Professional doctorates for nurses: mapping provision and perceptions

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Aim. This paper reports a study to map the range of developments of professional doctorates in the United Kingdom (UK) and report the views of key stakeholders as to the value of the professional doctorate relative to the more traditional PhD.

Background. As the highest university degree that can be awarded, the traditional Doctor of Philosophy (PhD) represents the pinnacle of advanced learning and scholarly enquiry, demonstrated by subject expertise and the creation of new knowledge. The last decade the UK has witnessed the introduction of an alternative form of doctoral preparation for nurses and other health care professions known as the taught or professional doctorate, a form of doctoral provision not unlike the United States of America (USA) model of PhD in Nursing.

Methods. An illuminative evaluation was carried out in date in the UK in 2003. Data were collected using content analysis of curricula and related documentation, and telephone interviews with 55 academics at 41 institutions of higher education.

Results. Mapping of the professional doctorate revealed a continuum of provision from highly prescriptive to minimally prescriptive programmes and a wide range of attitudes towards the professional doctorate, varying from enthusiasm through ambivalence to scepticism.

Conclusion. Educators face an uphill battle in convincing practitioners of the efficacy and value of continuing professional education at doctoral level, a challenge that is likely to be increased by the general lack of clarity and consensus amongst academics reported in this study. Shared understanding of the concept of a professional doctorate is needed if the benefits of these programmes are to be realised.

Keywords: professional doctorates, taught doctorates, Doctor of Philosophy, postgraduate education, nursing education, illuminative evaluation

Background

The professional or taught doctorate has been a feature of nursing education in the United States of America (USA) since the 1950s (Edwardson 2001) but it is only in the last decade that such degrees have been introduced in the United Kingdom (UK). Nursing is not unique in offering professional doctorates and they figure in several practice-related disciplines such as physiotherapy (Rothstein 1999) and pharmacology (McPherson et al. 1999). According to the literature, such programmes arose largely in response to the perceived deficits of the more traditional Doctor of Philosophy (PhD route), which was viewed by many as divorced from the realities of practice and producing doctorally-prepared individuals who were equipped primarily for a future career in academia (Atwell 1996, McKenna 1997, Borbasi et al. 1998).

These considerations are now highly relevant to the UK, where recent developments such as the introduction of the Nurse Consultant [Department of Health (DoH) 1997, National Health Service Executive (NHSE) 1999] and the government’s recognition that the success of its ambitious reforms for the National Health Service will depend on having a well-educated workforce (DoH 1999a, 1999b) have stimulated debates about the nature and purpose of nurse education...
at all levels. Moreover, postgraduate research degree programmes have come under scrutiny in an attempt to enhance the quality of provision through the development of threshold standards and a framework of good practice [Higher Education Funding Council for England (HFCE) 2003].

Such developments are opportune, given the recent proliferation of professional doctorates for nurses in the UK and lack of empirical and theoretical literature on their role and value. Furthermore, despite almost 50 years experience of offering professional doctorates in the USA, there is little conceptual clarity as to the purposes and benefits of such programmes (Edwardson 2001), which remain under-theorised and under-researched (Green 1997). As Edwardson (2001 p. 103) asserts:

By taking positions early (emphasis added) in the development of the programmes, the profession may be able to prevent some of the confusion currently created...

It seems prudent to heed such advice in the UK so as not to replicate the currently confused situation that exists in the USA. While the full impact of the professional doctorate in the UK is unlikely to be realised for some time, the study on which this paper is based was an attempt to explore hitherto largely uncharted territory, and so contribute to the body of knowledge and burgeoning debate on the place of the professional doctorate.

The study

Aims

The aims of the study were:

- to map the range and on-going development of professional doctorates for nurses in the UK;
- to describe the views of key stakeholders as to the role and value of the professional doctorate relative to the more traditional PhD.

