



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

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# Our interest:

- Medical doctors routinely supported joint research and clinical career.
- Not the case for **Nurses**, Midwives and Other Allied Health Professionals (NMAHP)
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# 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).





# More generally ...

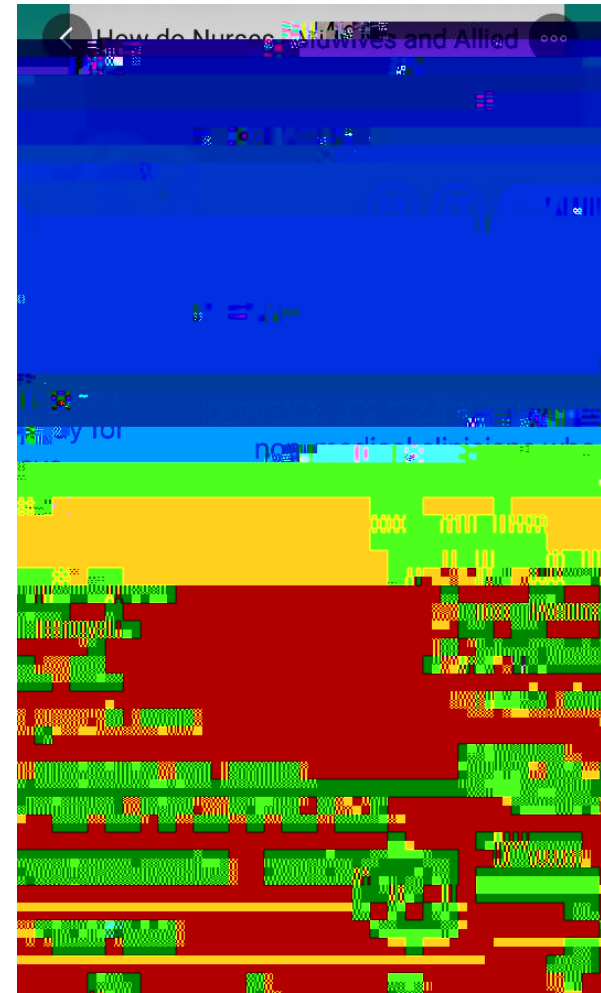
- Focus on increasing & improving doctoral level study (The Royal Society 2010; Department for Education, 2015; Bryan and Guccione, 2018).
- Benefits of doctoral study to both society and the individual (Neumann and Kim Tam, 2011; Diamond et al, 2014)

