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Unveiling Healthcare Dreams: Navigating Healthcare Career Aspirations Among Latinx and Black College Students

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ABSTRACT

Latinx and Black individuals have historically been underrepresented in healthcare professions and higher education. Utilizing a logistic regression analysis, this study examined how Latinx and Black students' healthcare career aspirations differ from those of their peers in other racial groups. It also identified college experiences that may facilitate these aspirations for this population. The study utilized data from the 2015 Freshman Survey and the 2019 College Senior Survey, along with a sample of 5,258 undergraduate students nationwide. Results showed that Latinx and Black students tended to report higher levels of healthcare career aspirations than White students, but lower than Asian American students. This study found that self-identifying as premed and participating in a campus program relevant to STEM careers appeared to promote Latinx and Black students' healthcare career aspirations. The study

provides insights into the experiences of Latinx and Black college students aspiring to healthcare careers and informs future research on career aspirations among Students of Color.

Keywords: Black college students, college experience, Healthcare career aspiration, Latinx college students, race

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INTRODUCTION

The discipline of health education in the United States is crucial to the health and well-being of its citizens as the growth of underrepresented groups in society demands a diversifying expansion of its healthcare workforce. According to the National Academies of Science, Engineering, and Medicine (2016) reported higher education institutions in underrepresented communities serve health disparities through applicants focused on combating significant medical healthcare barriers. The impact of serving broader social determinants and health disparities examines the issues in marginalized communities (Terregino et al., 2020). The need for a diverse healthcare workforce to address health disparities and provide culturally competent care is well documented (Glazer et al., 2017; Salsberg et al., 2021; Wilbur et al., 2020). However, systemic racism and bias in health professions persist, creating barriers for unrepresented students and faculty. Thus, the need for a multifaceted healthcare profession attainment challenges systemic racism, diverse faculty representation, and counselor interactions that heighten the presence of mentorship or representation and opportunities for research or internship experiences (Salsberg et al., 2021). Mentorship and representation are crucial for the success of underrepresented students, and faculty development and research focused on dismantling racism in health professions are essential (Wilbur et al., 2020).

This study will utilize variables that were predetermined and structured by the UCLA Higher Education Research Institute, which may not capture the multifaceted college experiences of Latinx and Black students. We recognize *that race* is defined in various settings as a social hierarchy or a system of classification based on physical, perceived ancestry, and cultural

affiliation and cannot be used as a measurement of a representation of Latinx and Black students (Gillborn et al., 2018; Irizarry, 2015; Omi & Winant, 2015). In addition, this study did not consider students' generational or citizenship status, which may impact Latinx and Black students' social agency and empower them to pursue their career aspirations despite barriers or access (Cuellar, 2021). Lastly, this study did not consider several US institutional characteristics (e.g., institutional diversity of student body, student-faculty ratio), which may have shaped the college experience for Latinx and Black students because they were not available in the data.

Therefore, this study will focus on undergraduate Latinx and Black students to identify college experiences that may facilitate their healthcare career aspirations. Specifically, this study attempts to answer the following research questions: (1) How do Latinx and Black students' aspirations to pursue healthcare careers after graduation differ from those of their peers in other racial groups? (2) What college experiences predict aspirations to pursue healthcare occupations after graduation among Latinx and Black undergraduate students?

BACKGROUND AND LITERATURE REVIEW

Determinants of Health and Education

Social determinants of health (SDOH) include factors such as socioeconomic status, education, and the physical environment, all of which influence individual and community health outcomes. Health disparities—differences in health status and healthcare access across racial, ethnic, and socioeconomic groups—have persisted over decades and continue to widen. For example, since the 1990s, underrepresented and economically disadvantaged groups have experienced an increased risk of diabetes (National Academies of Sciences, Engineering, and Medicine, 2016; Lopez et al., 2021; Mitchell & Perry, 2020), while infant mortality rates for Black women have doubled since 2008 (Centers for Disease Control and Prevention, 2013). The COVID-19 pandemic further exacerbated these disparities, with Black and Latinx communities experiencing higher mortality rates and significant losses in healthcare access (Lopez et al., 2021).

These persistent inequities are deeply linked to historical and contemporary inequalities in access to quality education, health insurance, and nutritious food (Lopez et al., 2021; Mitchell & Perry, 2020). Research has increasingly called for the diversification of the healthcare workforce to reduce disparities and increase culturally responsive care (Snyder et al., 2018). Educators and institutions shape

health outcomes by providing individuals with the knowledge, skills, and access that influence long-term well-being (Lopez et al., 2021).

Despite its importance, the educational pipeline into healthcare professions remains disproportionately narrow for underrepresented communities. The diversity of students pursuing careers in health professions falls significantly below that of the general population (Salsberg et al., 2021). Contributing factors include low-quality K–12 education, lack of mentorship, racially hostile learning environments, and systemic discrimination (Grumbach & Mendoza, 2008; Snyder et al., 2018). For instance, Black students are significantly underrepresented among new graduates in high-degree professions such as physician assistant and physical therapy programs, a pattern attributed to educational barriers and heightened entry requirements (Salsberg et al., 2021).

Grumbach and Mendoza (2008) emphasize that the U.S. education system often fails to meet the needs of underrepresented and low-income students from kindergarten through high school, thereby limiting opportunities to pursue careers in healthcare. Addressing these educational inequities is not only essential for improving individual health trajectories but also for achieving systemic equity within the healthcare workforce.

