants the opportunity to share detailed personal information. This allowed the researcher to probe further with questions as well as, “control the line of questions” (Creswell, 2012, p. 179).

Validity and Reliability

According to Creswell (2009), researchers conducting qualitative studies were most concerned with issues of bias, honesty, credibility, and authenticity. In qualitative research, believability was expected when the data was derived directly from the data source. Credible and trustworthy participants were considered to answer interview questions and to provide truthful answers. In the qualitative tradition, verification instead of validity was used, which placed heavy emphasis on the trustworthiness of the researcher (Creswell, 2012). The researcher served as the primary instrument in this study and used the technique of epoché and bracketing to lessen researcher bias (Moustakas, 1994). Husserl created the term epoché, which meant when the researcher attempted to eliminate any pre-judgments, biases, ideas, and prior knowledge while conducting interviews (Moustakas, 1994). Epoché was a continuous analytical process diffused
throughout the research to preserve the authenticity of the participant’s experiences. The intent was to set aside any biases that could change the way data was collected and interpreted (Creswell, 2003). This method provided the researcher with a way to bring to light as many aspects of the meaning as possible (Stones, 1988). After any presuppositions were identified and bracketed, the interviews and transcriptions were approached with a certain loyalty and openness towards whatever the participants shared and the meanings that emerged.

**Data Collection**

To obtain an understanding of the participant’s perspectives, the researcher audiotaped the interviews. The data was collected using open-ended questions and prior to the interview, the participants were given detailed information regarding the purpose of the study. The data collection method allowed the researcher to discover how being a Black male affected academic success in medical school and residency. The interview questions were designed to determine how, what, and at what point the characteristics, experiences, and strategies of Black males contributed to obtaining and Excelling in medical education.

The researcher informed all participants about the research, the need for individual privacy, and protection from emotional harm. Each participant was also be told that there was no right or wrong answer and his personal views should be freely expressed. The researcher used follow-up questions to probe for additional information when needed. Transcriptions of the tape-recorded interviews were coded and stored safely with the researcher.

**Data Analysis**

Once the data was collected from the participant interviews, the researcher transitioned to processing and analyzing. The data illuminated the experiences of the participants as they related
to the attainment of a medical degree. The interviews were examined “for emerging themes and recurrent events” (Leedy & Omrod, 2001, p. 168). At the conclusion of the interviewing process, the researcher gave full attention to analysis and writing. This allowed the researcher time to make connections of the collected data and effectively interpret the Black male academic experience in medical school and residency.

Creswell (2009) postulated that the similitude of the data analysis to the process of “peeling back the layers of an onion” (p. 181). In the next step, the researcher interpreted, analyzed, and assessed the data gathered by using various strategies for data analysis and interpretation to ascertain a core theme among participants. As the data analysis was developed, cause-and-effect relationships were revealed. These relationships were compared between participants to uncover similarities between their experiences. The consistent findings were clustered into thematic labels to reveal the core themes of the experiences. Individual textural descriptions and individual structural descriptions of each participant’s experience were constructed. The aim was to arrive at descriptions of an experience and the underlying and precipitating factors that accounted for what was experienced (Merriam, 2002).

**Summary of Findings**

To present the results of the narrative study, the researcher summarized her findings according to themes and topics and drew out key issues that were discussed by the participants. The goal of the results was to remain faithful to the participants and to be as aware as possible of any biases that may occur due to editing as there was an ethical issue about misrepresenting, distorting or deleting findings, which were provided by the participants. A discussion section was also included which enabled the researcher to delve more into the study by making interpretations and linkages, relating the findings to previous research or commentary, and
developing tentative theories. A final section on limitations and implications that occurred throughout the research was also included (Moustakas, 1994).

**Summary**

This chapter introduced the qualitative methodology of narrative inquiry as the instrumental research design. It further highlighted relevant explanations for the benefits of using a narrative approach. The research design was an important element in the chapter and identified the rationale for the qualitative model, the benefits the approach lended to the study, and the role of the researcher within the study.

Chapter 3 reintroduced the problem statement, the purpose of the study, and research questions that were applicable to the study. The next section provided a description of the research methodology and research design. This section also described the researcher’s role as the primary instrument for data collection and analysis. The section that followed discussed the population sample and participant description. The researcher further discussed measures that ensured that appropriate steps were taken to inform and explain the purpose of the study, as well as consent documentation to informants. The next section discussed the data collection and analysis.
CHAPTER 4

Data Collection & Results

A fundamental tenet of Critical Race Theory was to tell the story of marginalized groups that became part of the principal narrative. The qualitative research design methodology allowed the researcher to investigate the factors Black male physicians perceived contributed to their academic success. This chapter described the background stories of six high academic achieving Black male physicians and the factors that contributed to their academic success in medical school and residency. Initial themes were developed from the participant’s experiences that directly related to their academic success. This chapter was organized by demographic profiles of the participants, emerging themes, narrative analysis, and a summary of the overall findings. To maintain anonymity, all identifying information for participants of this study was replaced by pseudonyms.

Demographic Profiles

All participants were graduates of medical school, had completed residency programs, and were currently practicing medicine or were hospital administrators in North Carolina. All participants were adult Black males.

Dr. Scott

Dr. Scott was a mid-fifties trauma surgeon from Ohio who was raised in a Panamanian two parent household with strong academic expectations for him and his siblings. Interested in medicine at an early age, Dr. Scott excelled in education through high school and college, he attended Williams College for his undergraduate degree and Cornell University for medical school in the mid to late 70’s. He completed his residency in Pennsylvania in the early 80’s,
participated in a yearlong surgery fellowship in Canada, and finally completed his studies with a trauma fellowship in the late 80’s.

**Dr. Small**

Dr. Small was a mid-forties hospital administrator from California. Raised in a single parent household, Dr. Small didn’t meet his father until he was 8 or 9 years old. School and sports were very easy for Dr. Small and he excelled in both through high school. Encouraged by his high school football coach, he attended Occidental College after turning down a full scholarship to Stanford University. After being side lined from football for a year due to an injury, Dr. Small threw himself into his academics and found his passion for medicine. He attended Harvard University for medical school and George Washington University to complete his residency in Emergency Medicine.

**Dr. South**

Dr. South was an early forties pediatrician from Guyana, South America. Raised in a two-parent household, academic success was not only the top priority in his household, but it was also the cultural norm. Dr. South knew at the age of 10 that he wanted to become a doctor and focused his energies from that age on towards that goal. He and his family moved to New York when he was 14 years old and he completed high school in Brooklyn. After studying Biology at Cornell University, Dr. South attended medical school at Albany Medical College. He completed his Pediatric residency at the Children’s Hospital of Philadelphia.

**Dr. Short**

Dr. Short was an early fifties hospitalist from Washington, DC. Though education was emphasized in his household growing up, with two working parents, it was often difficult to provide much monitoring. However, Dr. Short followed the rules set forth by his parents and did very well academically in school. He attended a finance and technology high school in the late
70’s and early 80’s, and had supportive teachers who challenged him. He attended Duke University for his undergraduate degree and completed medical school at the University of North Carolina School of Medicine. He completed his residency in Internal Medicine at the National Naval Medical Center in Bethesda, MD.

**Dr. Day**  
Dr. Day was a mid-forties emergency medicine physician from Trinidad and Tobago. Raised in a very strict two-parent household, excellence in academics was a mandatory requirement for him and his siblings. He came to the United States at the age of 16 to attend Iona College in New Rochelle, NY where he studied biology. After finishing in only three years, he attended Albert Einstein College of Medicine in Bronx, NY and completed one year of his residency at Preliminary Internal Medicine at Montefiore Hospital and three years of his Emergency Medicine fellowship at Jacobi Hospital also in the Bronx.

