Cultures of Success: How elite students develop and realise aspirations to study Medicine

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Abstract

Despite decades of policies to widen participation in medical degrees, students selected for Medicine continue to reflect a socially elite group, rather than the diversity of the communities that graduates will serve. While research has documented experiences of students from disadvantaged backgrounds, this paper examines the "cultures of success" that enable advantaged students to gain entry to medical school. It documents how these students' school and home environments enable the development and realisation of "aspirational capacity". Aspirational capacity is not just about having a dream, but also the resources and knowledge to realise one's dream. The paper also examines a negative side of a narrow aspirational focus. "Aspirational constriction" describes the premature foreclosure of career ambitions, which can have negative implications for both the students and for society, and for less advantaged students, who are effectively excluded from degrees such as Medicine.

Introduction

Despite decades of policies in Australia and other Anglophone countries to widen participation in medical degrees, students selected for Medicine continue to reflect a socially elite cohort, rather than being representative of communities that graduates will serve (Curtis & Smith, 2020; Fielding et al., 2018; Southgate et al., 2015). UK research recently found that the proportion of disadvantaged students in medical schools has actually been falling (Cleland et al., 2012). The situation reflects

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structural barriers to entering Medicine, with early differences being apparent from childhood in terms of aspirations to do Medicine and opportunities to access educational resources. Low socioeconomic status (SES) and other under-represented students continue to face barriers to applying to and studying Medicine. In some disadvantaged communities, medical degrees are viewed as geared towards "posh" people only (Greenhalgh et al., 2004). Because of structural barriers and lack of role models, disadvantaged students sometimes assume it unrealistic, inappropriate or "unthinkable" (Archer et al., 2012) to aspire to study Medicine. Compared to other career choices, aspirations to study Medicine may be particularly narrowly concentrated among high SES students (Gore et al., 2015).

There is a growing body of qualitative research on the perspectives and outcomes of under-represented groups, but rather less on those from groups known for successful entrance to Medicine. Among students from high SES backgrounds, including those from migrant backgrounds, higher education is part of a "normal biography", embedded in a "deep grammar of aspiration" (Ball et al., 2002). These students may also face more restrictive expectations about what constitutes a "minimally acceptable level of occupational prestige" (Cochran et al., 2011, p. 421). Within top-performing schools, the majority of students not only aspire to go to university, but also aim for the most prestigious courses, such as Medicine and Law (Kenway & Fahey, 2014). Fulfilling such aspirations requires not just ambition and aptitude, but also school and home environments that normalise and facilitate a culture of hard work and study discipline, sustained over many years.

To explore these "cultures of success", we adopt the concept of *aspirational capacity* to examine the experiences of students located in a high school environment with a reputation for successful graduation into Medicine. We demonstrate how aspirational capacity operates among students in an academically selective high school, who (in keeping with the demographic profile of selective schools in Australia) also come from highly aspirational migrant families. We document the various dimensions of these students' aspirational capacity, focussing particularly on a culture of hard work and focussed discipline that derives from both their school and family environments. In other words, not only do a good proportion of this school's students aspire to do Medicine, but also many possess the resources, skills and knowledge to realise their goal.

Analysing the distinctive cultures inhabited by successful applicants to medical degrees helps explain why access to Medicine continues to be so uneven. "What it takes" to secure a place—an elite schooling environment combined with an aspirational family setting—is not available to most students, even those who might have an interest in pursuing a medical career. Our analysis points to the need to reconsider some of the criteria used in admissions regimes in medical schools, in order to more effectively widen access to non-traditional applicants.

We also document a negative dimension to a strong aspirational focus on Medicine. *Aspirational constriction* describes an overly narrow concentration on prestigious degrees that may preclude a broader consideration of fields that students may enjoy or excel in. Students who base their preferences primarily on notions of prestige may find themselves demotivated or burnt out at university or in their careers, because their choices were not founded in genuine personal interest. This premature

closure of preferences also deprives society of hardworking and disciplined individuals in less-prestigious professions and trades.

Understanding the aspirations of successful medical school students therefore not only shows us the extraordinary focus and hard work required for entry to Medicine, but also points to the negative dimensions of such aspirations, both on less advantaged students and on successful medical students themselves.

Conceptual framework: aspirational capacity and its relationship to elite schooling and skilled migrants

Aspirational capacity

The *capacity* to aspire, to imagine possible or desirable futures, is crucial for human development and success. While aspirations are usually seen as individual preferences, they also deeply reflect individuals' social contexts. Recent public policies in Australia, the United Kingdom and elsewhere to "raise aspirations" among disadvantaged youth tend to view such youth as "insufficiently" aspirational with regard to educational achievement and simplistically view aspiration as a personal character trait. As such, they mobilise a deficit discourse to blame disadvantaged students for their lack of desire for higher education (Gale & Parker, 2015; Sellar, 2013; Spohrer, 2011; Zipin et al., 2015). Low aspirations are seen in terms of "lack of effort", "laziness" or "uncaring" families (Harwood et al., 2015, p. 218).

