Introducing a professional doctorate in nursing and midwifery
Christine Ingleton, Paul Ramcharan, Lorraine Ellis, Patricia Schofield

Since its inception in Germany during the 19th century, the ‘traditional’ PhD has been associated, in the USA, with teaching as well as research. In contrast, the British PhD has, until recently, been founded upon an approach in which students spend an extended period undertaking independent research, culminating in the writing of a thesis. Consequently, the British experience has been more research-oriented, incorporating less of a structured focus on education or upon shaping professional practice. Not surprisingly, with a strong educational base already in place, the prospect of a taught or professional doctorate has been far more likely in the USA, with calls for such programmes emerging strongly as far back as the 1970s (Vesey et al, 1999).

In the USA, since the 1980s, there has been a divergence in the substance of the nursing/midwifery doctorate. Prompted by a perceived need to bring nurse education closer to practice and for the recognition of practice as scholarship (Ramcharan et al, 2001), a number of doctoral programmes have moved towards a skills-based, technological approach to professional practice.

The diversity of approaches to doctoral study is particularly important within nursing and midwifery in the UK at present. Schools of nursing and midwifery in the UK have mainly only entered higher education in the latter half of the past decade. Their integration into higher education has led to questions about the extent to which the educational preparation of nurses and midwives is becoming too divorced from practice. This concern is heightened in the UK context, given that nurses and midwives are enrolling on doctoral level courses undertaken by research only. We are thus at a critical juncture in making decisions about which approach(es) should be adopted for doctoral studies in nursing and midwifery.

In this article we present an outline of one such approach to a professional doctorate within a school of nursing and midwifery.

Abstract
The convergence of a number of factors has led to the emergence of what has come to be known as the ‘professional doctorate’. This new doctoral education diverges from the model of research doctorates that have historically predominated for more than a century. The background to these changes and the impetus for the development of this relatively new approach to doctoral preparation is outlined in this article. The insatiable demand for professional doctorates means little empirical data exist about their operation or their success. In this light, the development of an evaluative framework is described in relation to the implementation of a new professional doctorate for nurses and midwives that has been introduced at the University of Sheffield.

We suggest that a new ‘hybrid’ approach (taught and research) offers a potential opportunity to establish scholarship within practice through both research, i.e. knowledge generating, as well as establishing a suitable knowledge base through teaching, i.e. establishing the evidence base as it presently stands.

An integral part of this innovation is the implementation of a relevant and dynamic evaluation strategy. We, therefore, go on to consider the need to evaluate the relevance and potential success of the new doctoral programme in the light of a number of contemporary factors and issues and conclude by offering a framework for such an evaluation.

LITERATURE REVIEW
Two recurrent themes emerged in reviewing the international literature related to doctoral studies. First, there is a tendency for doctoral candidates to be working in academia or move from practice into academia during the course of their study (Graham, 1986; Booth and Satchell, 1996; Gurney et al, 1997). Second, completion rates for this form of study are low and, in many cases, completion time is a lot longer than anticipated (Booth and Satchell, 1996; Kiley and Liljegren, 1999). These themes are taken as the focus for each of the following two sections.

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**Practice and academia**

The traditional PhD is concerned with advanced research, with the intention of preparing the student for a career in research (Veese et al., 1999). The student has usually carried out and published a rigorous piece of empirical work (Davis, 1996), but in order to survive in the ‘real’ world of competing for grants and establishing an ongoing research programme, the newly qualified graduate needs prolonged contact with a mentor-supervisor during the postdoctoral period (Graham, 1986). This can only usually be found within an academic institution, where research and academia are fostered.

**Attrition**

Two problems are associated with attrition: low completion rates and withdrawal (British Academy Review, 1990; Booth and Satchell, 1996; Kiley and Liljgren, 1999). Using the 4-year completion rate as a performance indicator, Booth and Satchell (1996) surveyed 484 individuals, out of whom 30 had dropped out and 114 were still studying. The authors concluded that funding improved completion rates in all subjects and part-time registration influenced completion rates in males. Likewise, recent studies have examined the experiences of students undertaking PhD studies and reinforce the concerns regarding completion times and attrition (Cullen et al., 1994; Johnson and Broda, 1994; Parry and Hayden, 1994).