Design

A multimethod, multiphase approach was adopted, informed by modified illuminative evaluation (Parlett & Hamilton 1987, Ellis 2001, 2003). The first phase entailed ‘reconnaissance’ of the topic area, comprising a review of the multidisciplinary literature on professional doctorates and a mapping of current and planned provision in the UK. The second phase of the study will involve purposively selecting programmes from the range of provision identified during phase 1. and using an illuminative case study approach (Ellis 2003) to explore in depth the actual and perceived impacts of these programmes longitudinally. This paper reports the empirical findings of phase one that was undertaken from March to December 2003.

Participants

Contact was made with the head of all Higher Education Institutions (HEIs) in the UK (n = 74), via the Council of Deans (CODs) to seek permission to approach programme leaders of current or intended programmes, the postgraduate tutor responsible for PhD students, and other key personnel. Fifty-five academics from 41 institutions agreed to participate in the study, while only two academics declined to participate. Most but not all respondents were senior academic nurses (see Table 1) and, while not all were involved directly with a professional doctorate (see Table 2), they were keen to share their views.

Data collection

Data collection methods consisted of telephone interviews and documentary analysis of curricula and other related documentation. Programme-related materials were obtained...

Table 1 Respondents’ professions

<table>
<thead>
<tr>
<th>Profession</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>44</td>
</tr>
<tr>
<td>Educator–non-nurse</td>
<td>2</td>
</tr>
<tr>
<td>Social scientist*</td>
<td>2</td>
</tr>
<tr>
<td>Statistician*</td>
<td>2</td>
</tr>
<tr>
<td>Sociologist</td>
<td>1</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>1</td>
</tr>
<tr>
<td>Microbiologist*</td>
<td>1</td>
</tr>
<tr>
<td>Psychologist</td>
<td>1</td>
</tr>
<tr>
<td>Psychotherapist*</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
</tr>
</tbody>
</table>

*Also a nurse

Table 2 Respondents’ job titles and the numbers currently or intended to be course leaders

<table>
<thead>
<tr>
<th>Job title</th>
<th>n</th>
<th>Current or intended course leader (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean or Head of School</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Professor/Associate Professor</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Senior or Principal Lecturer</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Postgraduate Tutor</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Head of Curriculum and or Practice Development</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Reader</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Lecturer</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>21</td>
</tr>
</tbody>
</table>
from various sources including: university web sites; postgraduate prospectuses; validation documents; course handbooks; programme leaflets/booklets; advertising materials; and course regulations for the academic period 2002–2003. Professional journals and the national press were also regularly scrutinized during the study period for advertisements for postgraduate degree programmes. These processes were aimed at ensuring that, wherever possible, all current and intended programmes were identified. Semi-structured telephone interviews (tape recorded) were conducted using a guide consisting of both open-ended and precoded questions exploring the structure and characteristics of programmes and respondents’ perceptions and experiences of the professional doctorate compared to the PhD.

Ethical considerations

The project received ethical approval from a Multicentre Research Ethics Committee and the school of nursing research ethics committee where required. Informed consent was obtained from all participants and the method of recruitment ensured that the study adhered to the UK Data Protection Act. Respondents were guaranteed anonymity.

Data analysis

Interviews were transcribed and analysed following each one wherever possible, with initial findings being used to inform subsequent interviews. Programme documentation and telephone interviews were scrutinized using a process of constant comparative analysis (Glaser & Strauss 1967) aided by latent content analysis (Woods & Catanzaro 1988). Recurring themes were identified and searches were made for patterns and connections within and between themes. Analysis was guided, but not constrained by, the issues raised in the literature.

Findings

Incidence and growth in professional doctorates over the last decade

The first professional doctorate for nurses and midwives in the UK was launched in 1995 and there has been a steady increase in provision since (see Figure 1). By January 2004, 23 universities in the UK were offering a professional doctorate for nurses, whilst a further 10 planned to introduce such a programme in the next 2 years. Notably, a further 15 institutions indicated that a professional doctorate was on their strategic agenda, while only six had no plans to introduce one. By the year 2005, according to these data,

Figure 1 Current and intended Professional Doctorates for Nurses and Midwives in the UK.

33 institutions in the UK will offer a professional doctorate for nurses, which is a major increase in provision.