**Dr. Smart**  
Dr. Smart was an early forties pediatrician from Knoxville, TN. Raised by a single mother in a middle class household, Dr. Smart attended private school from the fifth to twelfth grades because his mother wanted to give her children the best chance of receiving a quality education. A childhood accident caused him to be hospitalized for an extended length of time, and it was there that he decided to become a doctor. He attended Duke for undergraduate school and completed a post-baccalaureate year and medical school at Wake Forest School of Medicine. He completed his residency at the University of Arkansas for Medical Sciences and completed a pediatric gastroenterology fellowship at Vanderbilt University School of Medicine.
Family and Community Support

Family, community, social attitudes, and involvement could drastically affect the educational attainability and resiliency in black male students. The participants strongly supported the role of familial, community, or social support as an integral part of their overall academic achievements. Dr. Scott stated:

*The African American community was very tight and pretty much focused academically. There weren't a lot of knuckleheads there hanging out, but I had a very, very tight cadre of classmates who were interested in pre-med. The majority of us that started together as Freshman are all physicians today. We supported one another, but again, there was never any question that we weren't going to graduate. There were a couple guys that washed out, but they still ... washed out of the pre-med thing, but they still were part of our support group. We got labeled nerds and all this kind of stuff, but we supported one another. We competed against one another, and today, most of us are practicing medicine.*

Dr. Short disclosed:

*I think that was probably the first thing was a couple of elementary school, middle school teachers who saw some potential. I ended up going to a finance and technology school back in the late 70s and early 80s. That was a big trend in education, getting kids into the science arena. When I got into that school, I had a lot of colleagues like myself. Very talented, young, African American, male and female students in the class that we all kind of pushed each other. Had very supportive teachers who also challenged us and challenged us to do better. I remember thinking to myself at the end of the pharmacology*
class in the summer that was the first time that I said to myself, God wants you to be a doctor. It was different experience; my perception of the experience was different because of my religious and environmental background. Remember that college wasn't necessarily easy. I kind of caught my second wind going from senior year at Duke to medical school and then you fail a class in the most important portion of your life. So, there was a question about "can I or can't I" and I think at that point I said, it's not me. It's God that wants me to.

Dr. Day shared:

I didn't have a fraternity, I wasn't into the fraternities because I had a strong group of friendships that still hold true today in Trinidad. I had a few friends that remained friends in medical school, and they were Black. We could connect. We understood. One was Jamaican, two were from Ghana, and my girlfriend at the time she was born in White Plains, New York. We had a strong group where we could support each other, be open about weaknesses. Strong friendships and strong bonds were made from them. I had a strong support group. I did not join a fraternity in college, the fraternities that I saw they seemed to be more into socializing.

A subcategory emerged within this domain due to the participant’s views on academic expectations within their home environments. For example, Dr. South provided the following response:

So academics and um my parents, they had a high school education. My dad got an apprenticeship, he was an engineer and my mom had a business, she was a business woman, she was a caterer and a business woman. But school and getting an education
was number 1, 2 and 3 priorities for us as children. There's no compromise and
everything else is secondary. And the other thing is that it is all part of the culture that I
grew up in, that was normal. So I didn’t feel peer pressure to go play sports or do these
other things right? If everybody in the community or the town, if it’s normal that
everybody wants their children to go off and graduate, um go on to do something more
then you become normal. When I got to New York is when apparently I became a nerd
because I focused on school and I didn’t want to play sports. So apparently, that made
me a nerd or a geek. Which didn’t bother me, I was 14, but it was just fascinating to see
peer pressure at work. When the community was not focused on academics so that’s
another area of- that we need to think about when we think about success.

Dr. Scott shared:

There was never any doubt that our parents expected us to go to college. There was a bit
of that West Indian, not sure whether you're familiar. There was a bit of that West Indian
influence. That expectation that you're not going to get into trouble that you're going to
do what you need to do.

Dr. Day commented that:

My father used to harass me or what I felt at that time was harassment to do better. I tell
people the same story, as I just felt, let me just get this pain in the ass off my back. In the
first couple of years, even though I was studying well, I was in one of the top classes, but
out of 36 students, I was like getting 31st. They would rank you. It didn't feel good. He
was pushing me, and I said, let me get him off my back. Eventually, out of that sort of
warped motive, I ended up waking up at 4:00 in the morning before really needing to be
up at 6:00 to travel over to school, and trying to study, study, study, study to get better.

Then I moved up in the top 10, which considering the brilliance of the other classmates was pretty good. That's the exposure I had. I remember some of the messages in medical school, I took exception to it, because the background that I had, excellence was expected, so it was a bit of a change where we were being told, you can pass. I wanted to get a little better than that.

Dr. Smart commented:

I felt very encouraged all through high school. That was the attitude and the atmosphere at the school. My friends were all high achieving folks. We all kind of had the same drives and focus I guess moving towards the future

A variation to the academic expectations subcategory emerged from Dr. Small's discussion regarding academics in his home in that he felt he was more intrinsically motivated to succeed. He stated:

School always came easy to me. I was able to achieve at a very young age and screened high for my grade on the academically gifted exams. I don't know how it happened, but I was in the gifted and talented programs that were around then. I actually skipped a grade. I think I skipped first grade. I think I was in first grade and they moved me up to second grade. Just never had any struggles with school. Had a propensity more for science and math kind of stuff, but liked to read a lot. Just always liked learning. Just, again, I think it just came easily to me. Through school just kind of ... I was always sort of internally motivated. There was always some aspect of fear of failure or disappointing my mom primarily, so I think that's what motivated me for the most part.
Intersection of Race/Ethnicity and Gender

Understanding the dynamic ways in which race and gender interacted with the educational and social experiences of Black males was a domain in which the participant’s reflections on their experiences varied. Dr. Short said:

*I did notice my race. I think I noticed my race more as an undergraduate, obviously, because there were fewer of us. UNC has a higher number of African Americans. Actually it puts out one of the highest amounts ... I don't know if it still is, but back then it was, outside of the HBUs, graduated the greatest number of African American physicians. I think the program still provided some support for you after you got into medical school. But, no one was really concerned about me. I don't mean that in a bad way. I had performed so well that, with limited resources I could see where they said unless something happens to Short, let's go ahead and make sure that everybody else is taken care of.*

Dr. Day commented that:

*When I sense that people are always surprised that I could do well or that sort of pseudo-compliment that you're almost like an anomaly that would drive me to do even better. I had enough of a drive and enough of a self-confidence, and I was, I think, self-critical enough that I'm not satisfied with average. I think as I learn more about how much I don't know ... That in itself is the drive that will let me do well enough that I don't have to always represent my race, but I see that less is expected of us. That hurts. That makes me very angry at times. My way of getting back is to not make it make me not get too bitter and just do it for myself, do it for the patients, because I want to be better.*
Dr. South stated:

I think the race and the gender together um, it creates, and I was thinking about this recently, it creates like a double whammy in some ways. What I mean is the, the whatever, the fears and discomfort that races have with races is one thing and then that gets multiplied by the gender. You know that, um, and it becomes a bigger issue when you try to be what I call, um a positive disruption. Right, so where you trying to change things and you need to disrupt things, but you’re trying to do it in a healthy positive way. It automatically gets interpreted in a way that, it’s not just a race issue but it has to do with your gender. It gets interpreted as an aggressiveness which is not meant to be. I’ll give you an example. I was getting my MPH, and a woman, she was a female surgeon, white, was in class. And my professor, who was my faculty advisor by the way, he does research on doctors and when doctors make errors and how they deal with making mistakes. Do they reveal it, try to hide it. He said something inflammatory, he’s a PhD, he was probably a better doctor than we were, and there were several medical doctors in the class. And he said something and she said bullshit, blah blah blah. You don’t know what is like to have patients dying at like two in the morning and you’re trying to save their lives, and then later you realize you gave .1 of the medicine instead of .01, but she used the word bullshit. I would never do that and I know that if I had I would be getting a letter or a warning. All of my black classmates in that class we all talked about it after the class, right. Not the race part, but the gender, it would’ve been seen as too aggressive. And when she said it, he came back with, okay I understand you're really passionate and he tried to explore. I’ve been in board meetings where I’ve said the same thing in a much more polite fashion, and it was seen as abrasive and a little bit more
antagonistic and a little bit more aggressive. And that’s not the race part but again the gender part. And its interesting to watch imagery, and I think if the skill I was using was for the most part, the manual labor, it gets praised. That aggressiveness, you’ve got to watch it because you don’t want to end up on the front page of the Enquirer. But in sports and entertainment it’s actually accepted. Even by white folks. But as soon as you bring it to the boardroom, a meeting, any kind of, because again, you’re not expected to be sitting at this table. But because you are at the table, there are certain rules that will operate at this table compared to other people cause you’re not even supposed to be there in the first place. And that’s another hard one.

