

Choosing the doctoral path in New Zealand: A reflection on one nurse's postgraduate education journey.

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At the time of writing, I am a doctoral student waiting for my results. This seems an opportune time, while in the waiting mode, to reflect on the journey. Once results are received, regardless of outcome, life moves on. I will either be busy planning the next research project to be undertaken, or I will be busy making changes required for resubmission. While there are numerous books and journal articles offering advice to doctoral students from study skills to formatting a thesis, my purpose for writing a reflection is to present the challenges I uncovered, in the hope this may add a touch of something new to nurses in New Zealand thinking of undertaking or have just started their own doctoral journey. As an old proverb states, forewarned is forearmed (The Phrase Finder, 2016). Meaning, those who are aware of something coming their way can be better prepared. This article will therefore introduce the decision to undertake doctoral study, present the challenges that were faced, and where they are known, and give potential solutions.

The thinking that formed my decision to begin doctoral study was, in hindsight, somewhat superficial. I was interested in the research process, an interest that had come from previous employment as a clinical research nurse. I also wanted to challenge myself, joking with friends that choosing to take on additional study was my mid-life crisis. Some family members certainly thought I was crazy to be studying "at my age". My age during this doctoral journey being late 40's to early 50s. While challenge can be good, what was initially missing was a significant question that I wanted to answer. Working in a clinical area, I knew I wanted to research in my area of specialty practice, as a way of contributing to patient care, but there was already a large body of literature. Trying to find that gap in knowledge to meet the doctoral requirement of original research took time. After many discussions and false starts when reviewing the literature, I agreed to a research topic suggested by a faculty member, who subsequently went on to become my first primary supervisor. The significance of choosing, or not choosing, your own research topic becomes evident approximately half way into the research itself, when interest and motivation can begin to wane as the student's energy level declines. While this ebb and flow of energy can be a normal part of the process, having a research question you feel passionate about helps maintain you in the difficult times when energy is lacking. My advice to any beginning doctoral student is to firstly find a research topic you are passionate about and a research question that you have a strong desire to answer. That passion will maintain you through the research process with its normal highs and lows.

An exception to this is when doctoral research is undertaken in conjunction with employment. The student is supported by his or her employer, but in return hands over some choice as the area of research is one that the employer stipulates. Historically, this

opportunity for doctoral study as part of employment appears to be rare for nurses working in clinical areas in New Zealand. However, this may change in the future with new initiatives such as that by the Waikato District Health Board (WDHB) in conjunction with the University of Auckland ("Graduates learn leadership skills," 2015; Waikato District Health Board [WDHB], 2015). Beginning in 2013, four nurses were supported to undertake a specially developed two-year programme studying leadership, and working on research directly relevant to WDHB (WDHB, 2015). These nurses now have the option of enrolling in doctoral study, although the level of support from their employer moving forward into doctoral study is unclear at this time. Whether any support offered will be in exchange for researching topics directly relevant to WDHB, as they did with their previous research, is also unknown.

For nurses about to undertake doctoral study it is important to have discussions with their employer, to obtain as much support as possible. Leave for research will be needed, and for many, there will be a need for financial support. While Health Workforce New Zealand (HWNZ) assists in funding post-graduate nursing education, this funding currently stops at the Masters level (Brinkman, 2011; WDHB, 2014). Nurses requiring funds to undertake doctoral research are forced to compete for the same scholarship funds as other non-nursing doctoral students. Competition for limited scholarships can be fierce and time consuming; using up research time while completing scholarship applications, with no guarantee of success. For example, I discovered that I was not eligible for several scholarships offered through the university I was enrolled at, as the criteria required a student to study full time. Personal circumstances meant I could not be a full-time student as the scholarship, if successful, did not cover personal expenses such as mortgage payments. Therefore, I remained working as a nurse during the day, while researching at nights and weekends.

My employer, at the time I began my doctoral studies, saw value in having a researcher on staff, and committed to giving me four weeks of paid study leave each year in addition to professional development hours in the employment contract, a paid day per month to travel out of town to meet with doctoral supervisors, plus some funding to help pay university fees. This worked well for the first year but unfortunately, this verbal agreement was never put in writing. A basic rule of negotiations was overlooked in a relatively small health care organisation with stable management and staff. However, the chief executive officer (CEO) of the organisation did change. That change brought a new CEO with different views about the value of advanced education to the organisation. All previously agreed to study leave including time to meet with supervisors and further financial assistance was lost. When discussing and planning doctoral study with your employer, make sure all agreements are in writing, regardless of the size of the organisation you work for. If the manager or CEO changes, there is an increased chance of the organisation remaining accountable and fulfilling the agreed terms. Finally, if changing employer during your studies, be clear about expectations. After changing employer I discovered a requirement to undertake study toward a work related qualification. This qualification needed to be completed within two years of employment, leading to further study alongside my doctoral research.

