Aims and objectives. The development of education options for nurses has been inexorable and it is increasingly the case that senior nurses are considering a doctorate as the logical next step in their educational career. Such individuals need to make important decisions as to whether they should embark on a taught doctorate, professional doctorate or a traditional PhD. Each of these options will necessitate a considerable investment in time and money as well as the sacrifice of quality time and spare time over a significant number of years. A doctorate is not for everyone. Those still reading this text may be asking ‘could this possibly be for me’? This paper will try to help the reader decide which if any option to take.

Background. It is suggested that nurses will now turn to the doctoral degree as their next adventure in academic study. It is argued that this development is not being controlled by management forces and indeed cannot be controlled by them. This last is chiefly because the move towards doctoral education is led by individuals who choose to study for a doctorate simply because they can. The paper considers what choices are available to nurses who wish to pursue a doctoral programme of study. In particular, this paper considers what new developments in doctoral courses are becoming available and what advantage there may be in studying for one of the newer professional doctorates rather than a traditional PhD.

Method. The material here is the result of a review of the literature on recent developments in doctoral education for nurses. The existing provision by UK and other universities was also reviewed, the data being collected by an informal review of universities’ advertising material.

Conclusions. It is inevitable that some nurses who are already qualified to degree and masters degree will take advantage of the doctoral degree opportunities which now newly present themselves. For nurses in practice, the advantages of the professional doctorate is that it is more structured, enables more peer and academic support and is more practice orientated. It is suggested that the move towards doctoral programmes for nurses will present one of the most important evolutionary changes in the practice of nursing.

Relevance to clinical practice. It is suggested that doctoral education for nurses will increase in prevalence and that this process of change is already underway. Doctoral education will provide practitioners with the experience and skills
required to conduct research and further develop practice. For individual practitioners, doctoral education will enhance self-confidence in an increasingly technical and complex arena and in a practice discipline that is becoming ever more politically charged. The professional doctorate appears to be particularly suited to senior nurse practitioners. What remains is for us to accept this new challenge and to shape its development for the benefit of the practice of nursing.

Key words: education, nurses, nursing, professional development, professional doctorate

Introduction

In a few short years, nursing has seen the replacement of the traditional apprenticeship system by higher education diplomas, degrees and masters degrees. These developments have been much criticized, not least because of their incoherent progress (see Corner 2001, Thompson & Watson 2001). It should be noted that all this is happening to a discipline that never did achieve independence, it remains a closely managed discipline with its all too transparent roots in domestic service (see Maggs 1983). Nursing never even achieved ‘occupational closure’ (Hardyment 1995), anyone can nurse and all kinds of people do. Nursing, then, is not a typical ‘profession’, or an occupational group where one might expect to see people educated to doctoral level. Despite this, the change to an increasingly qualified nursing membership has been relentless. This is all the more surprising because change in nursing has never been logically or self determined (see Maggs 1987, Rafferty 1996). It seems, then, out of some ironic paradox that our discipline gives birth to the ‘doctor of nursing’. But this is not about nursing, it is about people who happen to be nurses. While nursing was always tightly controlled by others (see Darbyshire 1987, Arton 1992), nurses as individuals are much harder to control.

Perhaps we should ask what the most appropriate educational level is for nursing, should it be diploma, degree; should nurse practitioners possess a masters degree? But to suggest any of these would be to miss the point. Nurses will want to study for a doctoral degree because it is there to be sought. We should not be sidetracked by notions of what patients need. Nor should we be misled by well-intentioned visions of the future of nursing (see Meerabeau 2001). Nurses will undertake doctoral study because, for them, it is the next thing to do. This next ‘development’ will take place not because of anyone’s vision of nursing but because nurses, despite all attempts to institutionalize them (Goffman 1962) and to their eternal credit, remain intelligent and enquiring people. Nurses themselves are directing their own future. The UK government’s Nursing and Midwifery Council has been excluded from this whole process by the very individuality of the endeavour referred to here.

Therefore, nurses usually will pursue their academic ‘careers’ in parallel with their work in practice areas. It does not matter what criticism this brings from those who wrongly consider that education is the antithesis of practice (see Sergeant & Malone 2005). It remains only to note what options are available to those who wish to accept the challenge. We should be sure of this; we are witnessing nursing’s greatest achievement yet, not because of what will be discovered as nurses begin to meet this challenge (though this may be considerable) but because nurses may reach new levels of personal and professional self-confidence perhaps not yet seen within the profession.

Choices

For the purpose of this discussion, the doctoral degree exists as either a taught doctorate, professional doctorate or PhD (doctor of philosophy). Briefly, the taught doctorate has a significant taught or classroom element but does also require the individual to carry out research. The professional doctorate also has a significant taught element but is orientated to practice. The PhD has a research training element but is mostly comprised of independent research.

To understand the various doctoral options it should be appreciated that the system of university awards has over the centuries swayed with the tide of fashion. The PhD degree has only been with us since 1920 (Bourner et al. 2001). It should not be surprising that trends with regard to doctoral degrees may be changing. Like medicine, nursing is a practice discipline, had it been part of the academic environment in centuries past it would almost certainly have been associated with professional doctorates rather than doctoral programmes with a purely research focus (see Bourner et al. 2001). Within the last 100 years, medicine has presented an unusual example of a discipline that has kept its professional doctorate (the British MD).
Bourner et al. 2001 suggest that the first doctoral degrees were conferred by the University of Paris in the 12th century. For the next six centuries the professional doctorate was the main or only doctoral degree available in European universities. The PhD is a newcomer, first becoming available in Berlin University in the 19th century (Bourner et al. 2001) where it mirrored the increasing emphasis of research over professional pedagogy. Yale University commenced its PhD programme in the late 1850s but Bourner et al. 2001 suggest that much resistance from British Vice Chancellors delayed its introduction here until the University of Oxford awarded its first DPhil (synonymous with PhD) in 1920.