Representation in Healthcare Education and Structural Barriers

Latinx and Black individuals remain underrepresented in healthcare professions and at all levels of educational attainment, especially in graduate-level and licensed fields such as medicine, physical therapy, and nursing (Lucey & Saguil, 2020; Salsberg et al., 2021). Health education programs such as dentistry, physician assistant, and allied health continue to enroll and graduate disproportionately low numbers of minoritized students (Salsberg et al., 2021). As of the 2022–2023 academic year, among the 53,371 applicants to U.S. allopathic medical schools, only 0.06% identified as Hispanic, Latinx, or of Spanish origin, and just 0.08% identified as Black or African American (Association of American Medical Colleges, n.d.).

Structural racism is deeply embedded in the educational pipeline leading to healthcare professions. Unequal access to high-quality education, school segregation, and longstanding disparities in public investment and resource allocation have all been identified as systemic barriers impeding opportunities for historically marginalized communities (Bailey et al., 2017; Lucey & Saguil, 2020). These conditions contribute to the limited pool of Latinx and Black applicants eligible for entry into advanced degree programs in healthcare.

Higher education institutions bear a critical responsibility in addressing these disparities by actively supporting the academic and professional development of minoritized students (Garces & Mickey-Pabello, 2015; Monroe et al., 2013; Lucey & Saguil, 2020). Increasing Latinx and Black representation in healthcare education is not only a matter of equity but a necessary step toward providing culturally competent care and improving access for underserved populations. As Salsberg et al. (2021) emphasize, institutions must implement intentional efforts to strengthen the educational pipeline, beginning with undergraduate preparation and extending through graduate admissions and retention.

Furthermore, institutional climate and campus experiences significantly influence the aspirations and persistence of Latinx and Black college students in pre-health pathways (Lett et al., 2019). Yet, research continues to reveal a limited understanding of how college environments either support or inhibit these students' progression into healthcare professions. Addressing these gaps requires a systemic commitment from academic institutions and governing bodies alike to dismantle structural inequities and cultivate inclusive pathways into the health workforce.

Latinx and Black Premed Students Pathway

Research frequently emphasizes the achievements of students pursuing STEM degrees while overlooking premed students, who typically major in STEM fields and face distinct challenges along their pathway (Dou et al., 2021; Lin et al., 2014). The rigor of the premed pathway demands academic requirements and extracurricular expectations, which often create barriers, particularly for Latinx and Black students. Michalec and Hafferty (2023) argue that these requirements and the pre-health pathways are a system that discriminates, whether intentionally or unintentionally, against certain groups (e.g., Students of Color).

However, the goals of many institutions are to attain representation and emphasize the immediate need to develop effective strategies for enhancing the recruitment and retention of underrepresented minority (URM) students (Lett et al., 2019). A critical factor contributing to the underrepresentation of Latinx and Black students in the healthcare workforce is the low number of students from these groups pursuing advanced academic degrees in the sciences (Michalec et al., 2018). The challenging science course prerequisites (e.g., calculus, chemistry, organic chemistry) and extensive recommended suggestions, such as shadowing, extensive hands-on experience, and admissions exams (e.g., MCAT or GRE) may inadvertently deter Latinx and Black students from engaging in or persisting

along their health career aspirations (Michalec & Hafferty, 2023).

Sanchez-Connally (2023) highlights instances of racial spotlighting in the classroom, which are commonly shared experiences by multiple students and have often yet to be mentioned to professors or reported to administrators. These experiences add to the challenges of navigating premed pathways. Beyond academic demands, extracurricular activities, such as job shadowing or patient care experience, are often required for admissions applications. Johansson et al. (2013) describe students' mixed experiences and challenges in receiving guidance from counselors and identifying role models or faculty, further complicating their journeys. Nevertheless, common findings across studies provide insight into institutional obstacles that impact the learning environment and provide an understanding of the factors that enable Latinx and Black (and often first-generation) students to persevere and successfully enter the profession (Johansson et al., 2023; Sanchez-Connally, 2023). Addressing these barriers requires a comprehensive understanding of the institutional challenges and a commitment to developing strategies that support the recruitment, retention, and success of underrepresented premed students.

THEORETICAL FRAMEWORK

This study integrates three distinct yet complementary frameworks for this study combine Astin's (1984) input-environment-output (I-E-O) model, Lent's (1994) Social Cognitive Career Theory (SCCT) (1994), and Derrick Bell's (1995) Critical Race Theory (CRT), which offers a comprehensive approach to analyze the impact of students' background and college experiences on their career aspirations, particularly for Latinx and Black students pursuing healthcare careers. Astin's I-E-O (1984) model provides a methodological framework for the interaction between students' backgrounds (inputs), their college experiences (environment), and their career aspirations (outputs). Astin's I-E-O is utilized to identify key predictors influencing students' healthcare career progression.

Lent (1994) provides a conceptual framework to examine the personal and psychological processes in career decision-making. Lent (1994) emphasizes the role of self-efficacy, outcome expectations, and goals, framing how Latinx and Black students' beliefs about their abilities, perceptions of success in healthcare careers, and their influenced professional aspirations by their lived experiences and racial identities. Considering that SCCT emphasizes the role of self- efficacy, outcome expectations, and goals in career decision-making, we assume in this study that Latinx and Black students' career aspirations are shaped by their

beliefs about their capabilities (self-efficacy) in pursuing these professions, the expectations of what these careers entail, and the goals they set for themselves (outcome expectations). Therefore, SCCT helps us explore how perceptions of their abilities, expectations of success in healthcare careers, and individual goals are shaped by their racial backgrounds and college experiences. Furthermore, CRT provides a critical framework to examine the structural and systemic racial disparities in career development, specifically for Latinx and Black students to develop their career aspirations toward healthcare professions. CRT framework reveals the structural and societal barriers students face in achieving these aspirations.