Dr. Scott said:

Yeah, yeah absolutely. Again, we, all of us who I came through this with, sort of recognized that the odds were against us. If you look around and you don’t see a lot of people that look like you doing what it is that you want to do, then you recognize that the chances of your getting there are slim. You're probably not going to get a lot of support to do this. If your internal motivation is not there and you don't have a support group that can help you through that, it's going to be a tough road. It doesn't mean that you can't do it, we knew people. We knew African American males throughout my training, whether it was at college or at medical school, or in residency, who didn't hang, and it still exists today, who we reached out to, but they didn't feel that they needed us and they struggled. Once I got out of medical school, I would not say that being African American, or being an African American male in particular, helped me one way or the other. As a surgical resident, you succeed or you fail based upon your merits, based upon how well you do.
have always been acutely aware that, as my parents and everybody else's parents have said, in order to be thought of as being half as good, you got to do it twice as good.

**Mentoring and Positive Influences**

The participants discussed important resources they employed for negotiating the medical training process. More specifically, three variant subcategories emerged from this theme. First, some participants reported receiving support from teachers, faculty and other medical doctors. For example, Dr. Smart explained:

*I had mentors of all races but I did seek out some of the black men in particular at one of the other colleges at Arkansas, Arkansas Children's hospital. Less about racializing the struggles. More just someone who you could talk to, relate to a little bit more in an unspoken kind of way, in a cultural kind of way. Who was doing what you were doing, who you looked up to and respected and who influenced you. I had the fortune of seeing others who had come before me and respecting them and emulating what they did. I did not limit ... My experience was not just an all-Black experience. My number one mentor was a, well still is a white Jewish man in Texas. He's crafted my career tremendously. I did seek those other role models at every stop along the way and in particular the black males. I can name them all as we're having this conversation. You're making me think back on who I hung out with and think I was less focused on I must find a black male role model to pair up with and follow it was just who I gravitated towards, who I could listen to, talk to.*
Dr. Short shared:

I remember getting my first C from a teacher even though my classwork had suggested A/B work; she gave me a C because she knew that I could work harder. That became one of my favorite teachers. Not at the time, but she was very supportive. Ended up during my senior year being placed in an English class where one of the teachers who is actually the head of the English department at the school, asked me what my college plans were and honestly at that time, I didn't know very much about college because I was a first generation college graduate in my immediate family. I had one cousin who had gone to college, but ended up being incarcerated. My mother, father, and brother never graduated, so I didn't have a lot of guidance around that. I had basically picked a school that had told me when I was a Sophomore that if I applied, they would accept me. When I told her this, I remember dearly that she chuckled, told me to sit down, and probably what I didn't know was that she was a graduate of Duke University and was going to Homecoming. She went to Homecoming that year and brought back seven applications. I was one of the people who she gave it to. She wrote recommendations for all of us. Two of us were black males, excuse me three of us were black males, of the seven, six of us got in, all three of the black males got in, and two of us went. The other one went to Stanford because they gave him more money. He is really, really, talented. He's a doctor actually today.

Another response involved participants' membership in national Pan-Hellenic organizations and the support that was offered. Dr. Short added:
Because of that, I didn't use counseling very much, but my fraternity certainly helped with that and my drive helped with that. I would say that in college, my mentors came from my fraternity brothers who were working towards their aspirations and ones that had gone before us. The ones who had gone before us kind of led me to a program at UNC called the Unity Program, which I think for ... That's called the Medical Education Development Program. It was, to me, a game changer. I can only say that the Lord led me there. It was phenomenal in that it provided class work for the first semester in medical school. At a time when my confidence was probably a bit low and I was really determined to try and get over the hump and get into medical school, it kind of gave me a trial run.

Dr. Smart stated:

I pledged Kappa when I was at Duke with ten of my brothers. Six of the ten were doctors. That probably contributed more to the resiliency. I know the support I had from times where I was down they helped pick me back up, and that helped with the resiliency. Cause anytime I was down I didn't get back up on my own.

Finally, some participants also discussed the importance of receiving mentorship and support from other medical school students. Dr. Scott explained:

The African American community was very tight and pretty much focused academically. There weren't a lot of knuckleheads there hanging out, but I had a very very tight cadre of classmates who were interested in pre-med. The majority of us that started together as Freshman are all physicians today. We supported one another, but again, there was never any question that we weren’t going to graduate. There were a couple guys that washed out, but they still ... Washed out of the pre-med thing, but they still were part of
our sort of a support group. We got labeled nerds and all this kind of stuff, but we supported one another. We competed against one another, and today, most of us are practicing medicine.

Racism, Societal Perceptions, and Stereotypes

Negative perceptions of Black men were unconsciously supported by society, and that fueled discriminatory practices in nearly every sphere of our culture. Implicit biases and racial anxiety affected our will to transform the environment that shaped structural impediments to their success. The participants discussed society’s perception of black males and the affect it had on their academic or medical careers. Dr. South shared:

*The measuring stick is one that, for success, is created by white folks. And medicine is white... [and they dictate] what success means. And every time we get close to that measure stick it moves still. And that is always true. And I tell my black, especially male, students and residents; I say you have to get to work before your white colleagues, you have to stay later, you have to smell nicer, dress better, your shoes have to be shined, I’m telling you, you need to know your patients ten times better and that’s what it will take to get an average grade. Because that ruler keeps moving.*

Dr. Day disclosed:

*Even in Trinidad there was a difference between the other half of the population, which was mostly East Indian, performing a lot better than the African-American, not African-American- Blacks. My father used to talk about that. We thought he was just being overly race conscious, but he was aware that you've got to do better than the Indians. I was like, what’s the difference? We went on naively. Thought he was just being polarizing. But he*
was aware that we as a race weren't performing as well, and they note in nationally 
published results sections, so he was aware of that. Yeah. Even though I was aware of 
that, I started becoming aware of where blacks are being viewed worldwide, and that low 
expectations and devalued status started to bother me. The first couple years of med 
school, yeah, I was performing fine, but I remember being a little bit ... I got distant and a 
little bit bitter, and I remember mentioning to one student that, I think you people are 
racist until proven otherwise, which didn't go over well. I stopped interacting as much, 
and then I realized that clenched jaw was harming me, so I was able to eventually realize 
that's unfair. Self-destructive. I sort of regained the optimism and realized I could take 
calculated risks, but being realistic.

Dr. Scott discussed:

That weight, that motivation if you will, has always been, today, it still remains that 
people are looking for you, or expecting for you, to be less than. That's not an option. I 
tell the medical students that come through here, because there's a bit of a different 
attitudes among many of our medical students, but I tell them, the rules haven't changed.
We have not reached a post racial society. People are looking at them, people are not 
expecting great things of them, they cannot use that as an excuse to not excel.

