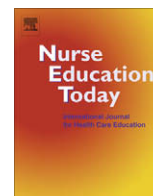




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PhD by publication: A prospective as well as retrospective award? Some subversive thoughts

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SUMMARY

Although the discipline of nurse education within the UK has been part of the higher education sector since the 1950s, relatively few nurse academics currently hold a doctorate. This has implications at a national, local and personal level, and can be partly accounted for by the particular demographic and work issues faced by nurse academics, together with issues about the nature of the traditional PhD itself as a suitable and relevant qualification in the discipline of nurse education. As an alternative, we suggest a route to a PhD that takes advantage of the regulations already in place in many Higher Education Institutions (HEIs) for a 'staff doctorate' by publication and which has been set up to accredit academic staff who have a corpus of published papers. In addition to this retrospective PhD by publication we also suggest that the prospective route to a PhD by publication be promoted, based on established programmes in Europe and Australia. We argue that both routes address many of the issues and difficulties faced by nurse academics, their HEIs and the discipline generally and are relevant to other countries in the developed world as well as the UK. Promotion of these routes will give individual tutors and lecturers the opportunity for academic, professional and personal development within their own organisation and at the same time enable HEIs within the developed world to increase their overall performance in the next Research Excellence Framework (or equivalent depending on their country), thus enhancing the standing and reputation of nursing as an academic discipline.

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Academic nursing and the doctorate by research

Very few nurse educators in the UK currently hold a doctorate (United Kingdom Clinical Research Collaboration, 2007), a state of affairs that may in part be explained by history. Although nursing first entered higher education during the 1950s (Baly, 1995) the graduate pool from which doctorates are drawn remained small until fairly recently. Pre-registration nurse education only moved into higher education *en masse* in the early 1990s, and following a short honeymoon period, nurse educators have come under increasing pressure over the past decade to achieve doctoral status in line with colleagues from other disciplines.

This pressure has been exerted at all levels, and has been exacerbated by the impending publication of the results of the Research Assessment Exercise (RAE) for the period leading up to 2008. The next year or so will see the inevitable flurry of publications about the conduct and outcome of the RAE, and despite concerns about the value of this exercise (Darbyshire, 2008; Gardner and Rolfe, 2005) the results will be used as the yardstick against which nursing research *per se* is measured, as well as the performance

of Higher Education Institutions (HEIs) and the individuals who work within them. The stakes are high, and as we know from previous years, there will be winners and losers in terms of academic reputation as well as research funding.

The discipline of nursing as a whole has consistently finished bottom of the RAE league table since the first assessment in 1992 (Anthony, 2005), and there is a real desire to do better and for the discipline to establish itself fully as a community of scholars with the ability to advance theory and practice through research. This, in part, demands a greater number of nurse academics educated to doctoral level. Similar pressures are felt at the level of individual HEIs, many of which have recently competed head-to-head in RAE 2008. The fall-out from a poor RAE score extends beyond the research reputation of the school or department and impacts directly not only on core research funding, but also on the ability to win major research grants and even to attract students to undergraduate and postgraduate courses. The purpose of the RAE is to assess the quality of research in UK Higher Education and similar exercises such as the PBRF (Performance Based Review Fund) and RQF (Research Quality Framework) have now been set up in New Zealand and Australia, respectively (Darbyshire, 2008). Given this propensity by governments to measure research performance, exercises such as the RAE are likely to continue their meme-like

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spread to other countries, which not only has implications for university departments but for the individual tutors and lecturers who work within these. In the UK at least, it is likely that in the near future entry onto the academic career pathway as a lecturer, and certainly promotion beyond this to Senior Lecturer, Reader and a Professorship, will require a doctorate, as it already does for academic colleagues in other more mature disciplines.

There are several reasons why the discipline of nursing has failed to make significant advances in the number of doctorates held by academic staff, despite having been in the higher education sector for more than a decade. Firstly, there is the issue of demographics. Because most nurse tutors and lecturers enter higher education without a doctorate, they generally undertake further studies on a part time basis and are unlikely to achieve a doctoral award before the age of 35 (McKenna, 2005). Indeed, our own experience of providing a Doctorate in Nursing Science programme seems to confirm that most doctoral candidates who work in higher education are female, have had considerable clinical experience before entering higher education, and are consequently in their forties or fifties by the time they embark on a doctoral programme. This does not compare well with other academic disciplines, where the average student is likely to embark on a Doctorate in their early twenties (McKenna, 2005).