However, the capacity to aspire is not evenly distributed across society (Appadurai, 2004; Kenway & Hickey-Moody, 2011; Rowan-Kenyon et al., 2011). Those from wealthy or advantaged backgrounds are exposed to a wider range of possibilities, and have access to greater resources and knowledge, enabling them to more fully develop the capacity to aspire. As Appadurai (2004, p. 68) notes, the wealthy and powerful have a better understanding of the relationship between a "wide range of ends and means, because they have a bigger stock of available experiences of the relationship of aspirations and outcomes", and "opportunities to link material goods and immediate opportunities to more general and generic possibilities and options".

In contrast, the disadvantaged have a "weaker sense of the pathways from concrete wants to intermediate contexts to general norms and back again" (Appadurai, 2004, p. 69). For example, career guidance counselling may be poorer in schools serving disadvantaged students, leading to ill-informed educational and occupation aspirations (Dockery et al., 2021). In some disadvantaged schools, career counsellors and teachers may discourage students from pursuing elite degrees such as Medicine, because of the difficulty of the admissions requirements (Southgate et al., 2015). A lack of knowledge or exposure to opportunities, or assumptions about one's "proper" place, may lead to an under-developed capacity to aspire. So, rather than solely arising from individual choices and motivations, Appadurai posits aspiration as "formed in interaction and the thick of social life" (2004, p. 67). Refocussing aspiration as socially contingent, rather than purely individual, challenges deficit discourses by emphasising "what is unavailable to people, as opposed to what is lacking within them" (Harwood et al., 2015, p. 218).

The *capacity to aspire* is not only about being able to dream of a possible future, but also includes access to the knowledge, resources and social networks required to navigate the path towards achieving that imagined future. Indeed, Appadurai (2004, p. 69) expresses the capacity to aspire as a "navigational capacity", in which more privileged groups have the advantage of a more detailed map of pathways to various possibilities. As Gale and Parker (2015, p. 148) note, those with more detailed "map knowledge" develop a greater familiarity with the social terrain and "an appreciation of the whole route they need to take to reach their destination from their point of origin". In the case of an aspiration to study Medicine, this path may include private academic tutoring, strategic school choice, home-based study support and access to professional networks or experiences. Such resources are what make aspirational capacity unequally distributed. A middle-class student is more likely to have access to such knowledge and social resources than a working-class student, even if both equally aspire to enter Medicine. As Appadurai (2004, p. 69) argues, the "map of aspirations" consists of combinations of "nodes and pathways", which will be denser and stronger for those from wealthier backgrounds. Meanwhile, disadvantaged groups have "reduced capacities to navigate their way around the desires and possibilities of dominant aspirations" because of their more limited "archives of experience" (Gale & Parker, 2015, p. 141).

Elite schools

Inequalities in aspirational capacity are reflected in and reinforced by educational institutions. Elite schools are particularly powerful in building aspirational capacity among their students. Kenway and Koh (2015, p. 1) define elite schools as those of "very high rank" with highly selective admissions practices, based on financial and/ or academic criteria. Through their resources, curricula, school cultures and reputations, elite schools reproduce class advantage and consolidate new advantages in times of change (Connell et al., 1982; Teese & Polesel, 2003). As Kenway and Fahey (2014, p. 177) note, the purpose of elite schools has been to "advantage the advantaged across the generations and, in so doing, to adapt to ensure that the schools keep pace with changing social conditions". Elite schools follow what Kenway and Fahey (2014, p. 182) call "grooming curricula" involving "hyper competitiveness and intensive cultivation" in order to inculcate elite aspirations and orientations. A key end goal of elite secondary schooling, and a marker of a successful elite school, is graduates' acceptance into the most prestigious university courses (Weis et al., 2014).

Recent scholarship on the globalising practices of elite schools (Forbes & Lingard, 2015; Kenway & Fahey, 2014; McCarthy & Kenway, 2014) is particularly relevant for this paper. Elite schools across the globe are rapidly re-orienting to prepare their students for global opportunities, and are in some ways being reshaped by new global dynamics and pressures. Globalised mobilities and cultural and economic transactions "are all registered in schooling and in the roiling ambitions of the young" (McCarthy & Kenway, 2014, p. 166). One way in which elite schools have been reshaped by globalisation is in the racial profile of their student cohorts. While

elite schooling continues to be closely associated with reproducing the advantages of whiteness in many countries (Epstein, 2014), the mobility of the new global middle class (Ball & Nikita, 2014; Butler et al., 2022), particularly from Asia, has seen children of migrants enter the ranks of elite school cohorts, in substantial numbers in many schools. For example, children of Asian migrants comprise the majority (commonly over 80%) of students within fully selective high schools in Sydney and Melbourne (Ho, 2020, pp. 22–23).