The use of these three frameworks allows for a holistic analysis, combining quantitative predictors of career aspirations (e.g., I-E-O), psychological insights into career decision-making processes (e.g., SCCT), and a critical examination of the racialized systems of oppression that impact these processes (e.g., CRT). Together, these frameworks reveal the impact and interaction between individual, institutional, and systemic factors in shaping the healthcare career aspirations of racialized minoritized students.

METHODS

Data Source and Sample

This study used a Comprehensive Institutional Research Program (CIRP) dataset for analysis. The Higher Education Research Institute (n.d.), located at the University of California Los Angeles, has administered the CIRP since 1973. The data used in this study were from a national sample of students who completed the 2015 Freshman Survey and the 2019 College Senior Survey. Before data analyses, 10,292 cases were screened for missing data, outliers, and normality using IBM SPSS Statistics v.28 software. After screening the data, we analyzed the study using a final sample of 5,258 undergraduate students nationwide.

Variables

The current study's logistic regression model utilized a single dependent variable and multiple independent variables. The following variables were included in the logistic regression model.

Dependent Variable

The study's dependent variable was a student's healthcare career aspiration

after graduation. The variable assessed whether a student plans to pursue a healthcare career after graduation. For this study, students' future careers in various health careers, such as doctors (MD or DDS), health professionals, nurses, and mental health providers, were considered healthcare careers. Of the sample of 5,258 undergraduate students in this study, 1,039 reported that they plan to pursue a healthcare career or profession after graduation.

Independent Variables

The study's independent variables included student input characteristics and college experiences that affect college students' healthcare career aspirations. There were three independent variables consisting of student input characteristics comprising the first block included in the binary logistic regression analysis. These independent variables included first- generation status, family income, and gender.

The remaining four blocks of the logistic regression model contained 13 independent variables. The second block of the regression contained three CIRP constructs: a sense of belonging, negative cross-racial interaction, and positive cross-racial interaction. The sense of belonging construct is a continuous variable measuring how students feel a sense of social and academic integration on campus. The construct included students' willingness to recommend their college to others, feeling a sense of belonging to the campus, feeling like a member of the college, and a desire to give money to the college as an alumnus. Negative cross-racial interactions assess the extent to which students experience tense or somewhat hostile interactions when they have felt insulted or threatened because of their race, had guarded or cautious interactions with others, and studied or prepared for class. The construct of positive cross-racial interaction measures how often students have dined or shared meals with others, had meaningful discussions about race relations outside of class, had intellectual discussions outside of class, socialized or partied, and studied or prepared for class.

The third block of the regression contained three variables: faculty interaction, working with faculty on a research project, and faculty belief in a student's potential. Faculty Interaction constructs measures the extent to which students have mentoring relationships with faculty that provide personal and academic support and guidance. The construct includes how faculty assist students in achieving their professional goals, give guidance on their educational program, emotional support, and encouragement, feedback regarding academic work outside of grades, discussion of coursework outside of class, encouragement to pursue graduate work or professional studies, help in

Table 1

Variable Definitions and Coding Schemes

| Variable | Coding Scheme |
|--|--|
| <i>Dependent Variable</i> | |
| Healthcare career aspiration | Binary: 1 = No Aspiration, 2 = Aspiration |
| <i>Block 1</i> | |
| First Generation Status | Binary: 1 = No, 2 = Yes |
| Family Income | Binary: 1 = Low, 2 = High |
| Gender | Binary: 1 = Male, 2 = Female |
| <i>Block 2</i> | |
| Sense of Belonging | Continuous: CIPR construct |
| Positive Cross-Racial Interaction | Continuous: CIPR construct |
| Negative-Cross Racial Interaction | Continuous: CIPR construct |
| <i>Block 3</i> | |
| Faculty Interaction | Continuous: CIPR construct |
| Faculty Provide: An Opportunity to Work on a Research Project | 1 = Not at all, 2 = Occasionally, 3 = Frequently |
| Institutional Opinion: Faculty Believe in My Potential to Succeed Academically | 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree |
| <i>Block 4</i> | |
| Academic Disengagement | CIRP Construct |
| Act in College: Taken Courses from More Than One Institution Simultaneously | Binary: 1 = No, 2 = Yes |
| Act in College: Held a Full-Time Job While Taking Classes | Binary: 1 = No, 2 = Yes |

Table 2

Items included in the CIRP Constructs

| CIRP Construct | Items Included |
|-----------------------------------|--|
| Sense of Belonging | If asked, I would recommend this college to others I feel a sense of belonging to this campus I feel I am a member of this college I will give this college money as an alum |
| Negative Cross-racial Interaction | Ethnic Experience: Had tense, somewhat hostile interactions Ethnic Experience: Felt insulted or threatened because of your race/ethnicity Ethnic Experience: Had guarded, cautious interactions Ethnic Experience: Studied or prepared for class |
| Positive Cross-racial Interaction | Ethnic Experience: Dined or shared a meal Ethnic Experience: Had meaningful and honest discussions about race/ethnic relations outside of class Ethnic Experience: Shared personal feelings and problems Ethnic Experience: Had intellectual discussions outside of class Ethnic Experience: Studied or prepared for class Ethnic Experience: Socialized or partied |
| Student-Faculty Interaction | Help in achieving your professional goals Advice and guidance about your educational program Emotional support and encouragement Feedback on your academic work (outside of grades) Encouragement to discuss coursework outside of class Encouragement to pursue graduate/professional study Help to improve your study skills A letter of recommendation An opportunity to work on a research project |
| Academic Disengagement | Came late to class Missed class for other reasons Failed to complete homework on time Fell asleep in class |

improving study skills, a letter of recommendation, and an opportunity to work on a research team. The variable of working with faculty on a research project measures how often faculty have provided students with opportunities to work on a research project. Lastly, faculty belief in a student's potential measures to the extent that a student agrees that their faculty believes in their potential to succeed academically.

