In recent decades there has been a rapid increase in doctoral programs in nursing worldwide, particularly in western countries. But while there are approximately 250 nursing doctoral education programmes in more than 30 countries, it is remarkable that we do not know how many nurses are prepared to doctorate level, where they are employed, what have been the most common topics for doctoral study, whether their studies have contributed to changes in clinical practice or how many have published from their work. Seeking the answers to such questions is important because millions of pounds and dollars have been spent (how much we do not know) on nursing research studentships and fellowships and much time and effort is expended undertaking the research or supervising/mentoring the students. Perhaps the most important reason for wanting to know the answers to the above questions is that doctoral level study forms the training wheel for future research leaders and contributes to the extant knowledge base of the discipline.

There can of course be no rational argument against the education of nurses for a complex and often life-saving undertaking being at an advanced level. With new technologies, faster patient throughput, more community care, new diseases being discovered and old ones coming back—more than ever before we require a cadre of nurse scholars educated to doctoral level.

At the risk of being accused of ageism, it is essential that we increase the number of younger doctoral students. In the UK, the average age of students entering nursing doctoral programmes is 35. This is in contrast to those students who undertake doctoral study in the basic sciences where the average age on entry is 21. There is no reason to believe that these demographics are different in other countries. Furthermore, most doctoral students in nursing are part time and the average time for completion is between 5 and 7 years. Most are women with family responsibilities, delaying further the time to graduation. By the time the average student completes their doctorate they are in their early 40s and they are in their mid 40s by the time they get the necessary publications in print. They also need time post doctorally (normally 3–5 years) before they can supervise/mentor other new doctoral students. The time to carve out a career as a nursing research leader has diminished.

There is also a common practice among staff in university schools of nursing where they encourage new graduates who have a predilection for research to spend a few years in practice before they consider studying for a doctorate. For an applied discipline like nursing this would appear to be good advice. However, for many personal and financial reasons, most of these good students never return to undertake post graduate study. This poses a potential brain drain on the development of research based knowledge and on the growth of future nursing research leaders. I suggest that we encourage such students to register for doctoral study immediately after graduating with their primary degree. They can either gain their practical experience by working part time while studying or later in their career.

The older age profile of nurse doctoral students also creates problems for research management in Schools of Nursing. In their attempt to be selective and focused in their research activities and outputs most Schools have a small number of research groupings and themes. The average student tends to register for a doctorate after 10 to 15 years of clinical practice. They know precisely what they want to research and their topic may not match the School’s research foci or indeed the expertise of potential supervisors/mentors. These students face problems related to interest and motivation if they change their topic to suit the School’s research area and Schools face problems relating to lack of focus if they accept those students who wish to study a wide variety of topics. Younger doctoral students tend no to have strong feelings related to topic; rather they see doctoral study for what it is—research training.

Practice doctorates

Across the UK one can detect an anti university education culture among some of our less enlightened
health service managers. They perceive universities to be getting nurses to jump through an increasing number of credit accumulation hoops to gain an academic award. Furthermore, the metrics that excite universities (publications, grant income, post graduate students, national and international collaboration) are not those that keep clinical directors of nursing awake at night (staff shortages, waiting lists, trolley waits).

In recent years new types of doctorate degrees have joined the traditional Ph.D. These include taught professional doctorates, doctorates by published works, doctorates by portfolio and practice doctorates. In the US, many health care providers are viewing practice doctorates as the necessary qualification to gain a licence to practice. Pharm D for pharmacists and AuD for audiologists currently exist and of course one can also include the MD.

With the ‘greying’ of academic staff, there is a dire need for “doctorally prepared” nurses to work in universities. This means that some of these graduates from practice doctorate programmes will be encouraged and attracted to academic work. However, a word of warning; without an adequate background in the knowledge and skills necessary for teaching and scholarship, these people may be set up for failure in the University setting.

Therefore, there needs to be a clear differentiation of the roles for which different sorts of doctorates prepare nurses. It is crucial that we do this so that consumers, employers and future students are clear about what holders of different degrees possess in terms of their knowledge and skill base.

In conclusion, nursing practice, education and research may be perceived as a three legged stool. If one leg weakens the stool collapses. Doctorally prepared nurses contribute to the strengthening of practice, education and research. They do this by having the ability to think critically, identifying the gaps in nursing knowledge, searching for truth without prejudice, taking risks with ideas, being creative and imaginative in solving problems and communicating clearly and effectively. Let us reduce the potential confusion surrounding the different doctoral degrees and let us attract more nurses to register on such programmes, and especially encourage the young and bright to see this as a good career move.

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