Skilled migrants

The dominance of migrant children in elite schools is not surprising because many migrants possess strong aspirational capacity, especially those qualifying as skilled or business migrants. Particularly in relation to education and employment, migrants tend to have high aspirations for themselves and their children (Archer & Francis, 2007; Ho, 2020; Lee & Zhou, 2015; Louie, 2004; Naidoo, 2015; Park, 2020; Shah et al., 2010; Watkins et al., 2019). Willing to uproot themselves and their families to take risks for a better life elsewhere, migrants tend inherently to be aspirational individuals (Chiswick, 1999; Ho, 2020), and the act of migration exposes these individuals to new knowledge and opportunities, which can consolidate and expand aspirations (Czaika & Vothknecht, 2014). Given policy settings in many Anglophone countries that give priority to well-educated applicants with good employment or entrepreneurial prospects, migrants are now more likely to possess strong aspirational capacity based on their social class status and their capacity for international mobility.

The strong aspirational capacity of skilled migrants has reshaped the face of elite schooling in countries such as Australia (Ho, 2020), the United States (Lee & Zhou, 2015) and the United Kingdom (Archer & Francis, 2007), where children of migrants from Asia have gained entry in disproportionate numbers to academically elite schools. Notably, these are often public schools that do not charge significant fees. In this sense, they differ from the traditional elite schools that were previously studied, by being more accessible, in theory, to all groups in society. However, while there are few financial barriers to entry, admission to these schools is based on extremely competitive academic criteria, with their students often outperforming those from wealthier schools in standardised tests, gaining entry into prestigious universities and courses (Ho, 2020; Shapiro & Lai, 2019). In terms of their academic outcomes then, these public selective schools mirror traditional elite schools, even if their student cohorts deviate from traditional elite schooling cohorts. Indeed, studying the cultures of top-performing selective schools gives us insight into the changing dynamics of educational advantage in globalising societies.

Given the lack of research into this newer stage of evolution of elite schools, and their importance in producing successful medical school applicants, we interviewed students in an academically selective and migrant-dominated school well-known for high graduation rates into higher education and Medicine, in order to explore their "cultures of success". We asked:

(1) What are the school and home cultures that students inhabit?
(2) How do these cultures influence students' development of aspirational capacity for entering elite degrees such as Medicine?

Methods

Our study took place in an academically selective government school in Sydney, Australia. "Blair" High School (a pseudonym) is one of almost 50 fully or partially academically selective public high schools located in New South Wales. Students compete to enter (at age 11) on the basis of their performance in a cognitive ability test administered by the state government. Admission is extremely competitive, and applicants typically prepare for months or years in order to achieve the required test result. Blair High School is co-educational, with a slightly higher proportion of male students, and a total enrolment of approximately 850 students across all six years (Years 7–12).

As in most Australian selective schools, the student body of Blair High School is highly advantaged, with the majority from families within the top quartile of socio-educational advantage (ACARA, 2020). The vast majority come from a Language Background Other Than English (LBOTE), with most from East or South Asian backgrounds, such as Chinese, Korean and Indian. The cohort reflects the migration to Australia of skilled professionals from Asia over the last 30 years. These migrants have been particularly attracted to public selective schools because of their academic reputation and low cost (Windle, 2016).

Blair has a reputation for excellence in Science, Technology, Engineering and Mathematics (STEM) subjects, achieving outstanding results in the state matriculation examinations. Students who achieve exceptional results are regularly profiled in major newspapers as well as in school newsletters and at celebratory events.

For our interviews, we invited students enrolled in the year prior to graduation (Year 11) aged 16–17 years, who were interested in studying Medicine. Interview questions covered career aspirations and the role played by school, peers, family and community in shaping how they viewed their education and career. Of the 15 participants, eight were female. All came from Asian migrant backgrounds, most commonly Chinese, with others including Korean, Burmese, Indian, Sri Lankan and Bangladeshi. A majority ($n = 10$) of participants' parents were tertiary educated. Most ($n = 12$) had been enrolled at Blair for their entire secondary schooling.

Interviews were conducted in 2015 by a university research student and were of 20–30 min duration, audio-recorded and transcribed verbatim. Transcripts were initially and independently read by all authors, and key concepts emerging from their preliminary reading discussed. Thematic analysis was then led by Ho, to identify, develop and refine themes, subthemes and descriptors through repeated joint discussion, until no new themes were identified that could address the research questions. Following Clarke et al. (2015, p. 223) approach to thematic analysis, we adopted an organic approach to coding and further theme development. We applied Appadurai's aspirational capacity as a conceptual lens to further develop the initial interview themes of high parental expectations among Asian migrants, convergence of career

preferences among the school cohort, the value of academic success, and the culture of competition and hard work at Blair.

Researcher positioning

Ho is a social scientist with expertise in ethnicity, equity and education. Hu trained in Medicine and works as a clinician and medical school academic with expertise in student support and inclusion in medical education. Griffin is an organisational psychology researcher with expertise in medical student selection and its impact on under-represented applicants. Hu and Griffin have contributed to the development and delivery of medical school selection interviews at a medical school that Blair graduates regularly apply to. Both were blinded to participants' identities and are not involved in decisions about who is selected to Medicine. Ho and Hu are first generation Chinese migrants to Australia. All researchers have interests in widening access to higher education and for students to be enabled to realise their potential.

The study was approved by the Macquarie University Human Ethics Committee (Ref. No 5201500405), the NSW Department of Education (SERAP 2015155), and endorsed by the school leadership. Informed consent was obtained from students and their parents.