The fourth block of the regression also contained three variables. The CIRP construct of academic disengagement measures the extent to which students engage in behaviors inconsistent with academic success. The construct includes

how often students come to class late, miss class for other reasons, fail to complete homework on time and fall asleep. In addition to the construct, the fourth block contained the variables of taking courses from multiple institutions simultaneously and holding a full-time job while taking classes.

The last block of the regression model included students' self-identification as a premed student, participation in an internship program, participation in a STEM career program, and taking an honors course. Tables 1 and 2 summarize definitions and coding schemes of variables used in this study.

Analysis

Two statistical analyses were used to answer the research questions of this study. A crosstabulation with a chi-square test was conducted to answer the first research question using IBM SPSS version 28. This analysis was used to examine if the level of healthcare career aspirations among Latinx and Black college students differs from that for White and Asian students. A logistic regression analysis was utilized to answer the second research question, which provided insights into the factors that predict Latinx and Black students' healthcare career aspirations.

RESULTS

Our results showed that Asian American students, constituting a substantial portion of the sample, demonstrate a higher inclination, with 31.5% of Asian American students aspiring to post-college healthcare careers (see Table 3). Black students emerge with the second-highest aspirations, at 28%, disrupting stereotypes of lacking interest in these fields, followed by Latinx (19%) students surpassing White students at 17.5%. The statistical analyses, particularly the Chi-square statistics ($\chi^2= 67.31, p = <.001$) and Cramer's V statistic (.113), affirm the significance of these disparities. The moderate effect size suggests that race/ethnicity shapes career aspirations, especially in healthcare.

We conducted a logistic regression analysis to examine college experiences that contribute to healthcare career aspirations for Latinx and Black students. The results showed that our model accounted for approximately 32% (Cox & Snell) or 48% (Nagelkerke) of the variance in whether a student aspired to pursue a job in healthcare after graduation. The results also indicated that the model correctly predicted 86% of the cases. Further, the independent variables selected for the model better predicted those who did not aspire to a healthcare career after college (93%) than those with medical career aspirations (64%). Overall, the classification table reveals that the

logistic regression model made a good prediction of students' healthcare career aspirations after college.

Table 3

Chi-Square Analysis of Healthcare Career Aspiration Among Different Races/Ethnicities

| Ethnicity | Healthcare Career Aspiration | | χ^2 | <i>p</i> |
|-----------------------------|------------------------------|-------------|----------|----------|
| | No | Yes | | |
| Latinx ^a | 179 (80.6%) | 43 (19.4%) | | |
| Black ^b | 104 (71.7%) | 41 (28.3%) | | |
| White ^c | 3118 (82.5%) | 660 (17.5%) | 67.31 | < .001 |
| Asian American ^d | 365 (68.5%) | 168 (31.5%) | | |
| Other ^e | 453 (78.1%) | 127 (21.9%) | | |

^a*n* = 222, ^b*n* = 145, ^c*n* = 3,778, ^d*n* = 533, ^e*n* = 580

The final regression model (Table 4) comprises five blocks and 16 variables. The first block consisted of the student input characteristics of first-generation status ($\beta\beta$ -.144, *p* = .703), family income ($\beta\beta$ = .468, *p* = .199), and gender ($\beta\beta$ = .556, *p* = .126). Although including this block of input characteristics strengthened the overall regression model, none of these variables significantly influenced healthcare career aspirations for Latinx and Black college students.

The second block of the regression model contained three composite measures, including a sense of belonging, positive cross-racial interactions, and negative cross-racial interactions. Although the sense of belonging is often attributed to undergraduate student retention (Park et al., 2020; Clawson, 2023), the sense of belonging factor scale did not significantly predict healthcare career aspirations for Latinx and Black students in this study. Likewise, the construct of positive cross-racial interactions was not a predictor of healthcare career aspirations (β = -.030, *p* = .183) for the population. In contrast, the factor scale of negative cross-racial interactions was the significant predictor of healthcare career aspirations of Latinx and Black undergraduate students. Results showed

that undergraduate Latinx and Black students who had higher levels of negative cross-racial interactions were less likely to aspire to a healthcare career after college ($\beta = -.060, p < .01$).