Secondly, there are workload and time-related problems. Tutors or lecturers are very unlikely to be awarded research fellowships with commensurate salaries in order to undertake full-time PhDs, and for the foreseeable future most will continue to study for Doctoral awards through part-time study. This means they must combine their studies with an often very demanding full-time teaching role, and whilst most cope heroically, some inevitably fall by the wayside because of the overwhelming workload this entails, especially if there are also family responsibilities. Given that many nurse educators are female and middle aged, they often find themselves part of the 'sandwich generation', squeezed by the demands of children as well as elderly parents and relatives. Without wishing to paint too gloomy a picture, we are mindful of the fact that some of our colleagues have large teaching loads and manage multiple intakes of students as well as having clinical responsibilities. Likewise, some are also burdened with a 45-week teaching year, as opposed to the 35-week year which appears to be the norm in other academic disciplines (Mead and Moseley, 2000). The attrition rates of students undertaking doctoral programmes has been estimated at 50% (Redman and Chenoweth, 2005) and nurse educators may face particular difficulties in juggling their professional, academic and family responsibilities. Having said that, the fact that many do achieve a doctorate suggests that some are able to juggle all these balls simultaneously, use their time effectively and display all the 'dogged determination and over-work' referred to by Emden (1998).

The problem of attrition is compounded by the 'publish or perish' culture engendered by the demands of the RAE. In our experience, it is unusual for candidates taking part-time PhDs to have published very much in the way of scholarly books or papers during their doctoral studies, with the need for submission of the thesis taking precedent. However, in some cases the pressure to publish is so great that the writing of the thesis is delayed or even abandoned in favour of meeting the demands of their institution and the requirements of the RAE. Clearly the ideal solution would be for the student to publish from her PhD as she progresses through the writing up stage, but the skill of turning thesis chapters into publishable papers is more difficult and time-consuming than might be imagined. Although the UKCGE (1998) claims that some faculties have an 'unofficial policy' of expecting candidates to publish papers before they submit their thesis, this is certainly not our experience where completion and submission of the thesis in a timely manner takes precedent over other scholarly activity.

Thirdly, the lack of doctorally prepared academics could be due in part to a growing realisation that the traditional PhD might not be best suited to the particular nature of nursing scholarship and research. It is worth noting that the PhD was originally a prerequisite for *teaching* in higher education (from the Latin *docēre* – to teach). During the nineteenth century the doctoral degree was generally awarded for significant achievements in a particular field of study rather than for a research thesis (Simpson, 1983), and it is only recently that it has come to be regarded as a research training. In fact, the PhD by research has a surprisingly short history in the UK, first appearing in the years following the First World War, although the modern PhD system only took shape in the 1950s (Simpson, 1983). Whilst doctoral students in the arts and humanities tended to carry out independent and usually non-empirical research studies in a field of their own choosing, many science students joined existing programmes of research and were therefore closely supervised and directed on a day-to-day basis. The pattern in the discipline of nursing, however, tends to be for PhD students to conduct a relatively large independent empirical study, which often provides a research training in a very narrow methodological and theoretical field. It could be argued that many of the resulting theses are too large, take too long to complete, are too narrowly specialised, and do not contribute to existing programmes of research in the wider discipline of nursing. Indeed, we would contend that the traditional PhD is often not fit for purpose for either researchers or teachers. Mary Midgley, a leading academic who claims to be 'proud not to be a doctor' (Midgley, 2005) suggests that 'there ought to be a corrective course after the PhD – a course in bypassing details to look at the whole landscape' (Midgley, 2005).