**The evolution of the taught doctorate**

Over the past decade a number of professions have reviewed the way in which their doctoral programmes are structured. Although the taught doctorate was primarily introduced in the USA (Burgess, 1994), both Australia (Kiley and Liljgren, 1999) and the UK (Gregory, 1995) have followed suit successfully. Within the UK, the driving force behind this move has been the White Paper Realizing our Potential: A Strategy for Science, Engineering and Technology (Cabinet Office of Science and Technology, 1993), which suggested that research training should be tailored to meet the demands of the wider economy, be relevant to business and industry, and provide education that is cost-effective (Hughes, 1991). Taught doctorates are now seen in education (Gregory, 1995), public administration (Hambrick, 1997), audiometry (Davenport and Kennedy, 1996) and nursing (Newman, 1997).

On reviewing the doctor of public administration programmes (DPA) in the USA, Hambrick (1997) concluded that such programmes enhanced the practitioner focus, and that such bridging of the practice-academia divide acknowledges the advantages for student ‘pracademics’ while serving both practice and academic communities (Hambrick, 1997).

However, there appear to be doctorates that are even more geared towards skills, practice and technology as opposed to those concentrating on theory, knowledge and research (Pole, 2000). In these approaches little merit is placed on the academic over the development of practice and the major focus is on taught courses. This appears to be developing in other disciplines with a professional orientation.

Despite this, a number of authors have found that in their delivery the distinction is rather more blurred (Gregory, 1995; Harris, 1996) and that in comparing the programmes there seems to have been little difference between the aims of the taught doctorate and PhD by research within education in the USA during the 1980s (Brown, 1985). If the doctorates do not differ that much, then why go to the trouble to implement a new programme?

The evidence supporting a taught doctorate is not clear. For example, in relation to the taught element of PhDs, a report by the Economic and Social Research Council has found these to be ‘useless’ (Winfield, 1987). In contrast, Kiley (1996) found that 38% of research students would have found these to be useful, implying that there is room for a diversity of approaches (Hudacek and Carpenter, 1998; Anderson, 2000) and that no single approach to doctoral study will suit all students. On the other hand it has been argued that a more structured approach to doctoral study is likely to increase completion rates and completion times (Kiley and Liljgren, 1999).

**Taught doctorates in nursing and midwifery**

Taught doctorates in nursing and midwifery evolved during the 1970s in the USA and appear to hold the same philosophy as the EdD (doctor of education) in terms of producing a high-level degree aimed at enhancing professional practice (Pearson, 1996; Newman, 1997; Pearson et al., 1997; Veese et al., 1999; Anderson, 2000).

Some of these programmes have been evaluated and a positive picture has emerged. For
example, Howell and Coates (1997) used narrative inquiry to highlight several important issues reported by their students: holistic clinical proficiency; clinical advocacy; and the promotion of professional growth that occurs during the programme amongst the students and their professional colleagues. All of these issues are important for nurses and midwives who wish to remain in their field of practice.

A quantitative study by Hudacek and Carpenter (1998) surveyed 860 students attending the various doctoral programmes within the USA. The study demonstrated that PhD students perceived that they were prepared for careers in research, while the taught professional students believed that they were prepared to act as educators or clinicians.

RATIONALE FOR THE INTRODUCTION OF A NURSING/MIDWIFERY DOCTORATE: THE CHALLENGES

If nursing and midwifery education reflects the contemporary contexts within which it exists, then the requirements of any doctoral programme that confers recognition for achievement of the ‘highest standard’ within any field must seek to meet a number of competing and complex requirements.

Contemporary nursing and midwifery education finds itself in a dilemma in this regard. Having moved into the higher education system it has been socialized into the workings of the academy to such an extent that the requirements of doctoral study have, but for the exception of programmes such as at the University of Ulster, been within the traditional British ‘PhD by research’ paradigm. At the same time there have been a number of countervailing tensions in adopting this unitary model.

There has been an increasing worry, voiced by the Government, that nurse education as a whole is moving too far away from practice and as the pinnacle of academic and theoretical work the PhD by research represents perhaps the final break with practice...Calls have therefore been made recently for academia to recognize “practice as scholarship”...

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This fits well with the present established position of the School of Nursing and Midwifery at the University of Sheffield, which is seeking to explore new ways of according due recognition to scholarship as research, practice and education (Ramcharan et al, 2001).

