

## **Is the PhD well for nursing faculty running dry?**

In many of the countries to which we travel for professional purposes, it is inconceivable that anyone in any university nursing department could join the academic staff without a research doctorate. That includes the United States, Australia, China, South-East Asia and some parts of Europe.

We specify ‘research doctorate’. In the United States, for example, other degrees with the title ‘doctorate’ such as the Doctorate in Nursing Practice—the DPN—are not recognised by some universities as qualifying the holder for an academic position (Birks & Watson 2017). Not so in the United Kingdom where, despite our pre-eminent position in the history of nursing education, we seem continually to be on the back foot when it comes to setting academic standards. We were the first country in Europe to introduce graduate education for nurses, yet we were one of the last countries in the world to introduce all graduate entry to our profession. And this continues to be controversial (Watson 2016). We are also a country where, coming late *en masse* to the university sector, we continue to lag in terms of the level of academic qualification of our academic staff.

Put simply, we continue to employ large numbers of staff who do not hold PhDs. Some of these colleagues are remnants of the move of nursing education from further to higher education and who had no choice in that move, approximately 20 years ago. There followed a period of transition when, to fulfil our teaching obligations, we continued to employ colleagues with minimal academic qualifications, very few of whom had PhDs but gave assurances that they would pursue one; very few did. In addition. Many United Kingdom universities promote nursing academics up to an including professorships and honorary professorships without them holding a PhD—something rarely seen in most other academic disciplines (Thompson et al. 2019; Watson & Thompson 2010). This is often done in collusion with Human Resources, allowing ‘or equivalent’ to sit alongside the requirements

for academic promotion candidates to have a PhD. Our view on this is clear – there is nothing that is equivalent to a PhD. Twenty years on we continue to be in a transition period and continue to employ colleagues without PhDs and some are employed without even master level qualifications.

To address this, we continue to expect academic nursing staff to pursue PhDs and we continue to offer PhD programmes. However, the success rate for colleagues completing PhDs is low and many who do manage to complete research based doctoral training do not go on to do any further research work. There is also—again almost unique to the United Kingdom—a reluctance in clinical practice to value nursing staff holding PhDs and to cooperate with academia to produce PhD trained staff who could make a valuable contribution to service and, eventually, become academic staff. Clinical staff undertaking doctorates almost always do this at their own expense and on a part-time basis. If time off is negotiated with employers to undertake a PhD it is frequently not honoured at times of healthcare crises. It is understandable that the needs of service are considered important, but such short-term thinking demonstrates a lack of appreciation of the potential long-term benefits of doctorally prepared staff. There is some promise through the National Institute for Health Research (NIHR) in England that offers a clinical academic PhD scholarship route for clinical nurses – but these are highly competitive and limited in number. Furthermore, many of those on our nursing PhD programmes are international students who will return to their own countries. Ironically, most of these are undertaking a PhD to enable them to become academic staff as in many parts of the world, where this is considered the entry level qualification. Does this matter? We think it does.

### **Why it matters**

It matters because we are situated in the university sector where we have responsibilities that extend beyond our primary obligation to teach students. Being an academic nurse means

more than teaching – teaching is an important aspect of the role but equally important are other aspects including knowledge generation through research and application of high-quality evidence. Research is the one thing that sets university academics apart from all other educators. These activities are essential if we are to continue to develop nursing knowledge and practice, to meet community needs better. Furthermore, as academic nurses we are also role models for what is expected in nursing. We can talk about the importance of research, research literacy and higher-level studies to students, highlighting their importance. However, if we then continue to have large numbers of academic staff that are under-qualified for their roles as academics, what message is being sent to students?

And there is no contradiction between having doctorally qualified staff and delivering good teaching to nursing students. The idea that doctorally qualified nurses are somehow out of touch with ‘real world’ nursing practice (and, therefore, suspect as teachers) is a sort of academic ‘too posh to wash’ argument reflecting a form of anti-intellectualism that does not serve nursing well. Other professions located in universities such as engineers and chemists would find this concept inconceivable. If we are to earn and maintain our place in the university sector then we must recognise our obligation to produce scholarly work, based on research evidence, that adds to knowledge, and not only on our own field. We must contribute to developments in our profession and know how to use evidence to make arguments. Research literacy is also essential if we are to teach in ways that are contemporary, and evidence informed.

If we do not address the apparent shortage of doctorally prepared nurses, especially in clinical practice, then this will have an adverse effect on the pipeline into academia. Consequently, this will have an adverse effect on our ability to teach future generations of nursing students and it will also threaten our place in universities. Nursing students deserve to be taught in universities by academics who have the necessary clinical backgrounds and expertise who

can also contextualise their teaching within the latest research-based evidence and help nursing students to evaluate that evidence. Without doctorally prepared nurses, our ability to conduct research and publish that research will be severely curtailed and nursing is in danger of being returned to the further education sector. We may even lose all graduate entry to the profession. This will be a loss with direct implications for patient care, given the demonstrable success of graduate education (Aiken et al. 2014).

As nurses, we are at the frontline of public health and other major issues of public concern and so we also have a responsibility to contribute to public debate on major public health issues and to speak out on key health issues, and to demonstrate to the public why it is worth situating nursing education in universities. Doctoral training confers many essential skills – through doctoral training graduates have demonstrated the ability to identify a research problem or question, set about identifying and synthesising the extant evidence, identify gaps in evidence then develop and implement a systematic plan to address that gap in knowledge, then finally, communicating it in ways that are defensible and able to be understood by others. We argue these are essential entry level skills for nurse academics and the very minimum that our students deserve.

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## **References**

Aiken LH, Sloane DM, Bruyneel L, Van den Heede K, Griffiths P, Busse R, Diomidous M, Kinnunen J, Kózka M, Lesaffre E, McHugh MD, Moreno-Casbas MT, Rafferty AM, Schwendimann R, Scott PA, Tishelman C, van Achterberg T, Sermeus W; RN4CAST consortium. (2014) Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study *Lancet* 383(9931):1824-30.

Birks M, Watson R (2017) Doctoral snobbery: justified, or just elitism? *Journal of Advanced Nursing* 74, 493-494

Thompson DR, McCormack B, **Watson R** (2019) So, what's in a title – the paradox of professors! *Journal of Nursing Management* 27, 1065-1066

Watson R (2016) You're more likely to survive hospital if your nurse has a degree *The Conversation* 7 July

**Watson R**, Thompson DR (2010) How to be a professor: what Taylor et al. didn't tell you! *Nurse Education Today* 30, 489-491