Table 4
Binary Logistic Regression on Healthcare Career Aspiration for Latinx and Black College Students

| | β | Wald | Exp(β) |
|--|---------|-------|----------------|
| First Generation | -.144 | .146 | .866 |
| Family Income | .468 | 1.647 | 1.597 |
| Gender | .556 | 2.342 | 1.744 |
| CSS Sense of Belonging | .029 | 1.429 | 1.030 |
| CSS Positive Cross-Racial Interaction | -.030 | 1.770 | .971 |
| CSS Negative-Cross Racial Interaction | -.060** | 7.140 | .942 |
| CSS Faculty Interaction | .028 | 1.800 | 1.029 |
| Faculty Provide: An Opportunity to Work on a Research Project | -.181 | .370 | .834 |
| Institutional Opinion: Faculty Believe in My Potential to Succeed Academically | -.435 | 1.585 | .647 |
| CSS Academic Disengagement | -.008 | .115 | .992 |

The third block of the regression model consisted of students' experience with faculty in college. These experience characteristics included the faculty interaction ($\beta\beta = .028, p = .180$), the experience of working on a research project with faculty ($\beta\beta = -.181, p = .543$), and faculty belief in a student's academic success ($\beta\beta = -.435, p = .208$). None of the three college experience variables in the third block were statistically significant.

The fourth block of the regression analysis contained three student experience variables related to students' ability to focus on academic pursuits. The variables included academic disengagement ($\beta\beta = -.008, p = .734$), taking courses from more than one institution simultaneously ($\beta\beta = .201, p = .695$), and having a full-time job while taking classes ($\beta\beta = .546, p = .296$). Like the previous block in the regression model, none of the variables in the fourth block were statistically significant predictors of Latinx and Black undergraduate students' aspirations toward a healthcare career after college.

The final block of the regression contained four college experience variables and three statistically significant predictors of undergraduate Latinx and Black students' aspirations for a healthcare career after college. Results showed that students who considered themselves as premed at the beginning of their first year of college were more likely to aspire to a healthcare career after college than students who did not ($\beta\beta = 2.828, p < .001, \text{Exp} () = 17.090$). Students who considered themselves premed in their first year were seventeen times more likely to aspire for a healthcare career after college by their senior year than students who did not consider themselves premed. Another statistically significant finding was that students who participated in an internship program during their time in college were less likely to aspire to a healthcare career after college ($\beta\beta = -.703, p = <.05$). The last significant was participation in a campus program that promotes STEM careers ($\beta\beta = .887, p = <.05$). Latinx and Black students who participated in a campus program that supports science, technology, engineering, and mathematics (STEM) careers were more likely to aspire to a healthcare career after college.

POSITIONALITY STATEMENT

In this study, we recognize that while positionality statements are traditionally associated with qualitative research, it is equally important to acknowledge the implications of aggregating data into racial/ethnic categories. As researchers, our diverse perspectives, identities, and experiences shape our approach to examining the healthcare career aspirations of Latinx and Black

students within the context of systemic and institutional factors. Our positionalities reinforce our commitment to equity and inclusion in higher education, particularly for underrepresented populations.

As the first author, a first-generation Latina and woman of Color, my research and service focus on addressing systemic barriers to educational and career pathways for marginalized students, particularly emphasizing increasing access to STEM and health professions. The expertise of my colleagues enriches this study: one focuses on college access and student development, while another emphasizes the impact of academic environments and retention strategies.

Our collective experiences and scholarly contributions strengthen our shared commitment to equity. We acknowledge our positions within academia and the privileges they confer while remaining committed to addressing inequities and advocating for systemic change to support the aspirations of Latinx and Black students pursuing healthcare careers.

LIMITATIONS

As quantitative researchers, we recognize the limitations of CRT in a quantitative study. CRT in education is complex and context-dependent. As we structured the variables, these variables are predetermined and structured by HERI, which may not capture the multifaceted college experiences of Latinx and Black students. Quantitative methods in CRT do not equal the qualitative approaches regarding the nuances of the social processes that shape and legitimize race inequity but may highlight the structural barriers and inequities navigated differently by Latinx and Black students (Gillborn et al., 2018). Notably, a main limitation of the study was utilizing race to classify Latinx and Black students. We recognize that *race* is defined in various settings as a social hierarchy or a system of classification based on physical, perceived ancestry, and cultural affiliation and cannot be used as a measurement of a representation of Latinx and Black students (Gillborn et al., 2018; Irizarry, 2015; Omi & Winant, 2015). In addition, this study did not consider students' generational or citizenship status, which may impact Latinx and Black students' social agency and empower individuals to pursue their career aspirations despite barriers or access (Cuellar, 2021). Lastly, this study did not consider several institutional characteristics (e.g., institutional diversity of student body, student-faculty ratio, etc.) that may shape the college experience for Latinx and Black students because they were not available in our data.

As quantitative researchers, we recognize the limitations of Critical Race Theory (CRT) in a quantitative study. Therefore, comprehending the complexities within the context-dependent structural variables predetermined by

HERI captures the multifaceted college experiences of Latinx and Black students. Additionally, Garcia et al. (2018) argue that quantitative approaches must consider the nuances of social processes from a lens that legitimizes race inequity by highlighting structural limitations explored by Latinx and Black students (Gillborn et al., 2018). Notably, this study utilizes racial and social hierarchy to define the classification or systems based on physical, perceived ancestry, and cultural affiliation of Latinx and Black students for measurement or presentation (Gillborn et al., 2018; Irizarry, 2015; Omi & Winant, 2015). In addition, this study considers generational or citizenship status, which may impact Latinx and Black students' social agency for career aspirations that empower or create barriers to access (Cuellar, 2021). Lastly, consideration of institutional characteristics (e.g., institutional diversity, student body, student-faculty ratio) may shape the college experience for Latinx and Black students based on the available data on admissions, matriculation, retention, and graduation rates. Additionally, data on retention and graduation rates can highlight the systemic barriers or areas where additional resources and interventions are needed to improve outcomes that influence the trajectory of Latinx and Black students in premed pathways.