In light of the arguments made above, the nature of one taught doctorate being implemented at the University of Sheffield is described and the evaluative approach to testing it over time is described below.

**STRUCTURE AND OUTLINE OF THE DOCTOR IN MEDICAL SCIENCE (DMedSc IN NURSING AND MIDWIFERY)**

In reflecting the elements of a hybrid doctorate as outlined above, the course at the University of Sheffield was designed with a view to offer a structured programme of study and research related to the development and extension of professional practice in nursing and midwifery. With this in mind, the aim has been to foster explicit links between research and practice and provide a framework for integrating nursing/midwifery research, theory and knowledge.

Through the programme, which combines the delivery of a number of taught modules with supervised research, it is envisaged that students will make a significant contribution to the shaping of practice and contribute to the dissemination of original knowledge about practice. More specifically, and in keeping with this, the course aims to assist students to extend their capacity to:

- Develop an integrated programme of scholarly work that addresses concerns from professional practice
- Influence and set research agendas
- Disseminate practice findings through a programme of publication, seminar and conference presentations in both disciplinary and interdisciplinary forums
- Influence care delivery and contribute to health improvement.

It is best characterized as a new 'hybrid' (taught and research) degree programme which has been developed in consultation with colleagues from the Schools of Medicine and Dentistry and will be introduced in the School of Nursing and Midwifery, commencing Autumn 2001. The programme may be studied full- or part-time, and will recruit 10 students in its first year. The course has a modular structure, with credits (total of 720) attached to the components. Table 1 shows the structure and sequence of the modules.

When developing its aims we were guided by the descriptors laid down in the *Framework for Higher Education in England, Wales and Northern Ireland* level HES descriptors which highlight core skills and expected outcomes for study at this level (The Quality Assurance Agency for Higher Education, 2000).

In making a distinction between the doctor in nursing science (DNSc) for practitioners and the PhD for researchers, Veeser et al (1999) have argued that the DNsc should incorporate: advanced clinical judgment and scholarship in nursing practice; critical analysis of clinical situations; evaluation and application of conceptual models and theories; analysis of social, economic, political and policy contexts; leadership; and professional practice. As outlined in Table 2, elements of this model have been incorporated into the programme.

Two features of the course philosophy are worthy of mention. First, the course is designed to attract nurses and midwives from clinical practice, management, and education and it is anticipated that their diverse work experiences will provide a valuable resource for the group. It is evident from the literature that exponents of the taught doctorate, along with the students who attend such programmes of study, have different expectations of this type of study than the advocates of the traditional PhD (Hambrick, 1997; Hudacek and Carpenter, 1998).
INTRODUCING A PROFESSIONAL DOCTORATE IN NURSING AND MIDWIFERY

This may be why many practitioners avoid this level of study as they perceive that it will result in them moving further away from their area of practice, thus arguing that 'they entered nursing to nurse'. By valuing the diversity of their work experience it is envisaged that practitioners will explore their own area of practice as opposed to the 'narrowness' of focus offered by the traditional PhD. Further, the structure of the programme may offer the support that is often cited as a factor predisposing attrition in relation to the PhD.

Second, the course emphasizes self-directed learning and lifelong learning. In a programme at this level, it can be assumed that students have already developed a high level of study skills and are used to organizing their own academic workload. Therefore, the emphasis will be much more on pursuing current issues in discussions and debate, and exploring topics of general interest or relevance to members of the group, rather than on formal teaching. Thus, approaches will be broadly interactive with concomitant material to support learning.

Within the broad outline of the course, students will be encouraged to bring their own agendas for study, and the nature and orientation of the assignments and the research thesis will reflect this point. It is anticipated that this will afford the opportunity for experienced professionals to explore their practice in a creative and innovative way, underpinned by rigorous theoretical principles, thus setting an example for their peers and colleagues (Clayton, 1995).

**Establishing a demand for the course and the nature of that demand**

It perhaps goes without saying that students are looking to undertake courses which meet their career aspirations, preferred mode of study and range of commitments. As argued above, few doctorally prepared professionals return to clinical practice. In an effort to address this gap, the NHS trusts and educational consortia are interested in developing clinical professionals who will bring research more fully into practice. New posts such as the consultant nurse have been created requiring a 'higher level' of practice (DoH, 1999b,c).