Dr. Small stated:

You never want to say you're a top student for a black student. I think I was a good 
student, a great student no matter what
Racism

Racial socialization was a part of the fabric of the U.S. since its inception and led to corrupted views of Black men. The participants spoke about how they interpreted their individual interactions with racism or bias throughout medical school and their residencies, as well as within their current practices. Dr. Day stated:

*I was also in a different environment. I was now getting accustomed to low expectations. There were high expectations where I was from, and now I was starting to get accustomed to the low expectations or the surprise that you did well. I was starting to see that. To answer your question a little more directly, what was happening is I was getting a little hardened and my optimism was getting dampened because I had a few experiences either with not being given access to certain programs like those at Citibank. That I realized was purely because of skin color. A white student told us that they just offered that same package to them at Albert Einstein and that sort of hardened me. It didn't just by itself harden me. There were other instances where I was trying to do tutoring jobs and they got canceled explicitly because the father did not want his son to be tutored in mathematics by someone who is black. A few other experiences, I was sanding floors, seeing how I was looked at, I became aware of my color and how people viewed me, not how I viewed myself. I started realizing how people are viewing me and what they expecting.*

Dr. Scott commented:

*I don't know the answer to that question. I don't want to sound too pessimistic because I sit back and I look at what's happened to our country in the last several months. It's very discouraging to see what's happening in our country. It's not just the people who are*
living out in Hicksville. Every day I walk into the surgeons' lounge and the TV is turned into FOX news. Every single day. From a socialization standpoint, with the members of my department, we talk about surgery. We don't talk about politics. We don't talk about some of these social issues. Very rarely, somebody will come in here and they sort of ... I don't, by any means, I don't try to hide my political, social feelings, so people know how I lean. Like-minded people will occasionally come in and commiserate about what they see going on around the country. Again, surgery is a very conservative group of individuals. Certainly in the world of surgery, I'm not looking for equality or equity. I demand it and I expect that my partners and my colleagues will practice with equality, in terms of how they treat their patients. I think it will always be a double standard, in terms of how they view students, how they view residents and how they view trainees. Surgery ... It's not just for black folks, this is for women too, surgery has been a good old boys club. Who you know is much more important that what you know. I don't know that that's ever going to change. I think as more women get into the field, I think that women are much more likely to change the face of surgery in this country than African American ever will be. I think that it's opened their eyes, the good old boys, they see, 50% of our specialty, is soon going to be women. I think that that change in surgery has brought positive change to the ability of African Americans to exceed, to excel in surgery. Again, I don't want to sound too pessimistic, but either when you look at what happened in this country between 2008 to 2016, there was a lot more hope that things have changed. When you look at what's happened since 2016, you recognize that we're not anywhere near as close as we had hoped or we had thought we were.
I surely don't think I'm going to see it in my lifetime. I look at my kids and they live much more post-racial, if you will, they have a much more post-racial attitude and orientation. My wife and I have had the conversation with our sons about how they should interact with the police, how they should carry themselves in public, and they say, you guys are just racist. You don't understand, things have changed. Maybe we're behind the times, but all the other parents that we've talked to, who have kids our age, still have the conversation. You can't go out and act like you are a white male and expect that people are going to treat you with that same yardstick.

**Racial Stereotypes in Medical Training and Professional Life**

Stereotypes were potentially debilitating to any group associated with a negative label; this construct was particularly applicable to Black males and their intellectual abilities. When questioned about racial stereotypes to the participants while studying to enter the medical field or while in it, most discussed their awareness of them and their persistence to negate them. Dr. Day stated:

> If I show the determination to get what I need done- I'm being resistant. You worry about the whole exploitation of angry black male. I'm like, no, I'm just ... It's almost like you have to aggressively protect the time for things that are important to make progress for the people that you care about. Even to take time with family, it takes a little extra struggle to protect that time. I'm measured, I try to think about what I have to say, but there will always be naysayers and the lack of respect. I don't think I'm thin-skinned. If anything, I would argue that I'm probably naïve to call it the way it should be called, but I see multiple examples of not being respected for where I'm at. I put a lot of effort, a lot of it is invisible to folks. The residents see it. They appreciate it. I hear that feedback, but
I also get feedback from some of the folks here that some folks that I work with closely that when I'm doing things outside of the small group that I may not be the team player. It's frustrating because you don't want to ... I don't want to be disrespectful to myself.

Dr. South commented:

It’s funny I was in Charlotte watching Cam Newton and them play football with a bunch of folks who were mostly white. And I said hmm manual labor amazing huh! And one of the guys, we were in my condo and they were crushing and bumping their heads and all that stuff right and I said manual labor, I’m glad I stayed in school. And one of the white guys said, I’ve never ever thought of it that way. And I said that’s manual labor, how is that any different from picking cotton or lifting stuff. I’m not saying that somebody can’t do that but if the only thing they set up for young black men is manual labor, including sports or entertainment, then that’s not going to give you enough doctors, lawyers, teachers, bankers, business people in your community. And then if the other thing you set up is entertainment, because again, it doesn’t mean I can’t sing or rap, I just don’t focus my energies there. It doesn’t mean I can’t play basketball, I just don’t focus my energies there. And the other thing is these young men [aren’t aware that] it takes knowledge, it takes geometry to learn the arc of putting a ball into a net, is actually geometry. But they aren’t connecting it that way. To reading all those plays and memorizing all the different plays that they have to do for a game or for the music, that is actually reading and writing and speech, so they’re using this other part but they aren’t connecting it in my mind to other things they could do with it.
Dr. South continued:

_I remember in residency, a lady asked me to take out the garbage in her child’s room. And I was sitting at the nursing station as a resident, wearing scrubs, I had an ID badge on and a stethoscope around my neck. And she asked me, and so I said, tell the unit secretary and she’ll call the custodian. And she said, this lady looked at me and she said, oh I thought you were the custodian. Whatever, I said, oh no, I’m the doctor taking care of your child tonight. You know, a couple of nurses looked over, they were white, and they could not believe what this mother had just said to me._

**Strategies to Overcome Barriers to Academic Success**

Asked to examine the strategies they employed to overcome barriers to academic success, the participants perspectives varied. Dr. Small stated:

_I think the only barriers is kind of what I talked about before in terms of how people interpret your personality, behavior, habits, or whatever it may be. I think there's definitely probably ... I can't speak for people, but I think things are interpreted differently by people from different cultures. Where if someone might say I was aloof or a loner, they might think, this person is very introspective and very analytical. It's subtle, but those are the kinds of things that I think happen. I was able to overcome them just by being sort of somewhat self-critical and going okay, how can I do better. When I would get a grade that wasn’t great, I was like, whoa. Then I'd look at the feedback, I'm like, okay, and then be able to sort of self-improve based on that. Did it hold me back? You never know because you don't know what opportunities weren't afforded you because you just don't know. If you'd ask me 20-30 years ago would I be here today, I would have_
been like, what are you talking about? I don't know if it's ever held me back, but I think I've been able to achieve beyond my wildest dreams.

Dr. Scott shared:

I would say that I've just been very fortunate throughout my educational career in that I have been surrounded by people who shared similar values. We encouraged one another. I did, academically, I did pretty well in college. I was able to graduate with honors actually. The only reason I mention that is because, and I tell this to the students that come through now, at every step of the way along your education, the competition gets tougher and stakes get higher. You may come out of high school as number one in your class, but everybody in college that you hang around with, was number one in their class. You may come out of college as number 10 in your class, but everybody in medical school was number 10 in their college class. Whether it's a surgical residency or whether it's treating, the stakes, the competition, gets higher. My academic performance slipped when I got to medical school. Things came pretty easily to me in college, but they did not come that easily for me in medical school. I had a lot of other distractions being in New York city, so yeah I had some obstacles to overcome, but to figure out that I wasn't going to college anymore, the level of competition had really, at least in my view, it increased. I got a couple wake up calls. There were some grades that I got that I wasn't used to getting. Interestingly enough, the folks that I was hanging out with, the black students at Cornell, were very very much about making sure that everybody succeeded. That wasn't always the case. It's not always the case now. Everybody is doing their own thing. There's sometimes a lot of back biting and back stabbing that goes on, but the folks that I was hanging out with, very much about, come on let's go study. Let's do this together. We're
all going to get through this. From an academic perspective, I wouldn't necessarily say that I had any significant obstacles that I had to overcome. Just put your head down and sort of work your way through it.