Another question that beginning doctoral students, or those thinking of study, should also ask themselves is what will you do with your degree once it is obtained? What is the purpose? The answer will vary for each nurse and can also help maintain motivation throughout the, sometimes long, doctoral process. While the number of registered nurses with doctoral degrees is growing, the career pathway for nurses in New Zealand with doctoral degrees is somewhat unclear, particularly outside of nursing education. A 2000 survey of educational

qualifications showed that of those nurses who responded, 18 held doctoral degrees in non-nursing fields, most in areas such as arts and education. Of these 18, nine worked in nursing education, one in mental health, one in practice nursing, one in surgical, one in other nursing employment, one in non-nursing employment, two were not in paid employment and two others were not stated. (Nursing Council of New Zealand [NCNZ], 2000). Today, the number of registered nurses with doctoral degrees in New Zealand is unclear as current data is difficult to obtain.

This may change in the future if New Zealand starts to follow overseas trends and recommendations. The American Association of Colleges of Nursing (AACN) recommended as early as 2004 that the education standard for nurse practitioners should be the Doctor of Nursing Practice (DNP) by 2015. Several reasons were given for this recommendation. It was found that nurses put in more hours than students in other fields completing a master's degree, and nurses often work with other health professionals, such as physicians and pharmacists, who require a practice doctorate to enter their field. A doctorate for nurse practitioner's entry to practice levels the field with these other professions by giving nurses advanced skills and education. There is also the hope that this would lead to improved health care outcomes (AACN, 2015). Overall, it is believed that nurses with doctoral degrees are needed to lead the profession, conduct research and educate the next generation of nurses (Institute of Medicine [IOM], 2010; Stokowski, 2016). Additionally, with the call for collaborative healthcare in all settings (Health Professions Network Nursing and Midwifery Office within the Department of Human Resources for Health, 2010), it is believed that nurses with doctoral education can increasingly be leaders in the design and implementation of interprofessional practice, rather than the nursing profession being passive participants (Stokowski, 2016). However, there are challenges. Significant barriers that prevent the nursing profession from contributing fully to the health care system have been recognised internationally. These barriers include: limited capacity of the nursing education system; a lack of suitably qualified nursing faculty to teach students, particularly at the doctoral level; regulatory scope-of-practice restrictions on nursing that prevents nurses from practicing to the full extent of their education and licensure; and opposition from physician groups (IOM, 2010). It is reasonable to expect that some of these internationally identified barriers may exist in New Zealand, and worthy of further research to investigate. I believe that increasing the number of practicing nurses with doctoral degrees will help to break down many of these barriers, as well educated nurses prove their abilities, and stand alongside other professionals equally. Only time will show whether my belief has validity, or is just wishful thinking.

Whether New Zealand begins to see value in having nurses with doctoral education in clinical areas and undertaking research, building on programmes such as the aforementioned WDHb initiative, will be interesting to watch. Value will need to be seen in order for nurses to be supported financially while undertaking doctoral study, and with employment opportunities post-graduation. Conversely, nurses with doctoral education will need to be seen using their education and knowledge wisely, to progress the nursing profession and health care delivery in general, in order for value to be seen. While there is an increasing number of nurses obtaining a doctorate internationally, some confusion exists with the range of models of doctoral education that exist, particularly related to aspects of supervision, study outputs and examinations (Watson et. al., 2011). Watson and colleagues (2011) suggest a need on an international basis to conduct research into the value of doctoral education in nursing and for "this to be evaluated across the spectrum of contribution to research, education and practice" (p. 158). Currently, nurses studying in New Zealand can choose between a PhD and a Doctor of Health Science degree (Auckland University of Technology, 2016). As yet, New Zealand

does not have a specific nursing doctoral degree programme, such as a Doctor of Nursing. Whether this ever becomes available is yet to be determined, as is the form the degree would take.