Additionally, programmes which prepare health professionals to meet the many policy imperatives are required (DoH, 1997; NHS Executive, 1999). With these issues in mind, a wide array of stakeholder views were canvassed before and during the planning of the course. These included: academic staff within higher education who have been offering similar programmes for a number of years; service providers; nursing/midwifery leaders in management; representatives of the Education and Training Consortium; graduate students; and potential sponsors.

A postal survey of potential sponsors, senior managers, senior clinicians and heads of department within the School of Nursing and Midwifery was conducted within the Trent region (n = 92). A 78% response rate was achieved and the survey results provided a picture of the level of potential demand from those sampled, as well as detailed information on the nature of that demand in terms of preferred modes of delivery, proposed modular structure, and possible content. This, together with the ongoing dialogue between the purchasers and commissioners of education, was influential in determining the direction, mode of delivery, content, and development of the course.

**Assessment**

Since the professional doctorate is different from a PhD, assessment differs from the

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<th>Module</th>
<th>Assessment methods</th>
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<tr>
<td>Philosophy of science</td>
<td>6000-word essay structured around specified research interest and in form suitable for publication</td>
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<tr>
<td>Advanced qualitative methods</td>
<td>6000-word essay in the form of a reflexive critique of an episode of data collection and analysis specific to specified research objectives (suitable for publication)</td>
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<tr>
<td>Advancing practice 1 and 2</td>
<td>Formative: oral seminar presentation of work in progress to peers (semester 1). Oral presentation of completed work in the form of a conference or poster presentation. Written course work of extended independent study (10,000 words)</td>
</tr>
<tr>
<td>Research proposal</td>
<td>6000-word research proposal, which will form basis of thesis and assessed seminar work</td>
</tr>
<tr>
<td>Advanced quantitative methods</td>
<td>Six assessment exercises focused on programme content and interactive computing (40%), written project (60%), 3000 words</td>
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<tr>
<td>Evaluation and health outcomes research</td>
<td>Search, selection and critique of an outcome instrument or design of a small-scale evaluation (6000)</td>
</tr>
<tr>
<td>Health economics</td>
<td>Written assignment (6000 words) on a negotiated topic relating to course material and workbase</td>
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exclusive examination of a research thesis. It differs in so far as the principle of a professional doctorate is the integration of the pursuit of academic knowledge with its application within practical settings whereas in the traditional PhD there may be little or no allusion to practice.

Course work is one of the fundamental foundations of the programme and although the inclusion and assessment of course work in a professional doctoral programme may seem like a radical break from tradition, it remains highly traditional when compared with some professions (Gregory, 1995; Hambrick, 1997). In other disciplines such as music, arts, engineering and architecture, doctoral awards can be based on the tangible result of the application of knowledge and research in the discipline.

Each of the taught modules is separately assessed (Table 2), and candidates are expected to reach doctoral standard. Defining doctoral level standards presents one of the greatest challenges of all. In the professional doctorate at our institution doctoral standard is defined as that standard of review and critique expected in the text of a doctoral thesis or for publication in a refereed journal.

In practice, of course, the word length of the modules puts some limits on the issues under consideration and so the equivalent background criteria would be the standards expected in a paper of that length to be published in a refereed journal. This is consistent with the course aims, as assessments will enable students to demonstrate a range of research and practice improvement skills including: critical analysis through essays; report writing; group work; oral presentations; project development, management and completion; and publication of work.

At the end of the taught part of the course, students are expected to undertake an upgrade interview similar in purpose to the MPhil/PhD system. Candidates will be required to demonstrate that their work and intentions are of a standard acceptable to proceed to the thesis element. The 35 000–40 000 word dissertation will be examined under the same conditions as for a PhD. Students will also be expected to present their work to a specified audience and prepare one article for publication or presentation once per year. The result should be a doctoral qualification of high standing within both academia and practice.

A STRATEGY FOR EVALUATION

As argued above, the relative infancy of the professional doctorate in nursing/midwifery in the UK context means little empirical data exist about their operation or success. Consequently, the relevance and efficacy of this new hybrid approach, its key elements, and its underpinning philosophy described above, require rigorous evaluation. Consequently, the development of an evaluative framework has been an integral part of the planning process since the outset.