Conversely, Dr. South said:

Oh absolutely, I mean remember reading that book (Black Doctor, White Coat) and a couple of my friends that were doctors read that book and were like any of us could write this book. I remember being in college, being one of a few, I was a genetics major, um but one of my friends she is an anesthesiologist, she’s from Haiti originally, and she and I were majoring in genetics together and so like two black folks in class and definitely were made to feel like why are you here? And our goal was we are going to show them, we are going to get A’s in this stuff. Cause you know, its genetics, so it shouldn’t be the hardest major like whatever. So I think even in college, the feeling, the treatment as you’re different why are you here. and of course being that it’s a small number right, so Cornell’s classes are 3000 and they’re only 150 of us that are black. So whatever class you go to you’re going to be one of a few. You know when there’s 300 kids in a biology class there’s going to be like 5 black kids. So I definitely think in college, um but you know I think we found some, there was a very strong Africana studies class at Cornell and there were African American faculty who were activist in the 60’s at Cornell. So they were very supportive of us and our scholarly aspirations. So that was good. I think in med school, folks always looked at you as are you part of a quota, why are you here. You know I remember was it microbiology, it was sub biology, one of my classes and I would raise my hand to get help from a professor and he would kind of ignore it. The first, one day I had a Cornell sweatshirt on is the first day he connected with me. And he said oh
you went to Cornell my son went to Cornell. And after that he would always be by my
desk offering help. Um. But before that, I remember so distinctly thinking what changed.
And that’s what changed. Cause whatever he was thinking, somehow he could now
relate.

We had grandparents and uncles living in America for a long, long time, but they never
told us those things us that when they came home to South America and Guyana. That’s
not what they would share. So we didn’t expect it, my parents didn’t expect it, but it’s a
source now for me, of pain. I find it painful some of the stuff that we still experience. But I
think for those experiences, they just didn’t have as deep an impact so I didn’t have as
deep a reaction to them fortunately. Um, and I think not letting those kind of barriers stop
you from knowing what you can be, but you have to know what you can be. Right and I
think one of the things we don’t talk enough about is young black men, if the only thing
they think they can be is Michael Jordan or Kobe Bryant or you know whoever, Kanye
West. Deep down, cause even though they see Mr. Obama, or they see me in the office,
you’re not really thinking they can be us, they’re thinking we’re just an apparition. So
the thing that will keep you going when you meet those hardships is actually you
believing of course I can be a doctor. Right, and for me it was no of course I can do this
and whatever barriers you’re putting up that’s not going to stop me cause I know I can
do this.

Advice to Encourage Young Black Males into the Medical Education Pipeline

Asked for advice for black male students, four alternate subcategories emerged. First,
participants encouraged future Black male doctors to work hard despite barriers. Dr. Small
replied:
If you have sort of not achieved or there are deficiencies that haven't been recognized and corrected early on and then tools or strategies to fix those, I think high school is too late. But if a person is in that position where they're thinking medicine is there for me, then it's just a matter of mentorship really, to be honest. There's so many things, missteps that I took, that if somebody ... When I learned that there are people who can sort of guide you through this. I'm not a person to ask. That's not my natural inclination. My natural inclination is to do it myself. Again, I've learned over time that it's okay to ask for help and that's what other people are doing. It's to ask for help, seek out people who've done it, and really listen to what they say, because even if ... Whatever mistakes that they made that's just learning mistakes that you don't have to make. Mentorship really early on. I think, again, as I talked about before, the thing that I wish I'd had early on was just someone to kind of tell me who I am from other people's perspective. I always knew who I was from my perspective, but understanding ... Again, I can't tell you when I was ready for that, but at least if you start those conversations early on. Maybe you're not processing it. Maybe you're not understanding the context of it, but as you move on you understand ... You'll be, oh, that's what they were talking about. Then you can kind of embrace it a little more. Yeah, I would say ask for help, get mentorship, and really find someone you trust who can really kind of give you some feedback on what your weaknesses and strengths are and really help you formulate a plan to fix them.

Another response regarding advice had participants discuss the importance of utilizing resources. Dr. Scott said:

To be exposed to the field. A lot of our younger people had a romantic notion about whatever it is they want to be, based upon what they see on TV or see in the video games.
I would recommend that they somehow get exposed to what medicine is really like. Shadow some people. Read some books about medicine. I think having an experience. Volunteering in a hospital, volunteering in a doctor’s office and really sort of seeing what being a doctor is. Being a doctor today is very different than what it was 20 years ago. It’s going to be very different from what it would be 10 or 15 years from now. Nobody knows what that’s going to look like. I think to the extent that you can, you need to be exposed and really figure out whether this is something that you want to do, and understand what it takes to do that. Going into medicine can be challenging if you don’t have a peer group that supports what you do. You graduate from high school, as soon as you graduate from high school, your friends are getting jobs and making money right away. You’re spending four years in college, four years in medical school. If you’re going into surgery, you’re spending five years in a surgical residence. You’re getting paid, it’s like a job, but you are deferring gratification, for sometimes as many as 15 years, after your popular folks who you graduated from high school with. If you don’t have a support system that recognizes that. You look around and you see that your friends are buying houses, and having families and getting on with their life, and you’re still pushing around with a backpack on your back going to class, you may quickly become disillusioned with that process. I just think exposure and knowledge, I think, is important. It's an extremely gratifying profession. Even though it's changed over the years, I think it's still extremely gratifying to do what we are allowed to do. The people that you meet and experiences that you have are just ... Every day there's an experience that I think somehow alters you.

Some participants also encouraged potential Black male medical doctors to be knowledgeable and confident. Dr. Short commented:
The advice that I would give people is, not necessarily in medicine, but in life, it would be to follow your passion. Understand what you want, what excites you, what you're willing to sacrifice for, what you're willing to work day, night, and enjoy it. I can honestly say that in most cases, I was the nerd, but I always surrounded myself by other nerds. It was just not unusual to do things that I did, but I would definitely say follow your passion and surround yourself with other like-minded individuals. That for me, doing those two things, has been incredibly fruitful and successful. The rest tends to work itself out.

Lastly, participants advised potential Black male medical doctors to be supported and encouraged early on. Dr. Smart stated:

I guess if you recognize that someone has that interest as early as high school then that interest needs to be supported. Connections help, and when there's an interest that is recognized and it's supported and if there are connections for mentorship opportunities for channeling opportunities those need to be offered and supported. Having those opportunities and making them available for a young black man in particular as they come up is important.

Chapter Summary

Chapter 4 offered findings from the qualitative study that was undertaken to identify factors related to Black male academic resilience and persistence in medical school and residency. The researcher’s findings in the study noted common themes and patterns related to academic success among Black male physicians. Eight key themes emerged from an analysis of the interview data. Factors that influenced academic success included familial, community, and social support, mentoring and positive influences, overcoming barriers to their academic success
and refusing to submit to societal perceptions of a Black man. Chapter 5 presented the key findings of the study, research implications, limitations, recommendations, and conclusions.
CHAPTER 5

Summary of the Study

The purpose of this research was to examine the lived experiences and factors that influenced the academic success of Black male physicians while in medical school and residency. This chapter specifically discussed the detailed findings obtained from the study, presented general limitations, and provided possible future directions for research.

The overarching research questions that guided this study was; What do Black male physicians perceive as factors that contributed to their academic success in medical school and residency?

The supporting questions that assisted the study were:

1. Did your family, community, or social environment have any influence on your academic success?
2. Did you ever notice race playing a factor into your academic success:
3. Did you utilize resources such as mentors, advisors, or organizations when navigating medical school and residency?
4. Where there any barriers that you had to overcome in medical school or residency?
5. Did your race and/or gender have any influence on your academic resilience?
6. What advice would you give to Black males wanting to pursue careers in medicine?