Finally, when undertaking doctoral study, time is vital. I was advised that I would need blocks of time to just spend on my research and was prepared to use my holiday leave as well as any study leave I could negotiate. Regardless, there never seemed to be enough time as life continues around the study. Most nurses undertaking post-graduate study are also working in paid employment, have family and financial commitments. A choice has to be made about what to put aside altogether, to delay, or just get on and do. For example, it was suggested to me that I stop my weekly lunch with my mother, so that I had another full day for study without interruption. I understood the rationale for this suggestion from a student perspective. However, from the perspective of a daughter with an elderly mother, I had to consider what was most important to me. This was a trade-off between the personal and the decision to study. I chose my mother to the detriment of my study time, but it was a personal choice only I could make by thinking about what I would most regret – not spending time studying should I fail at completing my degree, or not spending time with my mother should she then die. However, I was prepared to turn down invitations to other social functions and spend vacation time at home working on my research, and did so. Be aware when starting doctoral study that you will also have to make decisions about how best to spend all of your time, and decisions about the proportions of time given to research, family, work and other commitments. Tiffany Montgomery, a registered (Montgomery, 2016) nurse in the United States and current PhD candidate, often blogs about working while pursuing her PhD. She too talks of trade-offs in how time is spent, and states she underestimated the difficulty of mentally jumping back and forth between school mode and work mode. One suggestion from Montgomery (2016), is to work as little as possible, even if that means making choices such as moving to cheaper accommodation so the financial need to work is less.

Doctoral study cannot be done alone. Alongside support from family and employer, support from a student's doctoral supervisor or supervisors is imperative. Finding a supervisor that has experience with both your chosen research methodology and area of research can be challenging, which is why student's may have two or more doctoral research supervisors. For example, one who is an expert in the area of research and one who is an expert in a particular research methodology. I have been fortunate with my supervisors and cannot thank them enough for their valuable support and guidance throughout the process, as they shared their own knowledge. Despite having a good relationship, unforeseen things happen. Due to a medical condition, my first primary supervisor made the decision to retire, and a new supervisor had to be found. Time was subsequently needed to build a new relationship, to inform as to what stage the research project was at, and to get to know each other's way of working.

My hope is that this reflection will add to the information already available to those beginning, or thinking of beginning, doctoral study, as a real life experience that describes a few pitfalls that can be avoided. Would I do this again? Yes, but differently. As well as learning to be a researcher, I have learned more about myself. While I have no regrets about the area I researched in, I would modify my actual research question or choose a different research question. Remember when choosing yours, many hours are spent with an area of research, whether during the literature search, data collection, data analysis, or writing up results stage. If the area of research is one you love, the hours spent do not seem such a

burden. I would get any promised employer support in writing, and I would be a better time manager. I would try to get additional funding and overall be a better student.

References:

- American Association of Colleges of Nursing [AACN]. (2015). The Doctor of Nursing Practice: current issues and clarifying recommendations. Report from the task force on the implementation of the DNP. (pp. 23). Washington, D.C.
- Auckland University of Technology. (2016). Health Postgraduate Study Options. Retrieved 9 March 2016, 2016, from <https://www.aut.ac.nz/study-at-aut/study-areas/health-sciences/postgraduate-study>.
- Brinkman, A. (2011). Finding a vision for the future of a post-registration nursing education. *Kai Tiaki Nursing New Zealand*, 17(5), 34-35 32p.
- Institutes of Medicine [IOM] (2010). *The future of nursing: Leading change, advancing health*. Washington, DC: Institute of Medicine. Retrieved from http://books.nap.edu/openbook.php?record_id=12956&page=R1
- Graduates learn leadership skills. (2015). *Kai Tiaki Nursing New Zealand*, 21(3), 7-7 1p.
- Health Professions Network Nursing and Midwifery Office within the Department of Human Resources for Health. (2010). Framework for action on Interprofessional education & collaborative practice (pp. 64). Geneva,: World Health Organisation.
- Montgomery, T. (2016). Working while pursuing a PhD? Count the costs! Retrieved from <http://www.takingholdofmydreams.blogspot.co.nz/>
- Nursing Council of New Zealand. (2000). New Zealand registered nurses, midwives and enrolled nurses survey of educational qualifications (pp. 16). Wellington.
- Stokowski, L. (2016). Back to the future of nursing; What progress have we made? *Medscape*, 4. <http://www.medscape.com/viewarticle/859874>
- The Phrase Finder. (2016). Forewarned is forearmed. Retrieved February 28, 2016, from <http://www.phrases.org.uk/meanings/forewarned-is-forearmed.html>
- Waikato District Health Board [WDHB]. (2014). *Postgraduate nursing education handbook* (pp. 19). Hamilton: Waikato District Health Board.
- Waikato District Health Board [WDHB]. (2015). New Courses helps advance Waikato Nurses. *Waikato DHB Newsroom*. Retrieved from <http://www.waikatodhbnewsroom.co.nz/2015/02/24/new-course-helps-advance-waikato-nurses/>
- Watson, R., Thompson, D. R., & Amella, E. (2011). Doctorates and nurses. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 38(1/2), 151-159.