Key characteristics and range of provision

Diversity of programme title, named award and nomenclature

There was little standardization across the programmes and limited reference to the quality assurance agency benchmark statements for doctoral level study (Quality Assurance Agency for Higher Education 2001). This was exemplified by the variation in programme title, named award and use of nomenclature, with almost as many titles and awards as professional doctorates. Of the 23 programmes studied, only five had the same or a similar title: the Doctorate in Nursing Science \( n = 3 \) and the Doctorate in Nursing \( n = 2 \). Programme titles fell into one of three categories, reflecting whether the programme was aimed at a single profession or a range. Over two-thirds of programmes were multiprofessional \( n = 16 \), leading to a generically-named award such as Doctor of Health Sciences; the remaining were uniprofessional \( n = 7 \), targeting nurses or midwives only. Over the last decade, the number of programmes aimed only at nurses has declined, while multi-professional programmes have increased incrementally, perhaps reflecting the introduction of interprofessional learning (DoH 2000).

However, some of the multiprofessional programmes \( n = 5 \) reflect an underlying professional focus, for example the ‘professional doctorate’, leading to one of four named
The level of specificity was further increased by another programme indicating the specific focus of study, for example, Doctorate in Professional Studies in Health. The latter reflected the introduction of the role of Nurse Consultant in the care of older people, and this level of specificity might appeal to students seeking an award with currency in a defined area of practice. Some more established programmes had revised their programme titles to include the term ‘science’, which was perceived to ‘increase the credibility’ of the professional doctorate. In all instances these were uniprofessional programmes aimed at nurses and/or midwives. Such changes may reflect the professionals’ general lack of confidence since, compared with other disciplines, nursing is a relative newcomer to higher education.

The doctorate itself was variously described as a taught, clinical, practice, specialist, or professional doctorate. These terms were sometimes used interchangeably within the same document, highlighting inconsistencies between and within programmes. Several respondents indicated an aversion to the term ‘taught’ doctorate on the grounds that this denigrated the programme, only to use the term later during the same interview.

**Aims and intended outcomes**

Despite the variation in programme title and named award, all required that students demonstrate evidence of independent critical judgement and an original contribution to the body of knowledge, outcomes consistent with the traditional PhD. However, in addition, students enrolled on a professional doctorate were also required to demonstrate the impact of their knowledge within a professional context; exposed to a range of methodologies; and assume leadership roles. This is perhaps best captured in the following extract, where the programme aims to: ‘develop leaders in the field, practitioners skilled in research methods able to contribute to the advancement of clinical practice (Student Handbook No. 7). In these terms, more was expected of students enrolled on a professional doctorate than on a PhD.

Educators also agreed that the professional doctorate was introduced for the advancement and improvement of practice, this being ‘the hallmark of professional doctorates’. However, respondents varied in their definitions of what constituted ‘practice’. Some limited this to clinical practice, whilst others viewed practice more widely and included education and management, potentially widening the pool of applicants.

**Professional doctorates: a continuum**

The data suggested that professional doctorates can be conceptualized along a continuum, from a highly structured, modularized programme to a minimally prescriptive model not unlike the Doctor of Philosophy (PhD) (Table 3). Professional doctorates may be located at any point along this continuum, depending on their individual characteristics. This provides a useful frame of reference for considering the attributes of each doctorate relative to the PhD, the model normally used as the comparator for professional doctorates.

The more prescriptive doctorates tended to be highly structured, modularized and incremental, with students being required to attend modules in a predetermined order over a designated period, usually a semester. Such a model is normally associated with taught Master’s degrees. Indeed, three centres modelled their professional doctorate on their Master’s-level provision, without reference to other programmes offered by the same institution, for example the Doctorate in Education (EdD).