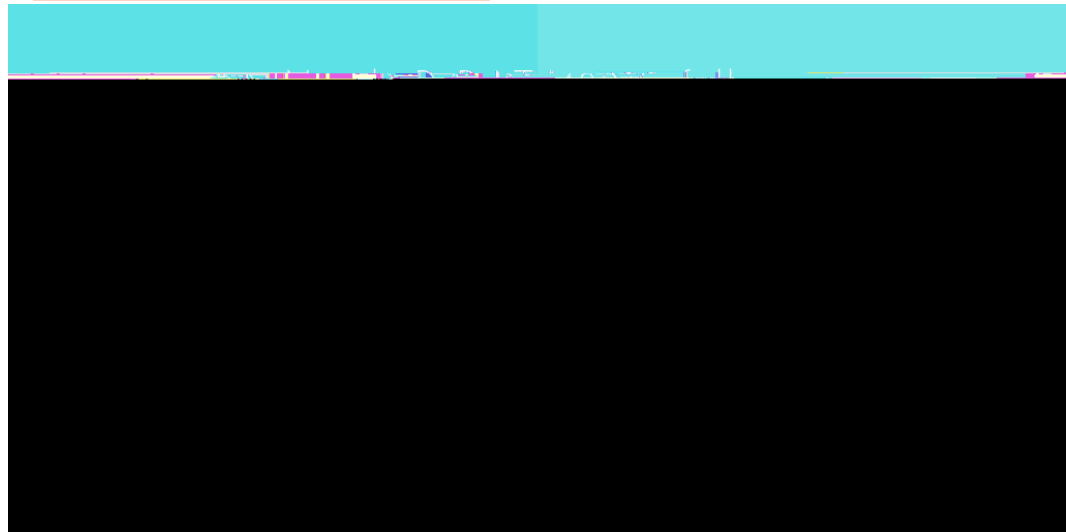
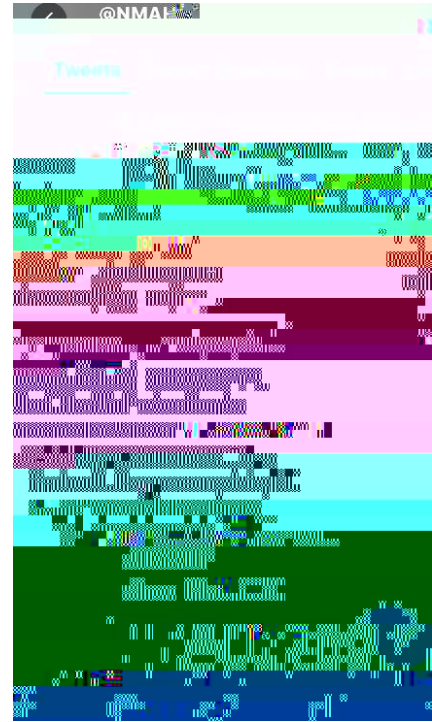
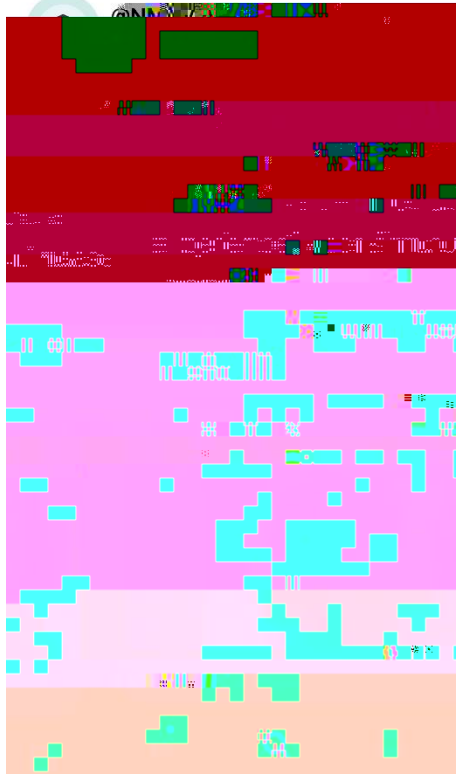
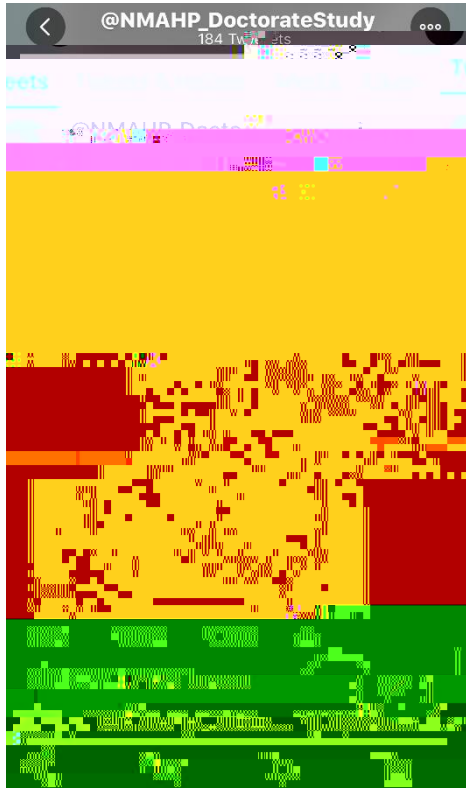