Results and discussion

Students at Blair High School demonstrated strong aspirational capacity to study Medicine. We describe the nature of their aspirations below and how their aspirational capacity was developed by a "culture of success" at school and at home. At school, this culture focussed on competition based on an intense emphasis on grades. The school culture was strongly aligned with students' home cultures, characterised by high expectations, associated with migrant status. We then describe a negative impact of such aspiration that we call "aspirational constriction".

Aspirations to study medicine

Within Blair's academically elite context, the majority of students were reported to aspire to the most prestigious university degrees. *Every participant* in our study stated that the first two career choices among their peers were Medicine and Law. Commonly cited third choices were Commerce, Business and Engineering.

Participants agreed that a large proportion of their peers aspired to study Medicine. When asked the percentage, two (P4, P13) stated that 40 to 50% of students wanted to do Medicine. P10 stated, "about 50% or 60% of every grade that comes through wants to do Medicine", and jokingly referred to Blair as the "Premedical High School". Another stated:

> The students here are very like-minded in that we all want to pursue very rewarding careers. There's a stereotype that 50% of the cohort will get into Medicine and the other 50% will get into Law. (P4)

The most common reasons cited for students' interest in Medicine were: they believed it would be a rewarding career because they could help people; the prestige and remuneration associated with Medicine; their parents wanted them to become doctors because of the status and income; the difficulty in gaining admission into Medicine made it desirable, and being at Blair gave them confidence that they could gain entry.

While the first of these reasons is associated with the inherent characteristics of the profession, the others reflect the social construction of Medicine as a high-status profession, as evidenced in beliefs about high income levels and the high test scores required for admission into medical degrees. Many participants explicitly stated prestige and income were the main appeal of Medicine, with some attributing this perception to their migrant parents. We discuss the particular importance of the social status of Medicine below, as it pertains to middle-class migrant families.

The institutional setting of Blair High School consolidated students' desire to study Medicine. Several participants acknowledged the role that attending Blair played in their aspirations:

> I think being among other people who want to do Medicine reinforced the idea that it was possible, and it feels like we're all moving towards there together. (P4)

> ...in terms of developing a desire to do [Medicine], I guess we have a lot of opportunities to be exposed to programs like that, since a lot of people are interested and it kind of points you in that direction sometimes. (P12)

> Historically a lot of students from this school get into Medicine, I guess. (P2)

These students' comments strongly demonstrate the unequal distribution of aspirational capacity in society (Appadurai, 2004). The iconic status of Medicine among Blair students' career preferences—mentioned *unanimously* by our participants—is striking, as is their confidence that they could succeed in gaining the social status derived from entry into Medicine. They are comments of elite students who have been well endowed with aspirational capacity.

The aspirational capacity evident in our participants' comments resembles the "assured optimism" of students in Forbes and Lingard's study of an elite girls' school in Scotland (2015), where all participants saw themselves as future professionals via university education at Oxbridge, Ivy League or other globally elite universities. These students, like those at Blair, "saw their current schooling as being about controlling their futures through educational success" (Forbes & Lingard, 2015, p. 124). For our participants, being at Blair enabled an optimism that they could achieve their aspirations, because of the past success of Blair students, the current investment of resources into supporting students' goals, and the peer effect of having shared aspirations among so many fellow students. As such, the

school developed not just students' aspirations, but also the "navigational capacity" (Appadurai, 2004, p. 69) needed for them to pursue their aspirations in an effective manner.

The emphasis on academic performance scores at Blair created a culture that valued Medicine and Law degrees simply because they had such high academic entry requirements, as measured by the Australian Tertiary Admissions Rank (ATAR), the matriculation score that helps determine what university course students are admitted to:

> Because it's hard to get into, so Med and Law are seen as really desirable. (P12)
> We acknowledge how hard it is to get into Medicine, so it must have taken a lot of dedication and effort to get into Medicine. (P5)

Consistent with the school's perceived focus on grades was the practice of applying to the course with the highest matriculation score requirement, and not "wasting your ATAR":

> If you get an ATAR of 99.5, why would you do a course that only needs 90, when you can go and do Medicine? There's that whole notion of not wasting your ATAR. (P7)

While the perception that Science and Medicine are difficult is a disincentive for many students (Alexander et al., 2021; Aschbacher et al., 2010), at Blair, the perceived difficulty of these fields, and their connection to the social prestige and onerous university entrance requirements of Medicine, *encouraged* students to pursue them. This mirrors Wong's (2012) finding that British Asian students pursued advanced Science, not necessarily out of intrinsic interest in these subjects, but in order to perform a "clever" and "high achieving" identity. The focus on advanced Mathematics and Science at Blair aligned well with the importance its students placed on academic achievement as a marker of personal identity and standing within their school culture, as well as believing that it provided a foundation for students to develop skills and knowledge for entry into Medicine. As Berger et al., (2020, p. 655) state, among high achievers, achievement can "encourage aspirations, which, in turn, encourage academic performance in order to attain those aspirations". In contrast, Aschbacher et al. (2010) show that students without access to advanced Mathematics and Science courses in school are less likely to persist with aspirations to pursue Science-related careers.