This linear approach was in contrast to the least prescriptive programmes, which had no discrete modules but instead were loosely organized around study themes or practice-focused elements designed to meet the intended outcomes. The least prescriptive programmes were also inclined to offer a more individualized form of assessment, with students selecting the focus and title of their assignments. However, of the 23 professional doctorates currently offered, the majority (n = 17) fell nearer the more prescriptive end of the continuum, with seven being highly prescriptive. Most of these were designed for nurses and midwives only. In stark contrast, only two programmes fell at the other end of the continuum, being minimally prescriptive and therefore nearer to the PhD in design.

<table>
<thead>
<tr>
<th>Table 3 Continuum of Professional Doctorates</th>
</tr>
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<tbody>
<tr>
<td><strong>Least prescriptive</strong></td>
</tr>
<tr>
<td>• Bespoke assessment</td>
</tr>
<tr>
<td>• Consultation with students</td>
</tr>
<tr>
<td>• Student participation high</td>
</tr>
<tr>
<td>• Content student driven</td>
</tr>
<tr>
<td>• Variety of modules and choice</td>
</tr>
<tr>
<td>• Variation in modes of delivery</td>
</tr>
<tr>
<td>• Student control high</td>
</tr>
<tr>
<td>• Fewer attendance requirements</td>
</tr>
<tr>
<td>• Study themes or practice focused elements</td>
</tr>
<tr>
<td>• Integrated modular approach</td>
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<tr>
<td>• High negotiation</td>
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<tr>
<td>• Interim awards</td>
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Antecedents of the professional doctorate

Several factors were noted as having prompted the introduction of the professional doctorate, including the perceived limitations of the PhD, the advent of the Nurse Consultant role, and the institution’s need to remain competitive – the latter being the most cited reason.

Staying ahead of the academic game

The integration of Schools of Nursing into HEIs in the UK during the 1990s resulted in a proliferation of postgraduate education for nurses, and the professional doctorate was seen by some respondents as a ‘logical extension’, being consistent with the notion of ‘lifelong’ and ‘interprofessional learning’. In some centres the professional doctorate was introduced to meet the needs of a cadre of Master’s-level students disinclined to enrol for a PhD, but for whom a ‘taught’ and applied doctorate had more appeal. As well as capitalising on the Master’s-level market, the professional doctorate was seen as a way to raise the number of nurse educators in the school who held a doctorate, and thereby to increase the pool of supervisors for postgraduate students. Because nursing is a relative newcomer to higher education, combined with the fact that nurse educators are an ‘ageing’ or ‘greying faculty’, it was seen as important to ‘keep our (academic) end up’, and the professional doctorate was one way of achieving this. In these terms, professional doctorates appear to have been born out of pragmatism rather than having clear philosophical underpinnings. Paradoxically, it might therefore be seen as the ideological antithesis of academe. Certainly, staying ahead of the academic game was on the agenda of most institutions, especially in the light of the HFCE (2003) consultation document on improving standards in postgraduate research degree programmes.

Educators’ attitudes towards the professional doctorate

Educators’ attitudes towards the professional doctorate fell into one of three broad categories: enthusiastic, ambivalent or sceptical. Over half were enthusiastic (n = 33), several championing this form of provision, although these people tended to work for institutions that either offered programmes (n = 15) or were planning to do so (n = 16). Others (n = 10) were less convinced and more ambivalent over whether the professional doctorate was a positive initiative or represented a lowering of standards compared with the established ‘tried and tested PhD’. Several were sceptical (n = 9) and doubted entirely the merits of such a doctorate on the grounds that it was essentially ‘dumbing down the PhD’ and was perceived by students as ‘an easier option’. Interestingly, of those who were sceptical or ambivalent, eight respondents taught on such a programme or were its course leader, highlighting the inconsistencies and possible philosophical tensions they were experiencing. Equally interesting were the perceptions of three educators whose views had changed since the programme had first been introduced several years earlier from being enthusiastic proponents to now being ambivalent and disillusioned. All three worked for institutions where the professional doctorate was under review and had experienced difficulties in recruitment.

The divergence in educators’ attitudes towards the professional doctorate may be explained with reference to the perceived strengths and limitations of this form of degree.