# Methods

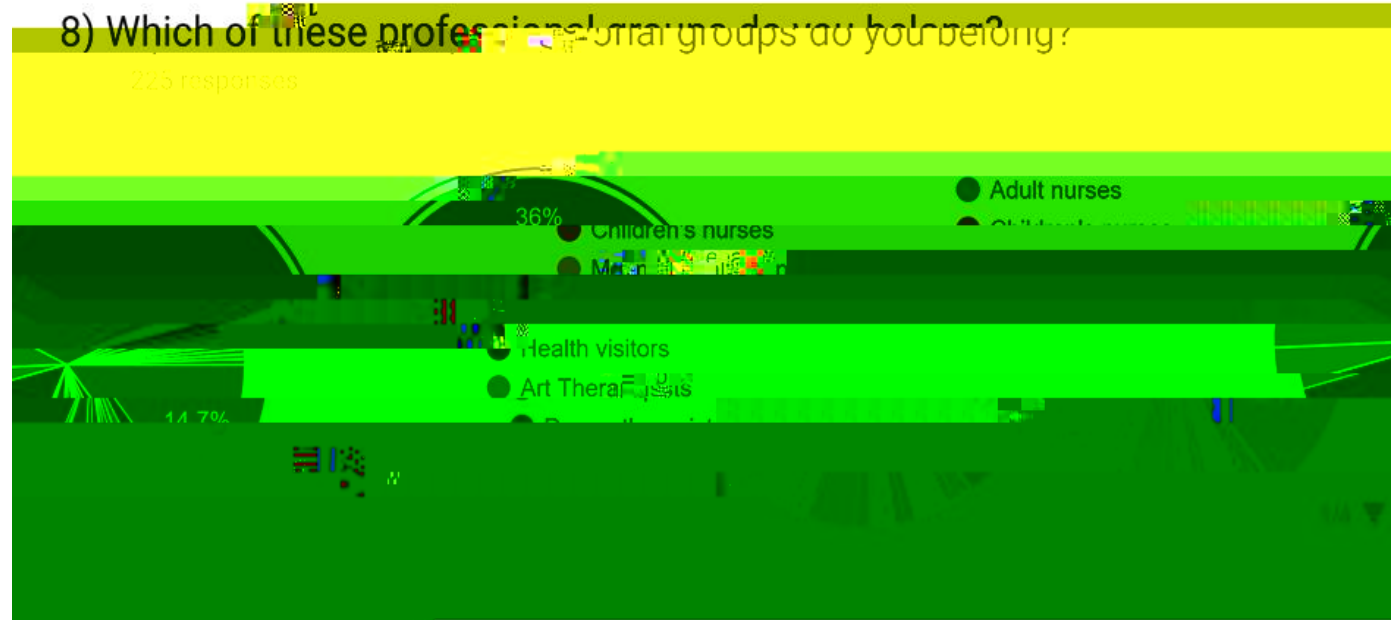
- Literature review
- Develop & pilot survey instrument
- E-survey (complete)
- Recruitment via professional networks and Twitter (185 tweets)
- Survey (5/2/19-15/3/19)
- Ethics approval - TUoS