DISCUSSION

Our study found that disparities in healthcare career aspirations exist based on students' racial/ethnic backgrounds. Specifically, Latinx and Black students have greater aspirations in entering these fields, and Asian students have the greatest aspirations to enter the workforce than their White counterparts. Latinx and Black emerge with higher aspirations, disrupting the stereotypes that might suggest a lack of interest in healthcare professions within this demographic. It is crucial to emphasize that despite the lower aspirations, White students remain the highest represented in healthcare fields. Emphasizing the persistence of structural and systemic dynamics that might facilitate or hinder different racial and ethnic groups' pursuits of healthcare careers at various levels of their educational journey (Wilbur et al., 2020). While there have been improvements in diversity among graduates of healthcare professional programs compared with the current workforce, efforts must continue to ensure the workforce represents the diverse patient population (Salberg et al., 2021; Wilbur et al., 2020). This finding prompts critical inquiry into the factors influencing divergent aspirations and highlights the importance of exploring the dynamics of racialized experiences within educational and career contexts.

Our study revealed disparities in healthcare career aspirations based on students' racial and ethnic backgrounds, highlighting the systemic inequities and

structural dynamics that share these career aspirations. Specifically, Latinx and Black students have greater aspirations in entering these fields, particularly in nursing and allied health. Latinx and Black emerged with higher aspirations to disrupt stereotypes, suggesting a lack of interest in healthcare professions within this demographic, challenging preconceived notions that have historically undermined the support of Latinx and Black students. Asian students exhibited the highest overall aspiration for healthcare careers, surpassing their white counterparts. However, despite the lower aspirations, white students dominate representation in healthcare professions, such as medical doctors, dentists, and occupations requiring advanced education. This structural persistence emphasizes a systemic dynamic associated with facilitating or hindrance that may impact various racial and ethnic groups' pursuits of healthcare careers at different levels of the educational journey (Wilbur et al., 2020).

Determinants of Healthcare Career Aspirations

This study identified two determinants of healthcare career aspirations among Latinx and Black students. Primarily, Latinx and Black students participate in internships and negative cross-racial interactions. Research in college internship programs and cross-racial interactions of Latinx and Black students is minimal (Binder et al., 2015).

Latinx and Black Internship Experiences

Evaluating internships across various groups is critical as the experiences of Latinx and Black students affect their career aspirations. Latinx and Black students have negative college experiences that impact their futures. Latinx and Black internship experiences differ, and this finding provides insight into the impact of discrimination. Racial discrimination is a mediating factor that negatively impacts long-term career retention (Park et al., 2020). Internship experiences vary across students' racial backgrounds, particularly Latinx and Black (Binder et al., 2015; Park et al., 2020). This finding conveys essential insights to examine premed experiences and potentially examine the impact of discrimination in these experiences.

Latinx and Black Negative Cross-Racial Interactions

A critical concern emerging from this study is the detrimental impact of negative cross-racial interactions on the healthcare career aspirations of Latinx and Black students. Park et al. (2022) emphasize the pervasive effects of racial discrimination within STEM environments, illustrating that these experiences

extend far beyond academic performance and faculty interactions, profoundly influencing students' professional goals and career trajectories. These findings highlight the urgent need for qualitative research to explore the nuanced nature of these interactions further, offering a deeper understanding of how they manifest and the specific ways they shape individual experiences.

Research indicates that Latinx and Black students in STEM and healthcare fields face numerous challenges due to racial bias and discrimination. Stereotyping, exclusion, and isolation in academic settings often erode students' self-confidence and undermine their career aspirations (McGee, 2016; Flores et al., 2023). Even in minority-serving institutions, students frequently report exclusionary classroom cultures and stereotype threats perpetuated by both faculty and peers (Flores et al., 2023). Racial microaggressions—from subtle comments to overtly discriminatory actions—negatively impact students' learning, academic performance, and overall well-being (Ackerman-Barger et al., 2020).

To navigate these challenges, many students resort to coping strategies that involve altering or suppressing their authentic racial identities, which can lead to significant internal turmoil (McGee, 2016). These students often desire earlier exposure to healthcare careers, mentorship from faculty or professionals of similar racial/ethnic backgrounds, and college readiness support systems to counteract these barriers (Edgoose et al., 2019). Institutions must examine and dismantle structural barriers by implementing policies and practices that promote inclusivity, foster equitable classroom cultures, and address systemic inequities (McGee, 2016; Ackerman-Barger et al., 2020).

For Black students, racial discrimination within STEM spaces significantly hampers their academic performance and inhibits the benefits of student-faculty interactions that are essential for professional growth (Park et al., 2022). Similarly, Latinx students often contend with perceptions of low expectations regarding their intellectual abilities (Yosso et al., 2009). These challenges exacerbate feelings of alienation and self-doubt, further hindering their ability to succeed and persist in STEM and healthcare pathways. These shared yet distinct experiences underscore the intersectional barriers Latinx and Black students face as they navigate educational and career trajectories.

The broader body of research sheds light on the complex interplay of race, ethnicity, gender, and socioeconomic status in shaping underrepresented students' STEM and healthcare career aspirations. McGee and Bentley (2017) reveal that many Black and Latinx STEM students adopt an "equity ethic" driven by a commitment to help others and give back to their communities. Sparks et al. (2021) highlight the resilience of Latina students, who leverage their intersectional identities to persist in STEM fields despite systemic challenges.