Strengths

Although educators’ attitudes towards the professional doctorate varied, they generally agreed that there were clear benefits to a cohort-based approach which provided a ready-made ‘support network’, unlike the PhD, which tended to be a rather isolated and lonely research journey. Those who were programme leaders further suggested that there was a sense of ‘camaraderie amongst the group’ that helped students to sustain the momentum of learning, whilst also creating opportunities to share knowledge. This was particularly evident for programmes that were multi-professional. Professional doctorates were said to sustain the momentum of learning by offering a more structured, modularized approach that segmented the programme and created more manageable ‘bite-size chunks’. Indeed, programme leaders asserted that without this more structured approach many of their students would have failed the programme, possibly suggesting that students’ learning style has a bearing on their doctoral preference and likely success. These findings concur with those of an earlier study reporting that student disposition towards a programme of education is a key factor for a successful educational experience (Ellis 2001, 2003, Ellis & Nolan 2005).

Finally, educators were keen to point out that, unlike the PhD, the professional doctorate exposed students to a full range of methodologies, equipping them to pursue research that was relevant to practice. However, this was not always apparent within the assessment system. Moreover, there was little mention of how the programme equipped students to become leaders in their particular field, which was a stated outcome of most curricula.

Limitations of taught doctorates

Academic standards and insecurities

Sceptics amongst the sample considered that the professional doctorate lacked the academic equivalence, status and
currency of the PhD and that there was a risk of ‘watering down standards’, since ‘a taught doctorate is no more than a glorified Master’s degree’. Professional doctorates were seen as a ‘quick fix’ response to the perceived inadequacies of the PhD, reflecting a ‘MacDonaldisation’ or ‘burger and chips drive through’ mentality said to prevail in contemporary higher education, with the emphasis on ‘credentialism’. Conversely, enthusiasts asserted that ‘with careful planning it (professional doctorate) could be as rigorous and systematic as the traditional PhD’, pointing out that there was also considerable variation in the standard and quality of the latter.

Academic standards and the quality of provision were mentioned by all respondents, although when they were asked what was meant by ‘doctoral level’ they were hesitant and tended to resort to descriptions normally associated with the PhD, such as ‘making a unique contribution to knowledge’. However, critics of the professional doctorate, as well as the more ambivalent respondents, asserted that the notion of a ‘taught doctorate’ destroyed the potential for authentic creativity and autonomous learning and was at odds with what was normally associated with a doctorate. Others took the opposite view, suggesting that there was little difference between the PhD and professional doctorate, since both now comprised a taught element in the form of a research training programme.

**Concerns**

**Receptivity of practice milieux**

Whilst HEIs were said to be keen to jump on to the ‘doctoral bandwagon’, there was limited evidence of forward planning beyond the taught phase of the programme, and respondents had concerns about a potential shortfall in the number of supervisors and lack of a ‘postdoctoral career framework’. The absence of a postdoctoral research career was also mentioned in connection with the PhD, with the doctorate being seen as an end in itself rather than a route to further research. However, unlike the PhD, the professional doctorate was intended to have a positive impact on practice and therefore its ultimate success seems largely dependent on the receptivity of practice milieux. Notably, this receptivity has been reported to be the most significant factor in whether their practice is positively affected after students had graduated from a programme of professional education (Ellis 2001, 2003, Ellis & Nolan 2005).

Thus, paradoxically, despite the stated purpose of having a positive impact on care, educators concurred that practice milieux were often resistant to, and ill prepared for, doctorally prepared practitioners. Educators suggested that there was a wave of ‘anti-intellectualism amongst the nursing profession’, propagated in part by the nursing press and endorsed by the medical profession, who were said to question the whole idea of doctoral education for nurses, even Nurse Consultants:

They (medical profession) just couldn’t cope with the thought that this nurse (nurse consultant) would have a PhD. It was astonishing. It’s not just the peers of the person, it’s the other professions they’re working with as well.

There was nonetheless evidence of collaborative partnerships between some HEIs and health service providers, with some programmes insisting that applicants sought the support of their line managers, in writing, before starting the programme to ensure that they had access to practice for the purpose of research. The kind of formal arrangement suggests that a practice milieu is receptive to change resulting from the programme.