To these students, Blair's school culture reinforced their parents' aspirations and beliefs about Medicine as an icon of success and security. For parents, most of whom were born in Asia, Medicine embodied social status, job security and a good income:

> ...a lot of immigrants, like my parents, obviously want their kids to be the best, and they do instil this idea that Medicine is the ultimate profession. I think at an early age that was what was drilled into me... [Medicine is] the Holy Grail. (P7)

[My parents have] talked about how it's a relatively secure job and there's a status that comes with it. They can go around to their family and friends and say, "Hey, my son's a doctor now". (P10)

This comes back to doctors earn well, they earn one of the highest incomes. It's also the stability of that job. It's also well-respected amongst the community. She [Mum] wants us to have a respected, well-paying career. (P4)

With the convergence of school and home cultures on the high social value of Medicine, our participants' aspirations can be viewed as a collective phenomenon formed in the "thick of social life" (Appadurai, 2004, p. 67), rather than simply reflecting individual preferences. Aspirational capacity is not evenly distributed through society, and our participants' school and home environments were both characterised by elite aspirations, setting the foundations for a rich endowment of aspirational capacity. The school and home environments of our participants not only enabled the development of aspirations to study Medicine but also committed resources towards achieving aspirations to enter Medicine.

A culture of success at school: competition and grades

As a selective school designed to cater for high achievers, the prevailing culture of Blair High valued and normalised hard work, competition, and a results orientation. This culture seemed to emanate from students as much as, if not more than, from teachers. While some mentioned the importance of supportive teachers in general terms, more participants commented on the significance of peers in motivating them to work hard and aim for medical school. This confirms existing research showing the importance of peer attitudes and interest in shaping students' aspirations to pursue science-related courses and careers (Fraser & Kahle, 2007; Stake & Nikens, 2005). Many participants cited the effect of being surrounded by peers with a similar dedication and discipline, and how the competitive environment spurred them to work harder:

It's sort of the environment, everyone wants to do well, they try hard and I think that's a great thing. It just pushes you to want to work hard and be the best you can be. (P3)

Being at this school has definitely exposed me to a lot of like-minded individuals. Being at such a competitive high-end school kind of drills in your priorities. You have to be organised from the get-go, you have to be responsive. Being under pressure helps you organise yourself and develop these kind of skills. (P1)

My friends all want to do well in school as well. It actually does affect me a lot, if they're doing well, I don't want to lag behind – I want to get those high marks as well. (P4)

It's a competitive environment, and that's what really drives us… they post up our rankings in the window for everyone to see... So that's why we're motivated to do well. (P5)

Being a high achieving student was regarded as a defining aspect of students' identity in the school, as noted by these participants:

People define each other by their ranks. (P12)

Academic success: well, to put it quite brutally, it's how many marks you get, at the end of the day. (P7)

…we kind of prioritise academic success over everything else at this school… We don't put much emphasis on fitness, no one really tries hard in PE [Physical Education], but other subjects like Maths and English, we all try really hard. (P5)

This prioritisation of scholarly success appeared to be supported by Blair's particular institutional practices. As some of our participants noted, the school published students' ranks, a practice that is not commonplace in Australian schools now. Subject offerings at the school also indirectly contribute to the valuing of superior academic achievement in particular fields; only the most advanced Mathematics courses were available, while offerings in humanities and social sciences were more limited (Blair High School website, accessed on 1 February 2021). In contrast, many disadvantaged schools are unable to offer high-level Science and Mathematics courses due to insufficient numbers of students choosing such subjects to warrant the allocation of teachers and resources. Such schools may have more emphasis on vocational education and experience reduced senior high school enrolments (Southgate et al., 2015). However, without sustained access to academic curricula in school, especially in Science and Mathematics, entry into STEM degrees, including Medicine, is more difficult (Harris, 2010; Southgate et al., 2015). At Blair though, the school's academically oriented study culture synergised with parental aspirations and resources to cultivate elite aspirations and enable the development of psychological and tangible skills to effect these goals.

A culture of success at home: migration and high expectations

The culture of success was also evident within students' homes and in their family lives. This alignment of norms and expectations between school and home has been noted as an important factor in the successful cultivation of a particular approach to education and career aspiration (Forbes & Lingard, 2015). As mentioned above, the majority of Blair students were children of migrants from Asia. Many skilled migrants cite their children's education as a key reason for relocating to a new country (Ong, 1999; Waters, 2008). Skilled migrants from China, India, Korea and elsewhere in Asia culturally value education and are accustomed to some of the most fiercely competitive education systems in the world. Accordingly, they typically raise their children with a deep respect for education and a strong work ethic (Archer & Francis, 2007; Ho, 2020; Lee & Zhou, 2015; Louie, 2004).

Our participants invariably associated being migrants with having high expectations for children. As P7 said, migrant parents "really instilled the value of hard work". Parental expectations therefore reinforced the high standards and expectations present within Blair High.