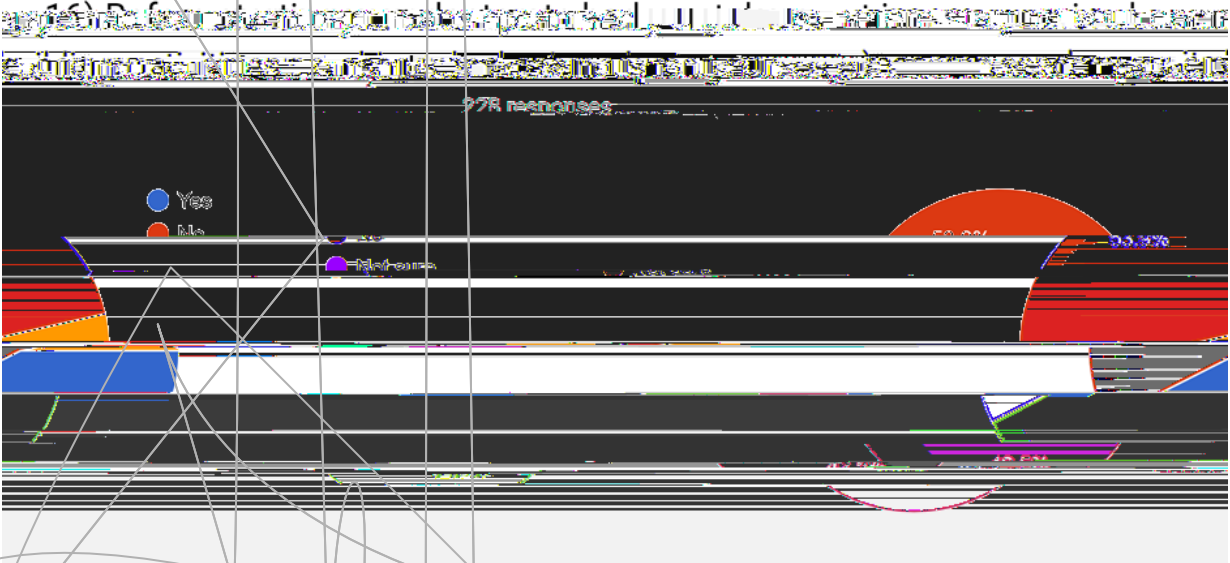


# Who completed the e-survey?



- 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





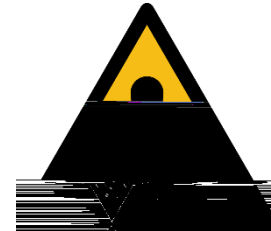



## Motivations:

*“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”*







## The extent able to use these benefits ...

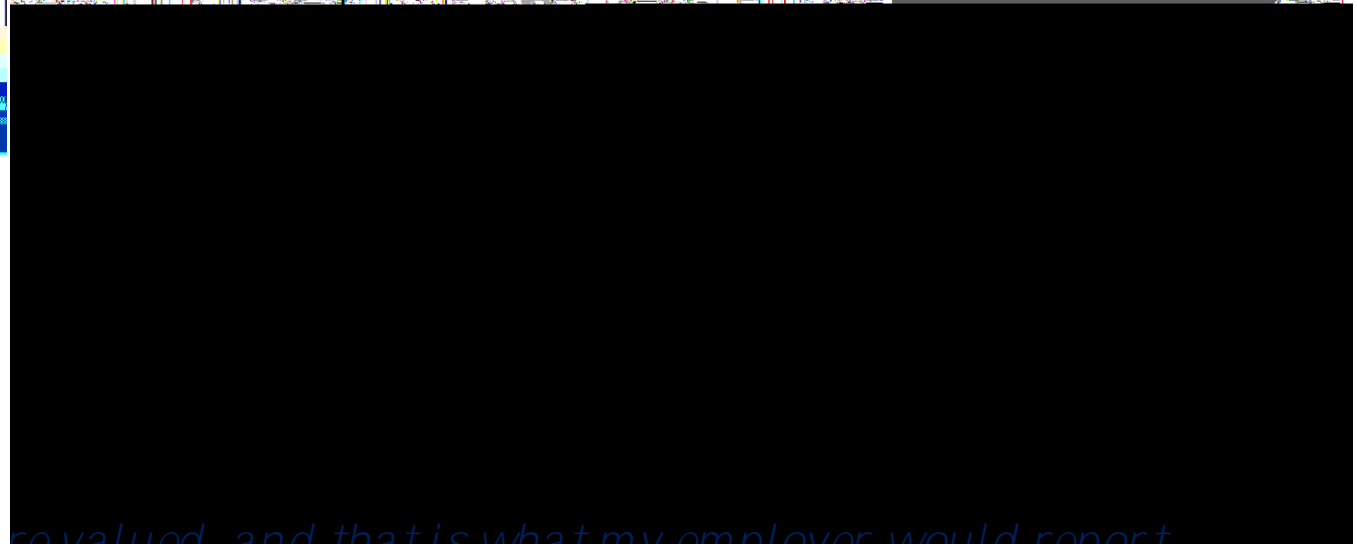
*"It facilitated my career change and has informed most of subsequent activities and ways of working/thinking. I don't believe the doctorate is the end stage of this process, but rather the beginning of 'the next phase'. I guess thinking of it as a research apprenticeship provides some greater context 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 in the lab' question is a common one."*