**Recruitment**

At the time of writing, four of the more established programmes were struggling to recruit and therefore were reviewing their provision. Having launched the programme, educators now felt under pressure to generate sufficient numbers to sustain it. Generally, programmes tended to be well-subscribed when first launched, with numbers declining after the first 2 years. Educators suggested various reasons for this, including the lack of a clear marketing strategy and the tendency of programmes to attract the ‘crème de la crème’ when initially launched. Frequent mention was also made of the assessment strategy, which was often described as being excessive and ‘completely full to the rafters’, and therefore likely to deter potential applicants. For some, the programme was ‘so damn tough that the ambassadors in year 1 have told everybody else to run clear of it!’ Certainly in some instances students enrolled on a professional doctorate had transferred to a PhD, having been persuaded by their colleagues that ‘if you want to spend five years at something, why not do a PhD?’ The inference here was that the PhD is superior and is therefore more worth the effort. Indeed, recruitment was a major concern for respondents and prompted some to reduce the admission requirements from a Master’s to a first degree.

Proponents of the professional doctorate suggested that its survival relied on it being distinct from the PhD, having a different purpose and target audience and being a matter of ‘horses for courses’. Nonetheless, whilst most respondents were clear that the PhD was about developing career researchers and the professional doctorate about the development of practice, they were less clear on how the latter might achieve this, which may highlight the absence of a planned approach to this initiative.

Discussion

The aim of this study was twofold: to map the range and ongoing development of professional doctorates for nurses in the UK and to access the views of key stakeholders as to the role and value of the professional doctorate compared with the more traditional PhD. The findings showed that there has been a steady but significant increase in the number of professional doctorates over the last decade, a trend that seems set to continue. Similar trends have been found in other countries (Pearson et al. 1997, Anderson 2000, Edwardson 2001, Ellis 2002a, 2002b) and amongst other professions, where doctoral education is reported to have increased exponentially over the last decade (Bourner et al. 2001). For example, doctoral preparation for nurses in America has evolved dramatically since its inception in the 1950s, with 13 programmes in 1977 (Anderson 2000) compared with 87 in 2002 (Minnick & Halstead 2002). This represents a sixfold increase over 20 years. Doctoral provision in American is also varied and diverse, and consists of a range of awards and titles [Synder-Halpern 1986, American Association of Colleges of Nursing (AACN) 1997, Ketefian et al. 2001, Fitzpatrick 2003]. These include the PhD in Nursing (PhD), Doctor of Nursing (ND), Doctor of Nursing Science (DNSc, DNS), and Doctor of Science in Nursing (DScN). Moreover, the introduction of new forms of provision continues, with the National Organization of Nurse Practitioner Faculties (NONPF) considering the introduction of a clinical doctorate in nursing (Fitzpatrick 2003, NONOF 2003).

In 1999, the AACN appointed a taskforce to review their indicators of quality in doctoral education and address the differences amongst these programmes, but with limited success (AACN 1997, Edwardson 2001). Consequently, the doctoral landscape for nurses in America is one of confusion both within and outside the profession (Edwardson 2001). This is said to overwhelm prospective students (Hudacek & Carpenter 1998), and Minnick and Halstead (2002) have called for a moratorium on new degree titles in the USA until a consensus is reached.

The growth and diversity of provision in the UK reported during this mapping exercise, together with the general lack of consensus amongst educators in their use of nomenclature and attitudes towards the professional doctorate, suggest the possibility that confusion may also be experienced in the UK. However, its academic community may be better placed, because of its relative newness and thus under-development in higher education, to shape the doctoral landscape and so limit the confusion or reach a consensus. The same may be true for the academic community in Australia, the professional doctorate for nurses having been introduced there in the mid-1990s (Jongeling 1996, Pearson et al. 1997, Borbasi et al. 1998, Ellis 2002a, 2002b).