A key reason given for migrant parents' high expectations for their children was that parents wished their children to avoid the hardships they themselves had experienced. Participants were often keenly aware of the sacrifices their parents had made, and were committed to "giving back", or at least, not disappointing their parents:

> My family were first generation migrants, so they've gone through a lot of tough times. Their hard work is why I'm here today at Blair, so I'm really grateful for that. (P3)
> [My parents are] always talking about how they sacrificed their career in China to bring me up. So I feel like I can't let them down. (P6)
> I know they've worked really hard to come here and make sure I get a good education… I feel like every time I come to school I feel like I should try hard and do well for them, if not for me, just do well for them. (P13)

These comments mirror those in other studies that examine a culture of filial piety among migrant children, expressed in terms of the need to "give back" to parents in the light of their migrant sacrifices (Archer & Francis, 2007; Louie, 2004). Like other children of migrants, our participants often internalised their parents' view that educational success was a key part of a long-term "family project" for social mobility (Scandone, 2018, p. 528).

Others placed more emphasis on their parents' "strictness", attributing this to their cultures of origin, stating that they simply had to comply:

> I'm from China, and being Chinese we have a lot of really strict values. We're expected to conform to the values... Even if you don't like their views, you still have to accept their views. What your family wants you to do is really important. (P5)

> ...in a Chinese family... you do what your parents say. (P8)

Another reason given for parents' high expectations stemmed from competitiveness within many migrant communities. Decades of migration from Asia has led to large migrant communities in urban centres such as Sydney, making comparisons inevitable during social interactions. Consequently, a culture of sometimes intense competitiveness has emerged, primarily focussed on the academic achievements of children. Securing a place in a selective school or a Medicine degree (ideally, both) is a powerful symbol of successful parenting and a successful family:

> …families kind of judge each other depending on their children and how well they're raised and everything. There's this kind of competitiveness between families. (P6)

> …parents talk about their children and how well they're doing, so I guess it's kind of a pressure to succeed. (P12)

I think within the Indian community there is obviously the whole idea of you know, you've got to have a good reputation, be well perceived. (P7)

While Appadurai's framework of aspiration (2004) focusses primarily on class status, our study shows the utility of taking an intersectional approach that includes ethnicity, migrancy and class status. While mainstream Anglo-Australian middle-class parents may also hold high expectations for their children's career choices, the Asian migrant middle-class parents described by our participants have more specific expectations for their children, in which Medicine plays a distinct role.

The iconic status of Medicine as a career choice within many of our participants' families reflects much existing research. Internationally, children of Asian migrants have a higher than average propensity to pursue Science, Engineering and Medicine (Archer et al., 2012; Aschbacher et al., 2010; Jones & Elias, 2005). In Aschbacher et al.'s study of culturally diverse high school students, Asian American parents stood out as providing strong expectations and support for careers in Science, Engineering and Medicine, because of these careers' "desirable status, remuneration and stability" (2010, p. 576). Other studies (Archer et al., 2012; Wong, 2012) have also found Asian migrant families and students distinctive in their extrinsic valuing of Science and Medicine, because of their high status and reputation as difficult, compared to an intrinsic valuing or individual personal interest.

The alignment of school and home cultures towards high expectations and aspirations enables a flow of material resources, developing skills, dispositions and the "navigational capacity" (Appadurai, 2004, p. 69) that propel students towards achieving these goals. For example, a large proportion of selective school students in Australia attend private tutoring for hours each week (Munro, 2017). A relatively recent development in Australia, this tutoring is tailored towards accelerating high-performing students, and to prepare them for competitive tests, in contrast to remedial tutoring that was previously more commonplace. Selective school students, such as those in our study, attend tutoring not to "catch up" but to "get ahead" (Ho, 2020, pp. 113–114). Such examples of aspirational capacity potentially become realised in significant admission rates of Blair students into Medicine, although the contribution of private tutoring towards this outcome is not assured (Griffin et al., 2013, 2018). However, these unique conditions are available only to a small group of elite students, illustrating the unequal distribution of aspirational capacity in society.

Overall, the synergistic effect of these two cultures of success—at school and home—encouraged participants to cultivate strong aspirations to study Medicine as well as enabling them to develop study skills, focus and discipline, practised on a daily basis over many years. These resources, dispositions and practices constitute the material components of aspirational capacity that enable one's goals to be realised, or a "matching of aspirations and probabilities" (Forbes & Lingard, 2015, p. 122).

A negative side of aspirational capacity: aspirational constriction

While strong aspirational capacity has benefits, our participants experienced another dimension that we label *aspirational constriction*. Participants were recruited for

their interest in Medicine, but their near-identical citing of the same hierarchy of desired careers was remarkable and apparently widespread across their peers. This limited set of stated preferences suggests a foreclosure of aspirational horizons which arguably should be more expansive, given the age and ability of the participants. In this context, students' subject interests and choice of careers were not simply matters of individual preference. "Personal" interests invariably reflect one's social context (Appadurai, 2004), and what individuals consider desirable or possible are shaped by the opportunities and constraints they have experienced, including the "known routes" familiar to their families and communities (Scandone, 2018, p. 531). These "routes" contribute to the "map knowledge" individuals possess to realise their goals (Gale & Parker, 2015, p. 148). A foreclosure of career aspirations has been documented for gifted students (Chen & Wong, 2013; Greene, 2006). In our case, students' medicine-oriented tunnel vision represented both intense focus, which could be positive by being encouraging and productive, and a constriction of aspiration which could have negative consequences.

