



Nurses who are doctors (PhD): why do they do it and where do they go?

Susan Hampshaw and Professor Jo Cooke RCN International Nursing Conference and Exhibition 2019 Thursday 5th September





Our interest:



- Medical doctors routinely supported joint research and clinical career.
- Not the case for Nurses, Midwives and Other Allied Health Professionals (NMAHP)
- 'PhD is considered the gold standard and mark of an independent researcher' (Powell and Green, 2007)
- Little known about what happens to NMAHPs who undertake a doctorate





Background

- 'nurses at doctoral level should be part of the clinical workforce" (Willis Report, 2015)
- 'last 30 years numbers aspiring to doctoral level education increasing in both HEI and clinical settings (Moule et al, 2017)
- 'little is known about integrated [...]careers and, at least in nursing most doctoral graduated work in the academy' (Wilkes at al 2015)
- Previous work highlights NHS NMAHP clinical academic structures are inconsistent at best or non-existent (Cooke et al., 2016).





Research Question

How do Nurses, Midwives and Allied Health Professionals (NMAHPs) who are doctoral graduates value their doctoral experience?

Aims:

- Develop insight into the motivations of NMAHPs to study at doctoral level
- Understand the career pathways for NMAHPs and the role of their doctorate within this





More generally ...

- Focus on increasing & improving doctoral level study (The Royal Society 2010; Department for Education, 2015; Bryan and Guccione, 2018).
- Benefits of doctoral study to both society and the individual (Neumann and Kim Tam, 2011; Diamond et al, 2014)







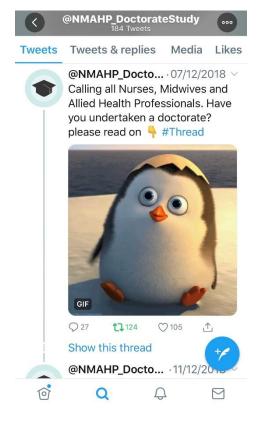
Methods

- Literature review
- Develop & pilot survey instrument
- E-survey (complete)
- Recruitment via professional networks and Twitter (185 tweets)
- Survey (5/2/19-15/3/19)
- Ethics approval TUoS











How do Nurse, Midwives and Allied Health Professionals who are doctors value their doctoral experience? Let's find out. Please complete, RT and forward this survey goo.gl/forms/ktlCruyd... #NMAHP





@NmahpD DATA- 429 followers

Pre-launch tweet: 33,541 impressions: RT 124

Launch tweet: 13,595 impressions: RT 72

228 responses to the survey #academictwitte

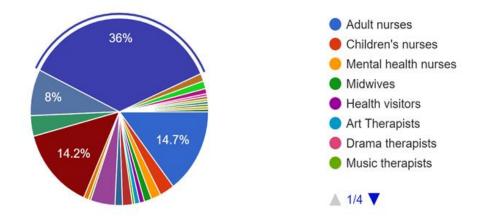




Who completed the e-survey?

8) Which of these professional groups do you belong?

225 responses

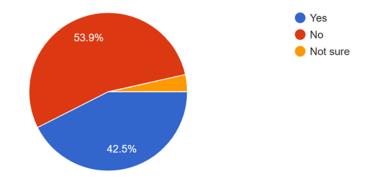


- 228 responses largest response from clinical scientists (36%)
- Nurses (21%)
 - 75% adult nurses
 - 46% undertook their PhD in an inpatient setting
 - 82% studied part time in comparison to 60% of all respondents





16) Before starting your doctorate had you taken part in any organised research capacity building activities ...ernships, shadowing, short courses etc)



	All respondents	Nurses
Previous capacity building	43%	48%
Employer funding	30%	27%
Self funding	22%	9%

228 responses





Motivations:

Professional development

Intellectual curiosity

Seeking a career in academia

"the consultant I was a research nurse for wanted to be a professor so he needed PhD students so would only continue to fund me if I did one"

"part of a funded research study and I chose to self-fund a PhD alongside"

"I was active in research prior to undertaking my doctorate. My goal [...] was to develop as a clinical leader in my trust and professional organisation and grow into a independent researcher, winning grants to support my area of study"





Benefits

% strongly agree (ALL)	%strongly agree (Nurses)
81	77
90	84
77	84
57	68
54	52
56	64
54	57
62	55
45	50
60	59
65	55
	agree (ALL) 81 90 77 57 54 56 54 62 45 60





The extent able to use these benefits ...