Finally some, such as Mason and McKenna (1995), have questioned the 'lone independent researcher' ethos of the modern PhD, which can result in a very lonely and isolated educational experience. Indeed, if, as some of us believe, education is an inherently social process, then the experience of undertaking a doctorate is hardly educational at all. Furthermore, it could be argued that the 'independent researcher' experience fails adequately to prepare prospective researchers for the realities of post-doctoral work as part of a large multi-disciplinary research team. In a similar vein, Midgley questioned the adversarial nature of the *viva voce* examination, in which 'institutions . . . train their students in fighting mock battles, and that emphasis on competition has increased out of all measure' (Midgley, 2005). We would support this sentiment, and add that this growing emphasis on the researcher as combatant mitigates against the ethos of team working and, more generally, of the caring professions.

The 'Staff Doctorate' or PhD by publication

The time has perhaps come to reconsider whether the traditional PhD by research is the most appropriate qualification for teaching and researching in the discipline of nursing. Whilst it is possible to reconfigure the traditional PhD so that it provides a more useful and realistic research training for nurse academics in the twenty-first century, we would also like to see a refocusing on the original purpose of a doctorate as a preparation for teaching and general scholarly activity. There are a number of alternative doctoral routes in the UK, including the ever expanding professional doctorate. However, the model we wish to explore here is the doctorate by publication, which we see as addressing not only the particular needs of the nurse academic as outlined above, but also of the discipline of nursing generally.

The UK Council for Graduate Education has defined the PhD by publication as that awarded:

to a candidate whose thesis consists entirely or predominantly of refereed and published articles in journals or books which are already in the public domain. (UKCGE, 1996).

Although it would appear from the literature that the first PhD by publication was awarded by Cambridge University in 1966 (Wilson 2002; Hoddell et al., 2002), there is a longer informal tradition of the 'staff PhD'. For example, the mathematician FN David was appointed as an assistant lecturer at University College London in 1935, and was awarded a doctorate three years later in recognition of four previously published papers. (As an aside, her full name was Florence Nightingale David, so named because her parents were friends of Florence Nightingale, who died a year after her birth). In a similar case, the philosopher Ludwig Wittgenstein was awarded what we believe to be the first PhD by publication from Cambridge University in 1929 for his book *Tractatus Logico-Philosophicus*. This work had been published seven years previously and his *viva voce*, as Monk (1991) notes, was hastily convened so that he could be awarded a doctorate and gain access to a grant to pay his college fees and continue his research. Perhaps it is at this point that any comparison between one of the greatest minds of the twentieth century and doctorates by publication should end, for it is inconceivable that any candidate today would finish his *viva voce*, as Wittgenstein did, by clapping their examiners (Bertrand Russell and G.E. Moore, no less) on the shoulders and soothingly remark 'Don't worry, I know you'll never understand it' (Monk, 1991, p.271).

Despite the doctorate by publication route having its origins in early part of the twentieth century, growth has been slow. In 1998, the UKCGE, estimated that only approximately half of the universities in the UK had regulations in place to make this award to current members of staff (UKCGE, 1998). The latest report by the UKCGE (Powell, 2004), based on a survey of UK institutions, shows the numbers offering this route had risen from 37 in 1996 to 64 in 2004, although as they note, some caution should be taken in interpreting these figures because of inconsistencies in reporting. This same report shows the number of awards during 2000–2002 was small, totalling 58 in all. Nevertheless, a trend is clearly discernible which does have implications for nurse education, in as much as our paper was sparked by the revision to regulations for a PhD by publication within our own university, as well as the interest shown by some of our colleagues in undertaking a doctorate via this route.

Clearly, the question of academic level needs to be addressed if the PhD by publication is to gain wider acceptance. The UKCGE reports that there are 'two distinct routes' to a PhD in the UK; one based on a programme of supervised research and the other based on publications made independently of a supervised programme (1998). The same report identifies that both routes require that the candidate should undertake training in, and demonstrate knowledge of, the research methodology, make a contribution to knowledge as well as submitting a thesis and defending it in an oral examination. From our experiences of supervising and examining predominantly nursing doctorates by both of the above routes, we believe that achieving a PhD by publication is no less academically rigorous than achieving a traditional PhD or professional doctorate by research. We see the main distinction between these routes as resting on the composition and size of the thesis and, of course, the publications emanating from it. Using our own university regulations as an example, we would expect the wordage of a thesis to be up to 85,000 for a traditional PhD or professional doctorate, which is similar to other institutions we have experience of. In marked contrast, the PhD by publication usually consists of a compilation of published research papers, together with a 5–10,000 word critical appraisal to set the work in context.