The study was completed by conducting semi-structured interviews with six Black male physicians. Each interview consisted of six questions and follow-up questions when necessary to
gain clarity and a better understanding of interviewee’s responses. All interviews were audio taped and transcribed. The researcher coded the factors participants considered contributed to their academic success for common themes and patterns. Pseudonyms were used to protect the identity of the physicians.

**Discussion of Findings**

The six major themes from this study emerged from the participant’s perceptions of factors that contributed to academic success in medical school and residency. More specifically, the participants believed that Black males had been successful in achieving academic and professional accomplishments despite social barriers and obstacles. The major findings were a) family and community support, b) intersection of race/ethnicity and gender, c) mentoring and positive influences, d) racism, societal perceptions, and stereotypes, e) strategies to overcome barriers to academic success, and e) advice to encourage young black males into the medical education pipeline.

**Theme 1- Family and Community Support**

Researchers have determined that family and social support were a critical factor in the success of Black male students (Fries-Britt, 2007). This study found that Black male physicians perceived family and community support as very important in contributing to their ability to persist and achieve academic success. Results of this study show that positive family, peer, and social relationships facilitate perseverance, aptitude, and accomplishment. Participants perceived the academic demands and rigor of medical school and residency as less difficult and daunting with the support of family, classmates, and friends. Dennis et al. (2007) study on the critical role family members had on the success of Black male college students supported this finding.
Participants reflected on how classmates, fraternity brothers, and friends kept the participants focused and mindful on the goal of graduating from medical school or successfully navigating the hospital and dealing with patients in residency. Kuh’s (2001) research determined that positive support is an important factor that builds confidence and contributes to persistence and graduation rates. Family and community support appeared to have provided these physicians with the motivation to prevail and an optimistic outlook regarding their ability to persist and achieve their educational and professional goals.

**Theme 2- Intersection of Race/Ethnicity and Gender**

In assessing factors that contributed to academic success of Black males in medical school and residency, race/ethnicity and gender were important considerations. A striking finding was the participant’s perspective on the prominence of racism but the non-impact it had on their ability to sustain and continue their education. Also discussed was the mindfulness of race throughout their lives and the significance it had in their educational and career experiences. Some conversed on the salience of race, and how it framed their treatment in medical school and residency. However, some interviewees felt that race had no consequential impact on their experiences in school, perhaps implying that it always exists but was not a deterrent. Shelton and Sellers (2003) determined that Blacks whom considered race to be a central component of their identity were more likely to attribute uncertain discriminatory experiences to race compared to those who viewed race as a less central component. When participants spoke about being Black and male, they did not identify factors that prohibited their ability to succeed academically, but rather how it fostered a cognizance of their attitude, demeanor, and temperament while in medical training and in their professional lives. This finding indicated that a different measuring stick remained for Black males in educational and societal systems. As noted by Carbado and
Gulati (1999) everyone needed to create and put forth an *appropriate* workplace identity, but for members of minority groups, that became particularly taxing because their working identities must counter common cultural stereotypes. Participants also discussed feeling that the expectation for Black males not to succeed was still very much prevalent in today’s society and thus they continued to remain resilient and super diligent in their current professional practices and lives.

**Theme 3- Mentoring and Positive Influences**

Another key finding from the study was the importance of mentoring and positive influences. When asked about resources used for navigating medical training, each participant discussed the value and importance of having mentorships with faculty, peers, or fraternity affiliations. This finding was notable when considering the vast amount of research supporting the importance of mentoring for Black male students. The mentor/mentee relationship was noted as *imperative* and *crucial* to participants’ persistence and attainment of educational and professional goals. Frequently, the participants reflected on the guidance provided by their mentors as it related to choosing their specialty, residency matching, and career decisions. This claim was consistent with Hansen (1984) who determined that Black male doctors needed to serve as mentors and role models for current and prospective students. This finding reinforced the literature and affirmed the importance of mentoring and positive peer influences (Guiffrida, 2005). Many participants reflected on the impact their mentors and peers had early on in their academic preparations and career aspirations. Researchers have found a clear connection between peer-to-peer relationships, social integration, and student persistence during graduate school (de Valero, 2001). Mentoring provided students with the individual support needed to assist them in expanding their knowledge of multifaceted societal problems (Parks, 2000). The
findings from this study were in accordance with the research in that mentors provided students with the connection between pragmatic learning and personal growth (Correia & Bleicher, 2008). In addition, same-race peer relationships and same-race mentor support was found to enhance the quality of college experiences for Black males (Harper, 2006). These findings demonstrated that mentoring and positive support proved as an invaluable and enduring experience for student and significantly increased student motivation and achievement.

**Theme 4- Racism, Societal Perceptions and Stereotypes**

Another area of focus for some of the participants was their experiences with racism and implicit biases. Most encountered some form of racism during medical school or residency. Although the experiences were very diverse, each ultimately influenced their medical training process and illuminated the significance of their race in their education and profession. A few participants reported not experiencing racism during their medical training. This appears to be compatible with Nunez-Smith’s et al (2007) assertion that the healthcare environment intensifies a medical doctor’s “minority” status and the ancillary difficulties. When discussing racial stereotypes and threats, the participants spoke about various experiences that occurred during college, medical training and their professional lives. Some reported being acutely aware of stereotypes that were meant to cause feelings of inferiority, inequality, and invisibility. Many participants reflected on feeling the need to succeed and overachieve as well as the pressure to work harder to disprove the stereotypes and assumptions. Some also discussed how stereotypes regarding Black males remained the same and were doubtful perceptions would change or be eradicated in their lifetimes. Per the findings, it was evident that policy makers and academic leaders acknowledge and address racial issues that Black male students faced in the college environment. Black students had long been victims of racism, but Black males, in particular, had
faced stereotyping on a much larger scale, especially in college environments (Harper & Griffin, 2011). These stereotypes and racist ideologies could have easily posed threats to Black men’s academic success in class, and deterred their overall persistence to graduation. The findings suggested that academic leaders and policy makers should have opened up ongoing discussions about the realities of racism and stereotyping in college environments with students, faculty and staff. Pascarella and Terenzini (2005) documented that there was a direct correlation between campus engagement and student persistence. Therefore, institutional agents of all levels should have assumed responsibility for seeking ways to combat racism and stereotyping of Black men on college campuses (Harris, Bensimon, & Bishop, 2010).

**Theme 5- Strategies to Overcome Barriers to Academic Success**

Each participant provided insight on the barriers to academic success they experienced while in medical school or residency. Mostly, participants encountered difficulty in medical school due to either the competition, rigorous curriculum, or their personal lives. Besides experiencing struggles because of their course work or clinical efforts, a few participants reported encountering obstacles and barriers related to their race. Some of those interviewed experienced racism during medical school or residency; however, they did not view that as an obstacle to completing their training. Padilla (1991) asserted that in addition to mastering the required course content (theoretical knowledge); successful students identified barriers, figured out solutions and then applied what they had learned. An analysis of the findings collected for this study revealed that Black male student’s academic experience, acquired knowledge, and individual characteristics determined how they assessed and responded to specific challenges while in medical training. The results of this study indicated that to overcome various barriers, successful Black male students attending medical school or residency:
1. Expended a large amount of time and effort to find or create various support systems
2. Developed specific skills and strategies to meet academic expectations
3. Took charge of their circumstances (internal locus-of-control) by acting responsibly and being self-reliant

Successful students were capable of overcoming barriers by making them more manageable, and they were aware of their personal limitations, goals, and effective strategies. Ultimately, the participants refused to allow society, the university or negative experiences to stop or define them; instead, they embraced the struggle in order to progress to their desired end goal.