"Routinely used in supporting clinical work and service development" (nurse specialist)

"Very much so - but undervalued clinically - paid as a band 6 with no prospects of improvement in NHS, only progression possible is in academia unfortunately "(lecturer practitioner)

"The personal benefits from undertaking a PhD result in a great deal of frustration in the workplace because the environment, your colleagues, the context within which you work and they way you are regarded do not changed. You are equipped with greater insight, a more curious mind and a better ability to problem solve and critically analyse but the culture of the NHS is not ready for it." (nurse consultant)







The extent able to use these benefits ...

"It facilitated my career change and has informed most of subsequent activities and ways of working/thinking. I don't believe the doctorate is the end stage of this process, but rather the beginning of 'the next phase'. I guess thinking of it as a research apprenticeship provides some greater context here, as much further development happens post doc and, in my experience, you're always developing" (senior lecturer)

"I have left the clinical bit' of my role due to persistent lack of understanding of the clinical team. The 'where is she/why isn't she with patients full time' (in a 50:50 role) became too much to bear. So now I have a part time academic role where I am able to utilise all my skills both for myself and in supporting others on a clinical academic pathway. My team/hospital is totally medically dominated and the nurse consultant and clinical academic roles are still not understood (10 years later) sadly I'm afraid they never will be." (clinical academic)







The extent able to use these benefits ...

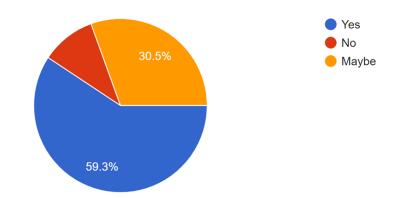
"The doctorate is relevant to my role, but I didn't need it as such. In fact colleagues without have gone higher in career development. I think actually that I undertook a phd too late in my career- having done various nursing roles. In the past, being interested in academic study was a bit of slur when in the clinical area and I seemed to be regarded as someone not committed to the clinical area or not having strong practical skills. I found PhD study challenging as a part time student, and was unable to achieve the deadlines etc as I would have liked- although I got there. I actually have lost a lot of confidence in my abilities and feel a bit intimidated by the 'bright young things' who have done this level of study in a more timely manner. I also realize that having taken so long to complete a PhD I am probably am too old to capitalise on this qualification in terms of career progression so have questioned whether it was at all worth the sacrifice as an older student with family -children and older relatives- commitment." (nurse lecturer)





20) Do you think these skills are valued by your employer

226 responses



"In theory the skills are valued, and that is what my employer would report. However in reality so far there has been little evidence of this, and few new or extended opportunities (different to what I was doing before my PhD) to access to consolidate these skills" (nurse consultant)

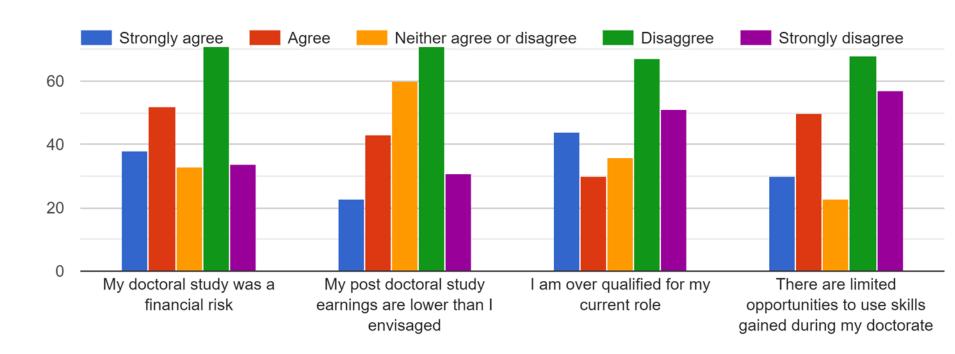
"I don't think it's high on the agenda for job progression within my organisation" (nurse practitioner)

"I now work in a university and these skills are highly valued and essential to the role. I don't think they were valued by the hospital I was working for just before I completed my PhD. The hospital did not support me (time or finances), and my role in research development was fixed term and contract not renewed" (professor)



Risks

22) Research suggests that completion of a doctorate can also be considered a risk. Thinking about your ...ree with the following statements?







Implications of the study...







Questions







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