Saw et al. (2018) identify persistent disparities in STEM career aspirations, noting that female, Black, Hispanic, and low-SES students are less likely to sustain interest in STEM disciplines. Meanwhile, Monroe-White and McGee (2024) explore the impact of race-related stress and racial activism on STEM graduate students' career choices, finding that engagement in racial activism often predicts interest in academic careers.

The findings of this study substantiate the research question by emphasizing the profound role of cross-racial interactions in shaping healthcare career aspirations. This study calls for further research to explore these experiences across diverse academic disciplines and educational stages. Future studies should investigate how these interactions evolve throughout the K-20 educational pipeline, uncovering the cumulative effects of systemic racism on academic and career outcomes. Additionally, examining the intersectionality of race, gender, and educational experiences can provide a more comprehensive understanding of the barriers faced by Latinx and Black students, ultimately guiding the development of targeted interventions and support mechanisms to foster equity and inclusion in STEM and healthcare fields. Such efforts are essential to building a diverse healthcare workforce capable of addressing the persistent disparities underserved communities face.

Predictors of Healthcare Career Aspirations

Self-Identifying as Premed

Existing research on premed students often overlooks their intersecting identities, narrowing the scope of available support for underrepresented populations, particularly Latinx and Black students (Olsen, 2016). Our study found that students who self-identify as premed early in their college journeys are more likely to sustain and increase their aspirations to enter the healthcare workforce. This finding aligns with Hanson et al. (2016), who observed that students majoring in STEM disciplines are more likely to aspire to advanced degrees in medical professions. Early identification with the premed track can serve as a significant predictor of long-term career aspirations in healthcare. However, our research highlights the passive role often adopted by premed advisors. Michalec et al. (2018) argue that advisors frequently act as observers within a broader institutional emphasis on maximizing acceptance rates rather than actively engaging in strategies that support students' academic and career goals. This reactive approach fails to address the unique challenges and barriers faced by Latinx and Black students aspiring to healthcare careers, particularly those stemming from systemic inequities in education and healthcare pipelines.

The Role of Mentorship and Support Programs

A practical approach to fostering students' aspirations and success is the implementation of intergenerational mentorship programs, which pair students with mentors throughout their educational journey (Rattani et al., 2019). Mentorship provides critical support in navigating academic and career challenges, especially for students from historically underrepresented backgrounds. Price et al. (2005) highlight that mentorship programs, scholarships, increased faculty diversity, and enhanced community partnerships can significantly impact health disparities. These strategies address both the personal and systemic barriers faced by Latinx and Black students, reinforcing the need for holistic, sustained support systems in higher education. Furthermore, scholarship programs targeting underrepresented students are pivotal in reducing financial barriers and enabling access to healthcare career pathways. Increasing the number of faculty of Color and fostering strong community partnerships can create a more inclusive educational environment (Griffin, 2019). By reflecting the diversity of the student body, faculty representation provides students with role models and advocates who understand and address the unique challenges they face.

Expanding the Pipeline for Healthcare Career Aspirations

Higher education institutions play a crucial role in developing a diverse healthcare workforce by implementing initiatives that expose Latinx and Black students to healthcare career opportunities early, both before and during their college experiences. Educators must address educational barriers such as perceived career obstacles rooted in racial discrimination to promote equity and inclusion in healthcare fields (Raque-Bogdan & Lucas, 2016).

Pipeline programs and scholarships targeted at underrepresented minority students have successfully fostered aspirations for careers in healthcare. Cuellar and Gonzalez (2021) highlight the significance of providing students, particularly those from Latinx backgrounds, with information about college and career pathways before they begin higher education. This proactive strategy prepares students for premed tracks' academic challenges and demands.

Our findings align with broader literature advocating for expanding pre-college programs, such as family-focused resources and K-12 outreach efforts, to recruit and retain underrepresented students in healthcare professions. Wilbur et al. (2020) underscore the importance of these initiatives, while Salsberg et al. (2021) calls for a more comprehensive K-20 approach to lay the foundation for

success. These efforts can empower students from underrepresented communities to navigate complex educational systems, ultimately contributing to a more equitable and diverse healthcare workforce.

IMPLICATIONS

Theoretical Implications

The use of Critical Race Theory (CRT), Astin's Input-Environment-Outcome (I-E-O) Model (1984), and Social Cognitive Career Theory (SCCT) (1994) in this study provides a critical lens through which to analyze and address racial disparities in healthcare career aspirations and outcomes. These frameworks allow for identifying systemic barriers and designing targeted interventions to support Latinx and Black students in pursuing healthcare careers. Astin's I-E-O model demonstrates the significance of understanding how students' backgrounds (inputs), educational experiences (environments), and outcomes influence their trajectories (Astin, 1984). Similarly, SCCT emphasizes the role of self-efficacy, outcome expectations, and goal setting in career development, highlighting the necessity of accessible resources and support systems across the educational pathway to cultivate a well-prepared and diverse healthcare workforce.

The theoretical implications of this study call for institutional accountability and reform to support the educational and career aspirations of Latinx and Black students. Research by Raque-Bogdan and Lucas (2016) emphasizes the importance of institutional investments in mentorship, career counseling, and academic preparation to foster success among underrepresented students. Addressing these disparities requires not only expanding access to resources as well as dismantling systemic inequities that continue to disadvantage Latinx and Black students within the educational pipeline.