## The extent able to use these benefits ...

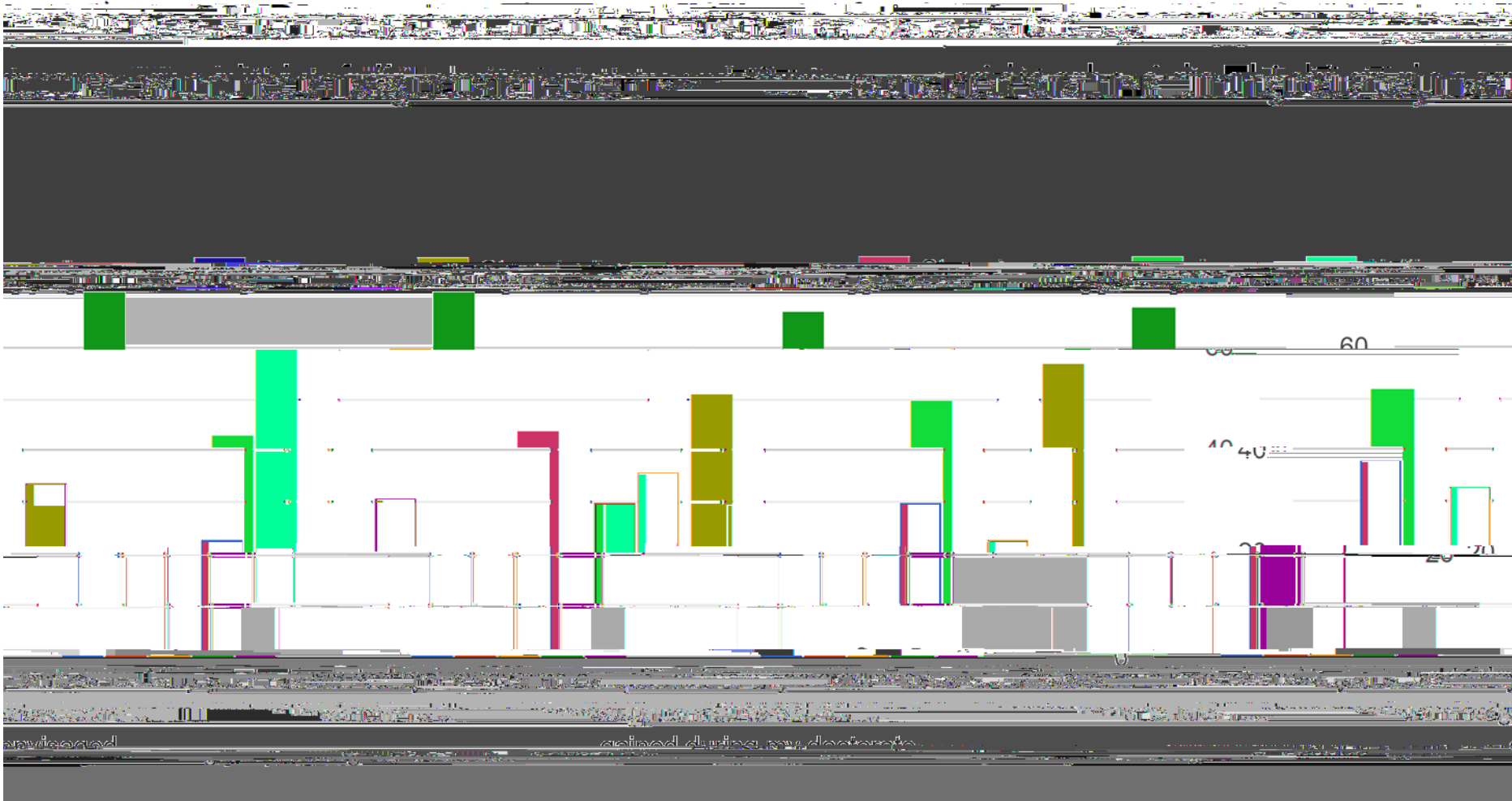
"The doctorate is relevant to my role, but I didn't need it as such. In fact colleagues without have gone higher in career development. I think actually that I undertook a phd too late in my career- having done various nursing roles. In the past, being interested in academic study was a bit of slur when 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)



*"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"*

# Risks







# Implications of the study... <sup>17</sup>





# Questions