Our participants often seemed so fixated on Medicine that they had not genuinely considered alternative careers:

> I just really haven't found anything that I'm interested in other than Medicine. (P12)

Others acknowledged that Blair students were too narrowly focussed on just two elite courses. They intimated that the school culture indirectly limited students' career options. The dominance of Medicine and Law:

> does really kind of confine your options, as much as we don't really like to think that it does… it's what a lot of students do, so it's hard to kind of pull yourself out and say, "but I do have options". (P12)

P9 explained that the tight focus on traditionally prestigious courses at Blair High came at the expense of encouragement of the arts. Very few students aspired to the humanities or the "creative side of things", she said. P9 had loved art since she was a young child, speculating that if she had attended a non-selective school, she "would have probably chosen something related with arts or design". Despite this passion for art, P9 had decided to apply for Dentistry, in deference to the prevailing scholarly culture of her school. She remarked, "I definitely do hope that the school will encourage other avenues of defining success".

While selective schools are typically viewed as offering more options for students, particularly those who benefit from an accelerated curriculum, some participants noted that the subject range at Blair High was restricted. Whether because of student choice or parental preferences driven by beliefs about favourable scoring, high-level STEM subjects dominated the choices on offer and participants felt it was expected to choose them:

> I think the school itself is a bit more restrictive especially in terms of subject choices. We're very limited in terms of what we can study in the senior years. Everyone here seems to pick the subjects that would scale the best in marks. (P10)

P14 explained the popular choices as the "Asian five", comprising primarily high-level Mathematics and Science subjects. This label has been documented in other studies as popular among students from Asian migrant backgrounds (Pung, 2013). Students who chose other subjects were conspicuous in their difference; P14 had chosen a language not taught in the school, so had to enrol in weekend classes:

> I struggled to go for that subject because it isn't what a lot of students do. But I'd rather do something that I enjoy, rather than something just because other students are doing it. (P14)

The constriction of choice within Blair High was reinforced by students' family culture. P12 commented that her parents "would like it if I did something like typical, I guess, like medicine or business or something, and not like, journalism, or arts". With a home environment emphasising a narrow band of prestigious fields, many students felt a gravitational pull towards subjects that would facilitate entry into the most competitive university degrees.

The most obvious negative outcome of aspirational constriction evident in our interviews was the additional stress and mental health challenges that came with aiming to meet the competitive entry requirements of degrees such as Medicine. In the eyes of many of our participants, virtually perfect marks were needed in order to gain entry:

> ...a lot of them, they do get pressure because if you're not near perfect your chances of getting into Medicine are obviously diminished. (P10)

> …for students, like for exams, that can be really devastating if they don't do as well as they hoped. (P12)

> Yeah a few people I can see, they really are determined to do Medicine. And they've put a lot of effort and maybe a bit too much in sometimes, and forgot about other parts of life. (P2)

Thus, significant disappointment may result from constricted aspiration when students do not achieve their goals. And because of the parental and community investment in students securing a place in degrees such as Medicine, "failure" to do so can become a source of shame for the whole family. As P5 remarked, "I see a lot of competition in my family friends, like where one got into Medicine and others didn't". The pressure created by exceedingly high parental expectations has been documented for children of Asian migrants (Costigan et al., 2010; Li, 2004; Qin, 2008). Arguably, expectations to gain admission to Medicine, which has one of the most demanding entry requirements of any course, create a unique burden for students, even those performing at an elite level.

Our findings also raise questions about longer-term career satisfaction, if career motivations are based on pressures emanating from school and/or home environments, as opposed to intrinsic motivations (Chen & Wong, 2013). Greene (2006, p. 37) notes that students who "foreclose" career aspirations too early "do not learn to expand their experiences and develop new talents", shutting them out of "creative or innovative career options that may present opportunities later in life".

Furthermore, aspirational constriction among high-performing students may also have negative societal consequences; a concentration of hardworking and disciplined individuals in a few professions may come at the cost of other professions, whether it is the arts, trades, or other careers that are shunned due to elitist perceptions of prestige and income. This is not to argue that graduates of elite schools make the best contributions to such professions, but arguably, all professions benefit from greater diversity within their cohorts, as well as the presence of individuals with habits of diligence and dedication. In many such fields, Asian Australians are under-represented (e.g. Diversity Arts Australia et al., 2019; Pietsch, 2017), leading to a lack of diverse perspectives in these industries and limited capacity to cater for migrant populations. While discrimination and unconscious bias play a part (AHRC, 2018) in explaining their under-representation, it appears that among some high-performing Asian Australians, self-exclusion may be the reason.

