



# Clinical nurses' perceptions and expectations of the role of doctorally-prepared nurses: A qualitative study in Iran



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## ABSTRACT

Nurses with doctorates are increasing in number throughout the world, yet the multitude of roles they play following graduation is unclear. The purpose of this study was to explore and describe clinical nurses' perceptions and expectations of the role of doctorally-prepared nurses in Iran. A qualitative study, using a content analysis approach was conducted with 43 clinical nurses chosen using a purposive sampling strategy. Oral, semi-structured and written interviews were used to generate data. During data analysis, three main themes emerged; "advantages of the doctoral degree", "clarification of doctorally-prepared nurses' role in clinical practice", and "unmet expectations of doctorally-prepared nurses". An understanding of the expectations of nurses on the role of doctorally-prepared nurses is needed to improve the collaboration between clinical nurses and doctorally-prepared nurses; remove misunderstandings on the abilities and skills of doctorally-prepared nurses; incorporate the expectations into doctoral education in order to facilitate their collaboration; and also remove the theory and practice gap through the utilisation of doctorally-prepared nurses' knowledge and skills in practice.

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## Introduction

The importance of nursing education in the development of the nursing profession in order to assure that patients have access to safe and high-quality care has been emphasized (Ellenbecker et al., 2005; Patelarou et al., 2009). Nurses are knowledgeable healthcare professionals who increasingly need to navigate complex and evolving systems, synthesize and integrate bodies of knowledge, and advocate for quality care in an interdisciplinary and evidence-based environment (O'Sullivan et al., 2005). Therefore, training competent nurses and preparing them for taking advanced roles is important (Dracup et al., 2005; Burton et al., 2009).

### Doctoral degrees in nursing

Integrating nursing programmes into higher education and developing nurses with critical and analytical skills, and enabling them to stand side-by-side with other healthcare professionals

have been significant advances, partially attained on the global stage (Spitzer and Perrenoud, 2006). The recognition of nursing as central to the improvement of health-care services has resulted in the establishment of higher degree programmes in nursing in an attempt to keep pace with the growing need for knowledgeable and skilful professionals (O'Sullivan et al., 2005; Pearson et al., 1997; Dracup and Bryan-Brown, 2005).

The doctoral degree is the highest distinction in scholarship and academic achievement across all disciplines (Waldspurger, 2005). It represents the pinnacle of advanced learning and scholarly enquiry demonstrated by expertise and the creation of new knowledge (Ellis, 2005). Research reports point to the increasing inadequacy of the number of doctorally-prepared nurses in the face of challenges confronted in complex healthcare systems (Spitzer and Perrenoud, 2006; Waldspurger, 2005; Bunkers, 2001), with only 1–2% of the profession doctorally-prepared globally (Spitzer and Perrenoud, 2006). These are clustered mainly in Western societies, hence the true picture is that in most countries less than 1% of nurses have a doctorate. The acute shortage of doctorally-prepared nurses has prompted the nursing profession to look to new and creative ways of delivering doctoral-level preparation (Burton et al., 2009; Leners et al., 2007), such as through clinical and professional doctorates in addition to the traditional Doctor of Philosophy (PhD) route.

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However, one of nursing education's major challenges is in addressing the lack of clarity surrounding the role doctorally-prepared nurses play (Bunkers, 2001), and the potential for developing their role in all spheres of nursing practice. For instance, the scope of competencies required and work description is unclear, complicated and diverse (Spitzer and Perrenoud, 2006). A lack of appropriate work experience in healthcare settings (Vaismoradi et al., 2011), and faculty member shortages are the main obstacles to the employment of doctorally-prepared nurses in clinical practice. Therefore, currently their only presence in clinical practice is in teaching bachelor's degree students during clinical placements.

### *Significance of doctoral degree in nursing*

The purposes of doctoral degrees in nursing are (i) to advance the science of nursing through research and theory development (Waldspurger, 2005), (ii) to contribute to the body of nursing knowledge, and (iii) to provide leadership to the profession (O'Sullivan et al., 2005; Dracup et al., 2005; Burton et al., 2009; Yavuz, 2004). The nursing profession relies upon doctorally-prepared nurses to generate new nursing knowledge and prepare other nurses for careers in research, education, advanced clinical practice and health-policy (Brar et al., 2010). Having a nursing doctorate confirms the academic standing of nursing and promotes scholarly knowledge development of the discipline as well as enabling nurses to engage in policy discussions with reasoned arguments and objectivity (Ellenbecker et al., 2005; Bunkers, 2001). Doctorally-prepared nurses are expected to respond to the needs of the public and to meet practice and policy requirements for leadership in the healthcare system (Burton et al., 2009; Waldspurger, 2005). Thus, they are needed in the nursing discipline to further develop and expand the science, as well as to prepare its future educators, scholars, leaders, and policy makers (Yavuz, 2004; Hisar and Karada, 2010). The future of nursing will be shaped by human decisions and actions, and if nurses are going to be involved with shaping their own future, the number of doctorally-prepared nurses needs to increase (Smedley, 2008).