**Theme 6- Advice to Encourage Young Black Males into the Medical Education Pipeline**

The interviewees each reflected about their own personal experiences and journey to becoming a medical doctor, and shared advice for younger Black males and Black males interested in the medical profession. Some advised Black males to work extremely hard despite barriers and roadblocks they may encounter, and to seek mentorships and utilize available resources whenever possible. The participants also discussed the need for administrators of science enrichment, mentoring, and advanced placement programs from elementary school through college to work together to ensure that students are referred to such programs at early grade levels. Limited data was available on what types of outreach programs offered to minority students interested in careers in medicine were successful, which may be another factor why existing enrichment programs have not done more to increase the number of Black male medical students. Finally, the sentiment was shared amongst all of the participants for young Black males to always remember, “They had to do twice as much to get half as far”.

The literature and the findings showed connection among social involvement and a sense of belonging as factors for persistence, motivation, retention and degree obtainment. More specifically, the literature supported the findings of the importance of raising Black males in families with high levels of parental academic engagement (Maton & Hrabowski, 2004). Overall, the literature reviewed and the previous research were in alignment with and supported by the findings of this study.

**Limitations**

From the research and the reported findings, the study had certain limitations and accompanying restrictions. A qualitative research method was used in this study to gather participants’ perceptions of factors that contributed to academic success while in medical training. The following were limitations identified at the conclusion of this research study. First, this study employed the narrative inquiry approach of a small purposive sample to interview six Black male physicians at one specific hospital. Therefore, vast generalizations cannot be made about Black male physicians as a whole or other ethnicities. Diversity of the sample was delimited since selection of participants was used based on gender, race, academic achievement, and researcher judgment.

Second, according to Ponterotto (2005), researcher bias was unavoidable and should have been extensively reflected upon prior to conducting the research. The researcher considered her biases and expectations prior to conducting the data analysis in order to reduce partiality. This process was helpful and constructive when analyzing the data.

Finally, the literature was scant regarding Black male physicians and their academic success in medical school and residency. There was some literature on the barriers to success and
the leaky health sciences pipeline, but none that directly evaluated what contributed to academic success.

**Implications of the Findings for Practice**

The findings from this study offered information and insight on the lived experiences of Black males while in medical school and residency. There continued to be a lack of research regarding Black male medical doctors, and this study could serve as a conduit for further research for this understudied population. It is imperative to study the experiences of Black males who successfully navigated the medical training process and were currently practicing.

As evidenced by the results, the findings revealed that some of the most successful interventions for this group stemmed from rigorous primary and secondary education and a positive support system in higher education. Further, the study revealed how various encounters with bias and racial socialization served as motivations for success in the medical training pipeline.

As a way to cope with the hardship of medical training, the participants found support and inspiration within various resources. Many participants discussed the importance of mentoring, peer networks, university initiatives, fraternities, and family, and how the utilization of those resources affected their persistence, involvement, and academic performance. Though the population sample was restricted to a small amount of participants at a single hospital, the findings could be useful to assist with the perseverance and retention of other Black men in the health sciences academic pipeline.

Further implications could assist Black male students with 1) familiarity with the academic and social setting and expectations of medical school and residency prior to entering 2)
utilizing academic and personal resources and tools 3) learning constructive educational practices, academic appropriateness and preparedness.

There were also implications that offered strong support for the introduction to math and science early in a Black male student’s formidable years. However, an educational system that afforded all students with the ability to obtain academic excellence in the areas of math and science would require a complete revamping of our nation’s current educational system. Moreover, teachers would need to carry the responsibility of encouraging students and raise their level of fascination to be excited about what they are learning throughout their entire educational journey. If a teacher’s expectations were high, the student would rise to the expectation level of the teacher, but on the other hand, the reverse was a reality as well (Steele & Aronson, 1995).

Theoretical Implications

Critical Race Theory framed the current study, in part, to provide a less deficit based look at Black males in pursuit of medical academic excellence. This research began with the knowledge that the researcher would be listening for and recording the voices of Black males who were part of a population often marginalized by society in different ways. Regardless of the basis for their marginalization, their stories had relevance and importance. These purposefully disruptive stories served as counter storytelling, a hallmark of Critical Race Theory. Looking at their stories through the lens of CRT was important because what these counter-stories told us was that these participants and many others like them were able to find academic success in medical school, thus beating the odds. DeCuir and Dixon (2004) maintained that counter-stories exposed and critiqued the dominant (male, White, heterosexual) ideology, which perpetuated racial stereotypes. The participants used the negativity of any stereotype as fuel for their positive achievement. Steele (1997) and Griffin (2006), posited that it was a common occurrence for
students to expend energy disproving negative or unflattering stereotypes. Participants in this study used that energy as a means to enhance and surpass the expectations of others. The tenets of CRT were:

- Endemic racism
- Race as a social construction
- Differential racialization
- Interest convergence
- Voices of color
- Intersectionality

These tenets indicated that the racial underpinnings of who the participants were could not be ignored because they could not escape the endemic racism, intersectionality, and racialization that was an everyday, ordinary occurrence for people of color (Abrams & Moio, 2009). Their stories depicted multiple ways in which CRT was embedded in their lives both consciously and subconsciously, which was precisely the reason that the role of racial identity can never be forgotten or ignored. Certain groups in American society loved to promote the ideology of *pulling oneself up by the bootstraps*, though they forgot to mention that the *bootstraps* were only accessible for certain people.

The effects of the higher education experiences and Black males could be used to examine the concept of whiteness as property. Ladson-Billings (2009) asserted that Blacks presented a unique problem in the discussion of race and property in the early years of this country (p. 25). “Because not only were they not afforded civil rights because they were not White and owned no property, but they were constructed as property! However, that construction was only in the sense that they could be owned by others. They possessed no rights of property
or ownership” (p. 25). DeCuir-Gunby (2006) contended that like property, whiteness was transferable. In other words, Whites accepted that this privilege was transferred generationally and the premise that in possessing whiteness, the privilege of possessions was inferred. DeCuir-Gunby (2006) posited that whiteness as property, racial identity, and constructed race have affected every strata of society in the United States. White privilege was seen as a key factor in the maintenance of racialized structures in every area of our society, but especially in education.

Using counter-stories through the lens of CRT allowed the researcher to explore the salient experiences of marginalization and isolation in the racialized environment of this country. Personal experiences were examined reflexively, but through the research, a glimpse into the hearts and minds of those equally as troubled about the current state of affairs was provided. This research study was a roller coaster journey; from the lows of depression about the enduring state of racism felt after each interview to the highs of recognition that hope also existed for challenging and changing the status quo. The researcher believed that racism couched in white privilege was a cornerstone of the social, political, economic, and educational framework. Conversely, there appeared to be a growing number of scholars who questioned the current status of our educational systems and demanded that policy and practice, comparative to the doling out of equity and justice, were instituted with integrity.

There were many theoretical implications that could be drawn from the findings of this research study. Medical schools would be wise to find ways to attract and retain Black males students without further adding to the anxiety and wariness that racism and microaggressions can produce. While this study specifically focused on race, CRT scholars caution against ranking oppressions. To be truly consistent with CRT, researchers must produce research that brings about positive social and economic change. To that end, practitioners must proactively and
periodically engage in assessments of campus climate, faculty, students, and culture as a way to shed light on taken for granted racialized assumptions and stereotypes. Creating cohort experiences, mentoring programs, and ensuring individualized attention could help to set a tone of genuine care and camaraderie, which in turn would support Black male student growth and academic achievement. Additionally, strategies that provided intentional networking opportunities and practical suggestions for how to succeed can build confidence by providing students with information and resources that they will need rather than expecting them to find it on their own.

**Recommendations for Further Research**

Concerning future directions for research because of this study, there were several possible paths that to be explored. A study to research the lived experiences of Black male doctors in certain medical specialties could create another lens in which factors influencing academic persistence and success could be analyzed. Another possible direction would be to replace Black male doctors with Black female doctors and explore their experiences with racial and gender identity and stereotype threats throughout their medical training and professional lives. Changing the demographic area could be another area in which to focus this type of research. In addition, examining the perceptions and lived experiences of Black male physicians who intended to work as hospital administrators rather than clinicians would be another interesting avenue to investigate. Additionally, a comparative analysis of American Black male physicians versus non-American Black male physicians might provide insight to any similarities or differences between the experiences of different ethnicities and cultures.

