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# Re-visioning the doctoral research degree in nursing in the United Kingdom

Christopher R. Burton <sup>a</sup>, Joy Duxbury <sup>b</sup>, Beverley French <sup>b</sup>, Rob Monks <sup>b</sup>, Bernie Carter <sup>b,\*</sup>

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#### **KEYWORDS**

Doctoral research programme; Nursing; Health care; Skills training; Leadership

In the light of concerns about the wider social and economic value of the PhD training programme, this article discusses the challenges being directed primarily at the traditional doctoral programme of study. While the PhD is primarily concerned with the student making an original contribution to knowledge, the value-added component of the doctoral research degree needs to respond to the needs of a wider market of purchasers, and to meet practice and policy requirements for research leadership. The United Kingdom Research Councils (UK GRAD, 2001 Joint Skills Statement of Skills Training Requirements. Available at http:// www.grad.ac.uk/downloads/documents/general/Joint%20Skills%20Statement.pdf (last accessed 1st April 2008) suggest a range of seven skill domains over and above research design and management that should be offered to students. The seven domains are research skills and techniques, participation in the research environment, research management, personal effectiveness, communication, networking and team working, and career management. This article develops and extends these skill domains for the current healthcare context and considers how these should guide the development and evaluation of the value-added components of doctoral research degree programmes in nursing. The challenges that these issues present to academic departments are also discussed. Our conclusion is that PhD research training needs re-visioning and broadening so that the students' experience includes these value-added components.

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E-mail address: bcarter@uclan.ac.uk (B. Carter).

#### **Background**

The defining feature of a doctoral research degree (PhD) programme is that the student makes an

 <sup>&</sup>lt;sup>a</sup> School of Healthcare Sciences, University of Bangor, Bangor, Gwynedd LL57 2EF, United Kingdom
<sup>b</sup> School of Nursing and Caring Sciences, University of Central Lancashire, Preston, Lancashire, PR1 2HE, United Kingdom

<sup>\*</sup> Corresponding author. Tel.: +44 1772 893720; fax: +44 1772 894968.

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original contribution to knowledge. This is achieved through an approved research project, supervised by experts in the subject discipline and methodological approach. As nursing has developed worldwide as an academic discipline, so increasing attention has been paid to doctoral programmes in nursing (Galvin and Carr, 2003 p304; Kirkman et al., 2007; Upvall and Ptachcinski, 2007). McKenna (2005) notes that detailed global statistics relating to the number of nurses who are doctorally prepared are not readily accessible and Ketefian (2008) highlights the dearth of doctoral programmes and doctorally prepared nurses in developing countries. The United Kingdom Clinical Research Collaboration (UKCRC, 2007) report quotes, 900 nurses were registered on UK PhD programmes within nursing/midwifery in 2005. Of these only 8% were aged 29 years or under, with the majority (over 60%) aged 40 or over. Of those midwives and nurses working in UK University Hospitals, fewer than 1 in 10 have a research degree.

Concerns about the wider social and economic utility of traditional research training programmes for the UK and elsewhere in the world (Boud and Tennant, 2006; Neumann, 2005) have generally renewed interest in the value-added component of research degrees (The Higher Education Funding Council for England (HEFCE, 2000). Knowledge is increasingly being defined economically rather than epistemologically (Usher, 2002) and nursing knowledge is being similarly defined. The fact that a successful student has added to a body of knowledge would no longer seem to be enough to justify the social investment in research degree funding (Usher, 2002; Tennant, 2004). This should be of particular concern to academic departments of nursing grappling with the sustainability of student admissions. and seeking to ensure student retention and completion. Increasingly, academic departments will need to respond to the needs, values and sometimes conflicting goals of a wider market of purchasers, such as individual students, employers, regional and national commissioners of education and training, as well as more traditional governmental and charitable funders of research degree fellowships. In addition to reflecting national initiatives to improve research capability, the different requirements of purchasers will need to inform the design and structure of research degree programmes. Another pressure highlighted by Kirkman et al. (2007) and Hinshaw and Leino-Kilipi (2005) is the expected 'greying of the professoriate' which will further limit supervisory capacity in many countries over the next decade (Long, 2007). In this position paper we focus primarily on the traditional route to a PhD in nursing in the UK but acknowledge that our discussion is shaped and informed by the debates resulting from the alternative PhD routes. Our discussion is contextualised within the international literature as the challenges faced in the UK are mirrored elsewhere in the world.

#### The doctoral research degree

As an academic credential marking advanced study and training in research, the pre-eminent position of the traditional research degree is clearly under scrutiny (Ellis, 2005; Usher, 2002). McAlpine and Norton (2006 p4) note that "epistemological guestions are being raised about the nature of the doctorate, which has traditionally included lengthy study, original research and thesis preparation". Pressure to change is also compounded by a range of factors including declining numbers of applicants, economic uncertainty and limited confidence in the career benefits of existing doctorates (Johnston and Murray, 2004). McAlpine and Norton (2006) model of nested contexts (department-disciplinary context; institutional context; societal-supra societal context) which influence retention and completion illustrate how many interlocking issues are influential. Nyquist and Wulff (2003) argue that current graduate education does not adequately match the needs and demands of broader society and fails to provide systematic and appropriate supervision, resulting in high attrition rates amongst doctoral students. Furthermore, the overall quality and coherence of the learning experience of doctoral students has come under significant attack, having been described as a national concern (Johnston and Murray, 2004). The establishment of nursing PhD consortia (see for example, Long, 2007) or a virtual research community (see for example, Effken et al., 2008) are measures which have been taken in the USA to address some of these challenges.

However, questions remain as to the purpose of academia in the knowledge economy, and a clear picture of the aspirations of commissioners or students themselves is lacking at a strategic level (see also McKenna, 2005). There are pressures to link higher education more closely to the workplace (Nixon et al., 2006) albeit that most focus is on undergraduate and taught postgraduate courses and the requirement to develop a portfolio of skills (Craswell, 2007). Given these pressures, the need to accommodate new ways of structuring doctoral degrees underpinned by new ways of producing knowledge is inevitable. There are early indications that traditional structures and management processes need to change (Malfroy and Yates, 2003).

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