A dominance of elite students within Medicine creates additional challenges to widening participation. If degrees such as Medicine remain hegemonic within student preferences in elite schools, the opportunities for students from disadvantaged schools to gain access will stay vanishingly small. This suggests that changing this imbalance requires further, fundamental re-orientation of Medicine selection ethos and procedures (Coyle et al., 2021; Curtis, 2020), and to ensure that such re-orientation is understood in schools and families. Otherwise, the culture of a large proportion of the medical school applicant cohort will continue to embody a narrow range of approaches to, and philosophies about, learning, notably, those that emphasise strategic calculation and instrumental decision-making. These are valuable traits in particular social settings, but raise the question of whether individuals with such approaches are necessarily those who will make the best medical practitioners.

There have been some attempts at addressing these imbalances, with medical schools re-orienting their selection ethos and procedures (Coyle et al., 2021; Curtis & Smith, 2020; Fielding et al., 2018). For example, the heavy weighting placed on high academic attainment has been widely identified as a barrier for admission into medical schools, particularly for those from disadvantaged backgrounds (Griffin & Hu, 2015). Targeted pathways for disadvantaged, Indigenous and rural students attempt to reduce this bias. Likewise, a greater emphasis on non-cognitive entry requirements assessed by interviews has been widely adopted. However, thus far, such programmes have had a limited impact on diversification of medical school cohorts, suggesting that more needs to be done. In addition to adjusting admissions criteria, gateway courses and other programmes that provide disadvantaged students with extra study support may need to be more widely implemented (Curtis & Smith, 2020). Ultimately, as Southgate et al., (2015, p. 81) argue, the medical profession needs to be willing to "reorient the image of the doctor as less academically and socially elite".

Conclusion

While there is a growing body of research examining the barriers faced by disadvantaged students in gaining admission into Medicine, there is less research on the conditions enabling successful admission. Our study examined such conditions

experienced by students within the context of an elite, academically selective high school with high admission rates to medical school. Adopting the concept of *aspirational capacity*, we documented the strong aspirational focus on Medicine as a collective phenomenon within this environment, enabling a flow of material resources and practices for aspiration to be realised. Both school and home environments inculcated an ethos of hard work, as both a mechanism for, and marker of, "success". In both home and school environments, gaining admission into Medicine was a crowning symbol of success, validating years of individual and collective effort. The "cultures of success" in school and at home cultivated students' aspiration to do Medicine and provided resources, enabling students to develop the skills, knowledge and disposition to realise this goal.

A tight aspirational focus on medicine can be highly functional and effective in settings where success is defined as high marks, by sustaining motivation, and role modelling aspirations to do Medicine in those who would not otherwise consider it possible. However, we also discovered negative outcomes; a narrow focus on high-status courses leads to an *aspirational constriction*. Not only does this constriction prevent students from exploring alternatives that they may enjoy and excel at, but also we argue that it prevents the diversification of representation in Medicine and other professions, as well as denying benefits to society from talented graduates in a broad range of fields and professions.

While aspirations are conventionally viewed as personal or individual phenomena, in line with Appadurai (2004), we argue that the school culture at Blair, in tandem with family cultures and expectations, gave rise to a strong collective aspiration to study Medicine. With the focus on academic excellence as measured through test scores, and the strategic, if limited choice of STEM subjects that aligned with many students' learning preferences, preparation tactics through commercial coaching, and favourable scaling, Blair provided a particularly fertile environment for aspirations to study Medicine.

Our study findings are limited by a highly selected sample; however, as an exemplar of elite success arising from a highly competitive situation, a limited sample could be expected, and the strength and consistency of the accounts were remarkable. Using a near-peer interviewer may have enabled open expression of contrary views despite the homogenising effects of a dominating school culture. Secondly, Blair is a notable example but shares characteristics with most other selective and elite private schools. Our findings remain to be tested in other settings, especially in other educational systems. The data were collected in 2015, but conditions have not changed, and aspirations to enter Medicine remain notably high. Blair's elite status, its matriculation rankings and its students' success in entering Medicine were unchanged at the time of writing. Our positions as researchers with an interest in broadening both educational aspiration and participation in young people have influenced our interpretation of the findings; nevertheless, our diverse disciplinary perspectives and research, and importantly, the data, support our concept of aspirational capacity when school and home environments synergise to create the conditions for successful realisation of a cultural aspiration to elite schools, courses and careers.

In documenting these cultures of success, we demonstrate that conditions for developing and realising aspirational capacity are not equally accessible. The elite

academic environments our participants inhabited need to be better understood to explain and break through persistent barriers to widening participation. We suggest future research could examine whether our concepts of aspirational capacity and constriction help explain conditions in settings with both high and low participation rates in Medicine and other competitive degrees. Our study also raises questions for high-performing selective schools, and for many migrant families, who, while successfully cultivating *aspirational capacity*, also contribute to *aspirational constriction*.

Declarations

Conflict of interest No financial interest or benefit has arisen from the direct applications of this research.

Ethical approval The study was approved by the Macquarie University Human Ethics Committee (Ref. No 5201500405), the NSW Department of Education (SERAP 2015155), and endorsed by the school leadership.

Consent to participate Informed consent was obtained from students and their parents.

Consent for publication Informed consent was obtained from students and their parents.

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