### *Background of doctoral education in nursing in Iran*

Iran has only one doctoral nursing route, that of the Doctor of Philosophy in Nursing. The PhD is considered as essential research training to enable a nursing graduate to enter his or her profession as a competent researcher (Kirkman et al., 2007).

Efforts to establish the nursing doctoral degree in Iran started in the 1980s, and in 1996, Tabriz University of Medical Sciences admitted two students to the programme. From 1996 to 2010, 14 medical sciences universities throughout the country have offered this degree to Master's graduates of nursing (Iranian Nursing Scientific Organization, 2010). Master's degree graduates who have passed an English language test and taken a placement test are interviewed by the Iranian Board of Nursing (IBN) to be admitted to the doctoral programme. The programme consists of 25 credits theoretical courses with a concentration on nursing theory and research, and 20 credits for the dissertation (Tehran University of Medical Sciences, 2010). By the end of the fourth semester, students take the comprehensive examination, to ensure students have achieved the background academic knowledge of fundamental issues addressed in the theoretical courses. The examination is divided into two parts: written and interview. After completing the exams, students select dissertation topics based on their interests and healthcare system issues. After topic approval and proposal defence, the postgraduate department committee evaluates the student's progress every 6 months through public

defence sessions. Finally, the committee evaluates the student's progression and grants public defence permission.

Postgraduate nursing education requires constant updating to ensure its relevance, currency, quality and utility for developing nursing theory and practice. Accordingly, understanding how doctoral education is perceived by clinical nurses can be helpful in evaluating what works and what does not work in doctoral education, which will ultimately lead to a higher quality programme (Leners et al., 2007). Since little information is available about the doctoral degree and how doctorally-prepared nurses are involved in the Iranian healthcare system, the present study explored and describes clinical nurses' perceptions and expectations of the role of doctorally-prepared nurses.

## **Methods**

### *Design and participants*

A qualitative design was used in this research. Qualitative methodology involves the systematic collection, organization, and interpretation of textual material derived from interviews or observations (Malterud, 2001). This design was deemed suitable because it utilises the voiced experiences of those who have firsthand knowledge of encountering doctorally-prepared nurses in clinical practice.

In this study 43 clinical nurses, including staff nurses, head nurses, clinical and educational supervisors, and senior nurse managers (matrons) working in five teaching hospitals in an urban area of Iran, were selected using the purposive sampling method (Coyne, 1997). Choosing different nurses in terms of work positions was in line with maximum variation sampling in order to capture a range of perspectives and experiences (Coyne, 1997). Nurses were recruited by written invitation informing them of the aims and methods of the study and asking them to indicate their willingness to participate.

Of the 43 participants, 68.5% were female. In addition, the majority (53.7%) had worked in nursing between 10 and 20 years. The majority (81.5%) had a bachelor's degree with the remaining holding a master's degree in nursing. 50% were aged between 30 and 40 years and 33.4% were more than 40 years old.

Having bachelor's degree in nursing, having experience of working as a clinical nurse for at least one year, and willingness to participate in this study were the main inclusion criteria employed for the selection of the participants.

### *Data gathering*

Semi-structured interviews, face-to-face (with 30 nurses) and written (with 13 nurses) were held with the participants at their convenience. Some participants were willing to participate in the study only if the study questions could be answered in writing. Therefore, in order not to lose their perspectives, written interviews were held with them. The same set of questions was provided to the other participants. Withal participants were given a sheet containing the study aims, methods and questions. They were given enough time to answer the questions in the presence of the first author to remove probable misunderstandings and answer their inquiries.

The oral interviews were conducted by the first author in nursing wards and nurse managers' offices in the clinical settings, convenient to the participants.

Each interview lasted for about 60 min. The main questions asked during the interviews were as follows:

- What do you know about doctoral degrees in nursing?
- What are your expectations of the role of doctorally-prepared nurses?

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