One of the most profound implications of systemic racism is the disparity between the aspirations and outcomes of Latinx and Black students. While this study shows that a higher percentage of Latinx and Black students express interest in health professions after college, healthcare education programs do not reflect these aspirations in their admissions. This gap reinforces the systemic inequities embedded in admissions processes, access to preparatory resources, and structural biases favoring white and Asian students. Systemic racism manifests in various ways, including limited access to high-quality K-12 education, disparities in premed advising, inadequate representation of Latinx and Black professionals in healthcare, and racial bias in standardized testing and application reviews. These barriers create a cumulative disadvantage that limits opportunities for Latinx and Black students to advance in healthcare professions.

Thus, this study calls for action for further research into the visible and invisible forms of oppression that intersect the daily lives of Latinx and Black students in premed programs. These forms of oppression, as identified by scholars such as Castillo and Gillborn (2022) and Huber (2022), include microaggressions in academic spaces, lack of culturally responsive advising, and systemic exclusion from critical opportunities such as internships and research experiences. Addressing these issues requires a holistic approach that combines institutional accountability, policy reform, and culturally responsive practices to create equitable pathways for underrepresented students. Ultimately, the findings contribute to developing a diverse healthcare workforce to address disparities in underserved communities, advancing educational equity and public health outcomes.

Practical Implications

Higher education institutions have a responsibility to improve the overall college experiences of Latinx and Black students by actively addressing racial disparities and fostering inclusive learning environments (Sanchez-Connally, 2023). These efforts must include tackling the structural and systemic barriers that contribute to inequitable outcomes (Sanchez-Connally, 2023).

Research highlights the need for institutional investment in faculty development, diversification, and training. This is especially important for faculty members involved in experiential and interprofessional education opportunities, such as internships and culturally responsive pedagogy (National Academies of Sciences, Engineering, and Medicine, 2016). These initiatives can support Latinx and Black students in nurturing their career aspirations and gaining relevant professional exposure.

This study reinforces the importance of holistic admission processes in healthcare education programs, as well as the expansion of STEM-related pathways prior to college. Holistic admissions consider applicants' backgrounds and non-cognitive attributes alongside academic metrics, which may help reduce disparities in access and outcomes for Latinx and Black students (Baugh & Baugh, 2020). While GPA and standardized exams like the MCAT remain essential, more equitable frameworks are necessary to ensure fair evaluation.

Addressing social determinants of health requires a multifaceted and interdisciplinary approach. Higher education institutions can play a central role in facilitating collaboration among healthcare professionals, social workers, and policymakers. Expanding support for Latinx and Black students in these fields also requires the engagement of private healthcare organizations and public health entities. National associations, accreditation agencies, and policymakers

can draw on these findings to develop initiatives that increase representation and eliminate systemic barriers (Salsberg et al., 2021).

Therefore, creating inclusive and supportive environments for Latinx and Black students who aspire to healthcare careers is critical. Institutions must be deliberate in implementing interventions that address both academic preparation and the broader structural inequities that shape educational and professional opportunities.

RECOMMENDATIONS

A persistent gap in the literature highlights the critical need for more research on the experiences of young women and men of Color within the K-20 educational system (Kim et al., 2018). This study addresses that gap by informing future research on the career aspirations of Students of Color, particularly Latinx and Black students, across the educational continuum. Emphasizing the importance of understanding the aspirations and challenges faced by these students as they pursue advanced degrees and professions, particularly in healthcare. Future research must continue investigating the persistence of racial disparities in pursuing healthcare careers, extending beyond college and into professional pathways.

Research indicates that increasing diversity in healthcare professions is crucial for addressing health disparities and serving diverse populations (Wilbur et al., 2020). However, significant challenges remain for underrepresented racial and ethnic students pursuing healthcare careers, including feelings of isolation, stereotyping, and discrimination (Edgoose et al., 2019). Studies suggest implementing comprehensive support programs that combine social, academic, and financial assistance (Wilbur et al., 2020). Universities can play a critical role by adopting holistic admissions practices, strengthening outreach to underrepresented students, and partnering with community groups to improve the healthcare career pathway (Glazer et al., 2017).

Exposing students to broader STEM career possibilities that integrate social justice and equity concerns may inspire more diverse candidates to enter healthcare (McGee & Bentley, 2017). Early career exposure, mentorship, and college readiness support are key factors in fostering underrepresented students' aspirations for healthcare professions (Edgoose et al., 2019). These efforts require a systemic approach to dismantling barriers and creating a robust support structure for students of Color.

CONCLUSION

While diversity among healthcare graduates has improved compared to the current workforce, significant disparities remain, underscoring the need for sustained and intentional efforts to ensure the healthcare workforce reflects the diverse populations it serves (Salsberg et al., 2021; Wilbur et al., 2020). This study's findings prompt critical inquiry into the factors shaping aspirations and highlight the necessity of examining racialized experiences within educational and career contexts.

This research emphasizes the urgent need to address racial disparities in healthcare and education. By analyzing academic admissions processes for healthcare programs and advocating for increased STEM-related initiatives before college, this study focuses on creating inclusive environments that foster healthcare career aspirations among Latinx and Black students. Such environments must prioritize equity, inclusion, and targeted support to address these students' unique challenges.

Higher education institutions can actively catalyze collaboration among healthcare professionals, social workers, and policymakers. Equally important is the role of private and public health companies in investing in equitable opportunities and resources. By increasing support and creating clear pathways to success, institutions and organizations can empower Latinx and Black students to pursue healthcare careers, ultimately fostering a more equitable and representative workforce capable of addressing health disparities and improving outcomes for diverse communities. Educators across K-12, higher education and graduate programs must actively dismantle systemic barriers and create pathways that empower Latinx and Black students to lead and transform the healthcare field.

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Bio

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