Despite the diversity of doctoral provision for nurses reported in the USA literature, it is generally agreed that the PhD is a research or academic degree, while other doctorates for nurses are considered to be clinical research degrees (Hudacek & Carpenter 1998) with an emphasis on ‘developing nurse researchers to conduct research that is relevant to the practice of nursing’ (Anderson 2000, p. 193). This matches the findings of this UK study that the PhD is concerned with ‘research training’ and the professional doctorate is ‘practice-centred’, with an emphasis on the development of applied knowledge. This conceptualization suggests that the production of knowledge is primarily functional, a view that is promulgated in the non-nursing literature both in the USA and Australia (Brennan 1995, Atwell 1996). For example, it has been said that ‘doctoral education must match the nation’s needs and the realities of the market place’ (Atwell 1996, p. 4).

Whilst a matter for conjecture, this emphasis may be at the expense of the theoretical and philosophical aspects of the doctoral process, having epistemological implications in terms of the forms of knowledge produced (Ellis 1996). Interestingly, whether in the USA, Australia or the UK, the drivers or antecedents of doctoral education for nurses have tended to be functional, the programmes being aimed at a certain group of professionals and for a particular purpose. Whilst the growth in doctoral programmes in the USA resulted from the pressing need to supply educators to teach on undergraduate and postgraduate programmes (Anderson 2000), their growth in the UK and Australia is concerned with developing practice through leadership (Pearson & Borbasi 1996, Ellis 2002a, 2002b). The Nurse Consultant role is a precursor of the professional doctorate in the UK (Newman 1997) and ‘leadership’ an intended outcome. This suggests a ‘horses for courses’ approach mentioned by educators during the present mapping exercise, with programmes being designed for a specific audience or type of educator, practitioner or both.

Questions of the equivalence of the PhD and non-traditional forms of doctoral education feature in the literature and were mentioned during the interviews with educators in the UK, but the PhD in Nursing in the USA is seen as having highest status (Zeimer et al. 1992). This suggests that there is a hierarchy of doctoral education for nurses, the PhD being seen as the pinnacle in both countries. Such comparisons must be treated with caution, however, since like is not being compared with like, as the PhD for nurses in America comprises modules or units of learning, and is therefore more like the UK professional doctorate than the Doctor of Philosophy (Ellis 2004).
What is already known about this topic

- Professional doctorates have a long tradition amongst other professions and in other countries, particularly the USA.
- The emergence of these programmes for nurses in the UK is in response, in part, to the perceived inadequacies of the PhD and the introduction of the role of Nurse Consultant.
- The professional doctorate for nurses in the UK is currently under-researched.

What this paper adds

- A map of current and planned professional doctoral provision in the UK for nurses.
- The range of professional doctorates forms a continuum of provision from the highly prescriptive to the least prescriptive, the latter not unlike the PhD.
- The general lack of clarity and consensus amongst academics about the comparative value of professional doctorates will need to resolved if practitioners are to be convinced of the efficacy and value of continuing professional education at doctoral level.

Study limitations

The validity of the data warrants discussion, since they cannot be taken as an accurate summary of all that is now available. At the time of writing the number of programmes mapped was accurate, but the delay between data collection and publication means that this number is likely to have increased. A further limitation is that most programmes were in their infancy, with students undertaking the taught component of the programme and not yet having progressed to the research component. The responses might reflect this, as well as the fact that most respondents held a PhD degree. Finally, the views of doctoral students and their sponsors are needed for comparison purposes, and these will be collected in the next stage of the study.

Conclusion

The findings suggest that at least some of the diversity of provision and the lack of consensus over the professional doctorate for nurses is the result of piecemeal decisions taken in individual HEIs, without reference to the range of research degrees currently on offer nationally. They also suggest that educators currently face an uphill battle in convincing practitioners of the efficacy and value of continuing professional education at doctoral level, a challenge that is likely to be increased by the general lack of clarity and consensus amongst academics reported in this study. It is hoped that the findings raise awareness of the overall national picture in the UK and encourage the development of a shared understanding of the concept of a professional doctorate. They might also be useful for educators in other countries considering the introduction of doctoral-level programmes for nurses and other health care professionals.

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