Research was also needed exploring the perceptions of faculty members on how Black male student’s gain and experience academic success. This would yield useful information as to
the differences in observations between Black male students and faculty members on what was needed to be educationally successful.

Although there were limits with qualitative studies to generalizations and scope of participants, further research on this topic could also be conducted using different methodology designs to enable the researcher to explore a larger sample size and make broader generalizations.

**Conclusion**

The narratives of the six Black male physicians in this study fostered advancement toward understanding and addressing how they persisted, excelled and graduated from medical school and completed residencies in a variety of specialties. Though the current percentage of Black males entering the medical profession have continued to decline, research indicated that with committed leadership, positive support, interventions, and mentorships, a model could be developed to provide strategies for success to assist Black males in medical education.

The findings of this study contributed to the field of education by providing a rich description highlighting the lived experiences of the Black male participants. Their stories could be used as a vital resource to for parents, educators, administrators, researchers, policymakers, and peers, and hence could potentially materialize in the form of instructional strategies that would be used to support the future academic achievements of Black males and narrow the educational gap that persisted in American education.

Stereotypes about Black males were definitely negated through the results of this study. I hoped this research would have added to the span and scope of anti-deficit thinking as it pertained to Black males in academia as well as society. There remained much work to be done
in terms of Black males being plagued by educational attainment issues that began in elementary school and culminated in higher education. The access doors of higher education, or for this study, medical education, should not be a revolving one, yet rather one that opened and welcomed Black males and led them down the path to degree completion. We never became complacent in advocating for the inequities that persisted to be abolished, yet there was a crucial need to highlight those Black males who achieved and succeeded and helped change the image of Black males in today’s society. Although Black men were at risk and were the lowest group in terms of educational achievement, there were many, including those in this study, who defied the odds, met the challenges, and won.
References


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Appendix A

Interview Protocol

1. Please describe your current medical specialty.

2. What does being a Black male mean to you?

3. What influence(s) did family, community, and/or your social environment have on your academic success prior to entering medical school?

4. What were some of your experiences with race within the academic setting while growing up?

5. What resources did you utilize to navigate medical school or residency? Mentors, community support, organizations?

6. Please talk about your experiences with race during medical school and/or residency training.

7. What barriers did you have to overcome during your medical school and/or residency training?

8. What advice would you give Black males who would like to pursue careers in medicine?

9. What influence, if any, did race and gender have on your academic resilience in medical school and residency?

10. Did your medical school and residency experiences shape or inform your understanding of and commitment to social justice?
Appendix B

Participant Recruitment Email

Hello, my name is Erika Richardson. I am a doctoral candidate at Northeastern University in the College of Professional Studies. I am conducting research on Black males who successfully completed medical school and currently practice medicine in Carolinas HealthCare System. I have received permission from Carolinas HealthCare System to contact you regarding this study. I am inviting you to participate because I am interested in hearing your perspective and lived experiences regarding your tenure in medical school.

Participation in this research includes participating in one interview that will last between 45 minutes to an hour. Participation is completely voluntary and confidential.

If you have any questions or would like to volunteer to participate in the research, I can be reached 704-607-6030 or Richardson.e@husky.neu.edu.

Thank you,

Erika Richardson
Appendix C

Participant Consent

Northeastern University, Department of Education
Name of Investigator(s): Principal Investigator- Dr. Karen Reiss Medwed, Student Investigator- Erika Richardson
Title of Project: An Assessment Of Factors That Influence The Academic Achievement Of Black Male Physicians

Informed Consent to Participate in a Research Study
We are inviting you to take part in a research study. This form will tell you about the study, but the researcher will explain it to you first. You may ask this person any questions that you have. When you are ready to make a decision, you may tell the researcher if you want to participate or not. You do not have to participate if you do not want to. If you decide to participate, the researcher will ask you to sign this statement and will give you a copy to keep.

Why am I being asked to take part in this research study?
You are being asked to participate in this study because you are a Black male physician.

Why is this research study being done?
The purpose of this research is to listen and learn about your personal story regarding your time in medical school and what made you persevere.

What will I be asked to do?
If you decide to take part in this study, we will ask you to verbally share your experiences while in medical school and your perception(s) on what made you succeed. You, and I will meet individually at a location of your convenience. No one else will know we are meeting, including the other participants who are participating in the study. I will ask you some questions and you will tell me your thoughts and experiences. There is no right or wrong answer, I just want to hear what you think. Because I want to remember exactly what you say, I will audio record our conversation. No one else will hear it and when I am finished with my study, I will destroy it.

Where will this take place and how much of my time will it take?
This interview will take place at Carolinas Medical Center- Main (CMC) and will last no longer than one hour. Within one month I will return to CMC to allow you the opportunity to read the interview transcript.

Will there be any risk or discomfort to me?
There will be no risk during the interview, however some experiences may be sensitive in nature and discomforting to recall, and in this case the interview will immediately be terminated.

Will I benefit by being in this research?
There will be no direct benefit to you for taking part in the study. However, the information you share will be used to enhance pipeline programs for other Black males and encourage them to pursue a career in medicine.

**Who will see the information about me?**
Your part in this study will be confidential. Only the researchers on this study will see the information about you. No reports or publications will use information that can identify you in any way or any individual as being of this project.

Each participant will be assigned a pseudonym or code name to protect his identity. No reports of publications will use information that can identify the participant as being part of this project. Audio recordings will be stored on a password-protected device and will be destroyed when the study is complete.

**Can I stop my participation in this study?**
Your participation in this research is completely voluntary. You do not have to participate if you do not want to and you can refuse to answer any question. Even if you begin the study, you may quit at any time. If you do not participate or if you decide to quit, you will not lose any rights, benefits, or services that you would otherwise have CMC employee.

**Who can I contact if I have questions or problems?**
If you have any questions about this study, please feel free to contact Erika Richardson at Richardson.e@husky.neu.edu, the person mainly responsible for the research. You can also contact Dr. Karen Reiss Medwed, the Principal Investigator at, k.reissmedwed@neu.edu.

**Who can I contact about my rights as a participant?**
If you have any questions about your rights in this research, you may contact Nan C. Regina, Director, Human Subject Research Protection, 490 Renaissance Park, Northeastern University, Boston, MA 02115. Tel: 617.373.4588, Email: n.regina@neu.edu. You may call anonymously if you wish.

**Will I be paid for my participation?**
There will be no remuneration for participation in this research.

**I agree to take part in this research.**

________________________
Signature of person agreeing to take part

__________
Date

________________________
Printed name of person above

________________________
Signature of person who explained the study to the
participant above and obtained consent

__________
Date

________________________
Printed name of person above

Depending upon the nature of your research, you may also be required to provide information about one or more of the following if it is applicable:
1. A statement that the particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant) which are currently unforeseeable.
2. Anticipated circumstances under which the subject’s participation may be terminated by the investigator without regard to the subject’s consent.
3. Any additional costs to the subject that may result from participation in the research.
4. The consequences of a subject’s decision to withdraw from the research and procedures for orderly termination of participation by the subject.
5. A statement that significant new finding(s) developed during the course of the research which may be related to the subject’s willingness to continue participation will be provided to the subject.
6. The approximate number of subjects involved in the study.
Appendix D

Transcript Review

Thank you for agreeing to participate in the interview for my doctoral thesis. Attached please find the transcript of the interview for your review. Please alert me to any necessary edits, revisions, or omissions.

Thank you again for your time, honesty, and participation.

Kindly,

Erika Richardson
Appendix E

NIH Human Subject Training Certificate

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that Erika Richardson successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 11/25/2014.

Certification Number: 1625735.