Within Europe, acquiring a PhD by publication would appear to be far more widespread than it is in the UK. Although the number

of published papers required will vary between institutions and countries, all consistently stress the need for these to be 'coherent' and make an impact in the subject field. For example, countries such as Bulgaria, the Czech Republic and Estonia require from 1 to greater than 3 publications, whilst a science faculty in a Swedish University quoted four to ten papers (UKCGE, 1998). We regard this trend away from judging the thesis by its weight as a positive move: Wittgenstein's influential *Tractatus* comprised only 80 paperback-sized pages; Einstein published four papers in 1905 that changed forever our perception of the world. In addition, candidates may also undergo a compulsory oral examination (*viva voce*) and one or more appointed examiners may also judge the quality of the candidate and their thesis (UKCGE, 1998). This mirrors the regulations introduced in our own university, which are based on the Dublin Descriptors (J.Q.I., 2004), and again emphasise the academic rigour expected.

The characteristic that most usually defines a PhD by publication, however, is that it is based on a retrospective examination of an established body of work that has already (apart from the critical appraisal and *viva voce*) been peer reviewed and published. In short, the candidate must already have a successful track record of publications in an established field before submitting their thesis and defending their work in an oral examination. Indeed, it could be argued that the original motivation for the staff PhD was precisely the opportunity it offered to make a retrospective award for the mutual benefit of the member of staff and the HEI. This was certainly true in Wittgenstein's case.

The case for promoting the prospective PhD by publication

We have seen that many HEIs in the UK already have in place the provision for a PhD by publication or 'staff PhD'. We wish to suggest that, in addition to the usual retrospective route where candidates submit a portfolio of previously published papers, it would be beneficial to promote the *prospective* route, based on established programmes such as those in Scandinavia (Hamrin, 1997), Utrecht University, Holland and Queens University of Technology, Australia (Courtney et al., 2005). Under this route the student not only undertakes rigorous research but also prepares and submits papers to refereed journals. These papers are based on each phase of the research, and selected ones form part of the thesis which has to be defended at a *viva voce*. Courtney et al (2005) identify how this critical appraisal from blinded journal referees throughout the doctoral programme lends itself to a stronger body of research. In a helpful discussion they also show how the Utrecht and Australian programmes enable a coherent programme of research and scholarship to be planned in advance with the candidate being supported and supervised at all stages, including writing for publication.

We believe that this approach to obtaining a PhD would address many of the shortcomings of the traditional route, particularly for the discipline of nursing. Firstly, it solves the problem of PhD students not having the time to publish from, or otherwise disseminate, their thesis. In our experience of working with nursing PhD students, publications are not always a priority even after the doctorate is awarded, and work from some PhDs and professional doctorates is never shared or disseminated through publication. This is not good news for nursing scholarship, nor indeed for HEIs, who have often spent considerable time, money and effort on sponsorship and supervision time. HEIs are, in our opinion, entitled to a return on their investment in terms of scholarly publications that merit inclusion in the research assessment exercise; achieving a doctorate should not just mean a change in title for the individual involved. Clearly, the prospective PhD by publication route guarantees a significant number of publications from the thesis.

Secondly, this approach could also include a number of smaller studies undertaken sequentially over a period of several years. The candidate could explore and gain experience of several different research methodologies that might not sit comfortably together in a single large study. Thus, whereas a traditional PhD would usually provide an extremely narrow research training in one or two closely related methodologies and subject areas, the PhD by publication has the scope to be as broad or as narrow as the candidate wishes and coherence allows. In addition, the sequential and developmental nature of the individual projects encourages integration and flexibility, and can adapt and respond to the changing and developing interests and work commitments of the candidate and her HEI. Whereas a traditional PhD thesis might no longer be of interest or relevance to the student by the time it is submitted, the PhD by publication can grow and change as it progresses.

