Health disparities stemming from inequities in healthcare are of growing concern particularly because of their existence among many of the largest growing segments of the U.S. population (Agency for Healthcare Research and Quality, 2017; National Academies of Sciences, Engineering, and Medicine, 2017). To address persistent disparities, the health professions have been compelled to increase the number of health professionals from diverse backgrounds to the existing workforce (Smedley et al., 2003; Smedley at al., 2004; Sullivan Commission on Diversity in the Healthcare Workforce, 2004). Despite these recommendations, the physical therapy profession has struggled to graduate clinicians into the workforce who are fully representative of the U.S. population. The purpose of this study was to achieve a greater understanding of the admission practices and meaning-making processes through which merit is socially constructed by faculty in physical therapist education programs. Identifying the meaning of merit and implicit and explicit values espoused by faculty will ultimately assist in the development of a better-informed approach to address underrepresentation in physical therapy education.

In its simplest sense merit represents varied criteria which form the basis of admission decisions. Throughout much of history, selective institutions of higher education constructed merit to exclude applicants on the basis of religion, gender, race, and income (Soares, 2007). For the last half century, although increased diversity has been a firmly institutionalized goal within higher education (Attiyeh & Attiyeh, 1997; Karabel, 2005; Lamont, 2009; Stevens, 2009) selective institutions and graduate programs have heavily emphasized merit criteria such as grade point averages, standardized test scores, and undergraduate degrees from other highly selected institutions, measures which are not equally distributed across all groups (Attiyeh & Attiyeh, 1997; Klitgaard, 1985; Nuciforo, 2015, Zwick, 2017). The contemporary meaning of merit includes both academic and nonacademic criteria as well as non-merit based considerations which are not directly reflective of individual accomplishments but likewise frame admission decisions.

In this study, I use Bourdieu’s (Bourdieu & Passeron, 1990) theory of social reproduction, a dynamic model of structural inequality enabling the examination of social and educational advantage. Using interpretive research methodology and case study methods, I collected data at three physical therapist education programs. To best situate the cases within the broader social structure of higher education, each of the programs possessed varied amounts of program resources and represented differing social positions within the field of physical therapy education.

The meaning of merit constructed by faculty across programs was based on an imbalanced assessment of various forms of cultural and social capital. During early phases of
review faculty often relied on academic metrics, GPA and GRE scores to narrow the applicant pool. In later stages, often following interviews, faculty distinguished among applicants on the basis of academic rigor and forms of cultural capital that signaled maturity and readiness for professional education. The individual habitus of faculty emerged as an advocate or gatekeeping orientation that functioned to orient value and judgement applied to various forms of capital. Finally, differing priorities and interests emerged within the stratified field of physical therapist education, defined the setting in which habitus and capital operated, and ultimately engendered an orientation to practice in which the meaning of merit was constructed.