However, while there is a raft of empirical and theoretical literature on continuing education for nurses and midwives, empirical data detailing the progress and outcomes of professional doctoral programmes is generally absent in the UK (McKenna, 1999). Thus, as with much of the other literature reviewed in this article, there is little evaluative work upon which to draw.

Most of the empirical research in this field originates in the USA and, interestingly, tends to adopt an approach to the evaluation of the professional doctorate that mirrors most other education research. Taking their lead from the mainstream education the tendency has been for nurse educators to evaluate programmes of continuing education using a positivist or product model of evaluation with its emphasis on measurable learning. The limitations of this approach are well rehearsed in the literature (Wilson-Barnett, 1991; Ellis, 1996; Davies et al, 1997; Ellis, 2000), not least the methodological problem of isolating the effects of the independent variable from those of dependent extraneous variables. This is particularly problematic in an educational context where the researcher is dealing with the complexities of learning and attempting to measure the effects of learning in an equally complex practice or learning milieu (Ellis, 2001).

Limited reference is also made to the critical processes that may contribute to the success or otherwise of the programme. For example, few studies include the individual's desire for change as part of the study, although this is a major consideration in this type of programme. Similarly, the literature fails to consider the context of education, or to reflect differing perspectives of the impact, whether
positive or negative. Underscoring these limitations is the tendency to focus on the short-term outcomes of continuing education and a relative failure to report outcomes longitudinally and follow participants through to completing a course of study and follow up progress after completion of the doctoral programme.

In response to the perceived limitations mentioned above, we propose a model for evaluation that both focuses on the outcomes of education and chronicles the processes that contribute to those outcomes (Ellis, 2001). In addition, a cost-benefit analysis and comparisons between the process and outcomes of the taught programme with that of the PhD by research only route must not be neglected, as these findings will have particular significance for potential purchasers.

Taking into account the literature outlined earlier and other evaluative literature within education, a number of factors that appear to exert a significant influence on the likelihood of changes to practice post-continuing nurse education will be tested. These include: the nature of the selection process; candidates’ disposition towards the programme; the quality of the educational experience; and the nature of the practice milieu (Ellis, 2001). Figure 1 presents these significant features as a series of continua.

Using this model the impact of the professional doctorate will be studied over time: pre-programme and at designated points throughout the taught component (2 years) and throughout thesis preparation. The views of all stakeholders will be sought, including the doctoral student, his/her manager, and educators to the DMedSci and a documentary analysis of the curriculum undertaken.

**CONCLUSION**

We believe that the introduction of the professional doctorate in the UK marks an important stage in the provision of continuing education for nurses and midwives, and holds much promise for the advancement of the profession and improvements in practice. By establishing a policy, professional and practice context we have argued the case for the hybrid doctorate. This is a liberal approach, but one in which work needs to be done to establish its efficacy among the other possible routes to nurses and midwives achieving their doctorate.

Since no evaluative work has established the comparative nature of the outcomes of such new programmes with the old, it is vital to begin this process so that, ultimately, the judgment about efficacy and relevance is grounded in empirical evidence. This is why the programme DMedSci has been organized in the way that it has, and why it will be evaluated over time longitudinally.

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**Figure 1. Significant features of evaluation model (Ellis, 2001).**

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<tr>
<th>Nature of the selection process</th>
<th>Systematic, planned, Full discussion of motivations, concerns and expectations of all parties. Equitable and fair</th>
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<td>Nominee’s disposition towards the course</td>
<td>Fully aware of content, aims and demands of programme, interested in programme for its own sake</td>
</tr>
<tr>
<td>Quality of the educational experience</td>
<td>Highly relevant, well coordinated, participative, high ‘street cred’</td>
</tr>
<tr>
<td>Nature of the practice milieu</td>
<td>Highly facilitative. Openly and actively supportive, autonomy and innovation encouraged</td>
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"We believe that the introduction of the professional doctorate in the UK marks an important stage in the provision of continuing education for nurses and midwives, and holds much promise for the advancement of the profession and improvements in practice."
Finding the right formula is one that may take time, but it is one in which the University of Sheffield will seek to be involved, not least through its taught doctoral programme. 