Thirdly, and related to the above point, the multiple project format of the PhD by publication allows for a closer relationship with practice than is often possible with the traditional monolithic thesis. The candidate could, for example, begin with some theoretical work, move on to one or more empirical studies and finish with some applied or evaluative work. Because the PhD by publication does not need to be solely focussed on empirical research, and because of the developmental nature of the overall programme of study and publications, it is possible to be flexible in the latter stages of the programme by planning practice interventions and evaluations in response to the earlier empirical findings.

Fourthly, the PhD by publication also offers possibilities for collegiate collaboration, since most university regulations allow for jointly authored papers so long as the candidate makes clear the extent of their personal contribution (Courtney et al, 2005). This reduces isolation and provides valuable experience of working as part of a research team in preparation for the post-doctoral funded projects that the candidate is likely to encounter later in their research career. Finally, the PhD by publication offers the possibility of a less confrontational and more collegiate *viva voce* examination as an intellectual encounter between published authorities in their field.

As we might expect, there are also a number of difficulties with the prospective PhD by publication route which would include the time taken to prepare and submit papers, responding to peer review and criticism before gaining acceptance and finally publication, but we contend that these obstacles are more than compensated for by the benefits to the individual candidate, to the HEI and to the discipline of nursing as a whole. There is also the more pragmatic objection that the regulations for staff PhDs are different for each HEI, and that they were not designed to deal with the particular demands of a prospective route. For example, the regulations for our own institution specify a period of candidature of between six and twelve months, during which time the student will work with an advisor who 'will support, advise and guide the candidate through the process of submission and examination of the published work'. Furthermore, only papers published during the five years prior to submission will be eligible for consideration. Whilst these regulations might suit the candidate who already has enough previously published papers for immediate submission, a work-around would be required for a candidate on a prospective route. Assuming no previous publications, the candidate would have a maximum of five years between publication of the first paper and submission of the completed portfolio, of which only the last twelve months could be as a formerly registered fee-paying student with an official advisor. However, assuming that the HEI recognises the benefits for all concerned of allowing the member of staff to pursue this route to achieving a PhD, it is sure not beyond the imagination of the parties concerned to come to a mutually agreed arrangement.

The PhD by publication also prompts the question (which we touched upon earlier) of academic level and what should count

as 'doctorateness'. On the one hand we have the problem of how to assess the published papers which form the corpus of the thesis. Should the examiners simply accept that their publication in peer reviewed journals is evidence enough of their academic level; should they perhaps judge them (as often happens in the RAE) according to the academic status of the journals in which they are published; or should they assess each individual paper on its own merits? If the latter approach is taken, it must be borne in mind that, unlike the assessment of a traditional PhD thesis, the examiners are unable to ask for changes or revisions to papers that have already been published, and their recommendations are therefore limited to pass or fail. On the other hand, the examiners might direct most of their attention towards the critical appraisal which usually accompanies the portfolio of published papers, on the assumption that it is this critical self-assessment that is the most important and difficult intellectual skill for academics to master, and which is the best indication of doctoral level work. Indeed, we might argue for a further level of 'self-evaluation' or reflexivity on Bloom's taxonomy of educational objectives above the highest level of evaluation (Bloom, 1956).

As a final note of caution, it must be pointed out that this route to a PhD is not for the fainthearted, since there can be no guarantee that the papers submitted to academic journals will actually be published. However, our fairly extensive experiences of writing for publication suggest that a high quality paper with something of relevance and importance to say will almost inevitably find an outlet in the academic press.

Discussion and conclusion

What is commonly thought of as the 'traditional' PhD by research is, in fact, a relatively recent award. However, we contend that it might already be outgrowing its relevance and usefulness for many nurse academics, particularly those who do not intend to pursue a predominantly research-orientated career. As an alternative, we have suggested a route to a PhD that takes advantage of the regulations already in place in many HEIs within the UK for a 'staff doctorate' by publication. We have also suggested that the prospective route to a PhD by publication be promoted, based on established programmes in Europe and Australia. We believe that both routes address and overcome many of the difficulties faced by nurse academics not only in the UK but in other developed countries too, and allows them the opportunity for academic, professional and personal development within their own organisation. Promotion of these routes will, in addition, enable HEIs to increase their overall performance in the next Research Excellence Framework (or equivalent depending on country), thus enhancing the standing and reputation of nursing as an academic discipline.

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