The world of academic doctorates possesses a confused and confusing nomenclature and great care needs to be taken to avoid assuming that, because two degrees have the same name, they have much if anything in common. In addition, there is no universally recognized classification system for doctoral degrees, we can talk of taught doctorates, professional doctorates and research doctorates but individual doctoral degrees often wander around aimlessly, taking very little notice of these labels. Much of the remaining confusion can be attributed to differences between the nomenclature in the US and the UK. In the first half of the 20th century the US began a proliferation of professional doctorates which, in the main, were designed as preprofessional qualifications. In this way, the US MD is not an equivalent of the PhD or even of the British MD either in design or in level but is a preregistration qualification. In Australia, however, the expanding portfolio of professional doctorates has always been intended for a population of qualified professionals. Should this not be confusing enough, it must also be appreciated that by the 1920s, the US PhD had begun to incorporate a significant taught element, introducing a degree of similarity (and confusion) with the post qualifying professional and taught doctorates in the rest of the world.

Admission

Entry to a PhD programme is usually via a first class or upper second class baccalaureate degree. However, there is usually a stipulation that research training be acquired through the selection of modules at Masters level. In contrast, Bourner et al. (2001) found that professional doctorates usually required the candidate to have a master’s degree in the appropriate field. In addition, candidates for a professional doctorate are normally required to be experienced practitioners in the chosen field. For most subject areas, this provides an important distinction between the entry qualifications and even the purpose of the PhD and Professional doctorate programmes (Table 1). However, this distinction is likely to be less apparent in nursing where PhD programmes are often undertaken at a relatively late stage in the individual’s career and because of this tend to be focussed on aspects of the individual’s practice.

Full or part-time study

It should be understood that nursing is still developing a presence within higher education. Nursing is still considered to be a practice discipline with a well recognized reluctance to embrace higher levels of study, especially where such study is not related directly to practice (see Lyons 2002). One effect of this is that full-time doctoral study has only unusually been available and it is likely that part-time programmes remain more relevant. However, part-time programmes are more likely to appeal to nurses in practice and the fact that many nursing programmes at all levels are available on a part-time basis may be a serious advantage. The professional doctorate is always undertaken on a part-time basis and is one way in which it is seen as being embedded within the requirements of practice and industry. Bourner et al. (2001) suggests that it is in this way that the professional doctorate can be seen as ‘the coming of age of work-based learning’ (p. 74). Care should be taken here, however; any doctoral programme represents a great deal of work over several years. It is not at all unusual for people to take seven years to complete a PhD. A lot can happen in seven years, children, mortgages and new jobs will all compete for ever more limited resources. Full-time studentships should not be dismissed lightly. Part-time study not only takes much longer to complete but it is a notoriously isolating experience (Advisory Board to Research Councils 1982). There are serious advantages in full-time studentships that may not pay well but which are usually completed in three years and which provide the student with university office space and the more ready availability of support and supervision.

Table 1 Typical degree regulations

<table>
<thead>
<tr>
<th></th>
<th>PhD</th>
<th>Professional doctorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission</td>
<td>Good honours degree</td>
<td>Masters degree</td>
</tr>
<tr>
<td>Taught elements</td>
<td>Research training modules</td>
<td>approximately two-thirds taught</td>
</tr>
<tr>
<td>Thesis</td>
<td>70 000–100 000 words</td>
<td>Usually 30 000–60 000 words</td>
</tr>
<tr>
<td>Viva</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Programme choices

The taught doctorate

The UK Council for Graduate Education 2002 state that the taught doctoral programme contains a taught element that goes beyond that required for research training. The term ‘taught doctorate’ may not be popular with some academics because of concern that the word ‘taught’ could wrongly indicate a lower level of doctorate (see Powell & Long 2005). However, there is almost always a sizeable thesis which needs to be undertaken in addition to the taught element. Another difficulty is that the taught doctorate is easily confused with the professional doctorate, in fact some taught doctorates could be called professional doctorates. The difference between the two lies in the requirement that the latter be embedding in a practice discipline. The EdD has been offered at the University of Toronto since 1894, predating the first PhD programme there by three years. However, Allen et al. (2002) note that this programme is actually decreasing in popularity because of the way in which PhD programmes are being made more responsive to the needs of students. Allen et al. 2002 also note that The University of Toronto is seeing an increase in transfers from the EdD programme to the PhD programme. This may indicate that the Canadian PhD is more positively regarded by doctoral students.

Taught doctorates are cohort based and offer a tighter structure than the traditional PhD. The taught doctorate more closely reflects the US PhD. There is some concern that the taught doctorate may exist at a lower academic level than the research-based PhD and this should be considered seriously by anyone wishing to begin a career in research or perhaps in academic nursing. However, perceptions may change if taught doctorates increase in popularity. Which doctorate is more highly favoured by academics may be of no interest to a clinically orientated individual who currently possesses a masters degree and who is looking to take the next step. The taught doctorate is always considered to be at a higher level than a master’s degree and it may well be an appropriate route for someone who wishes to continue their clinical career and who does not want to become a full-time researcher.

The ‘New Route’ British PhD

This is modelled on the US PhD and involves a larger taught element than the traditional UK PhD. There is an argument that the motive for including the taught element is different from that employed for the taught doctorates (UK Council for Graduate Education 2002) although such an argument may lack an appropriate degree of coherence. The main difference seems to be that the taught element takes place throughout the length of the programme and not just as research training in the 1 + 3 model (meaning one year of taught classes followed by three years of independent research). In practice, the importance of the ‘New Route’ PhD is its development out of a concern for the research-only nature of the UK PhD and for the UK PhD to be compatible with the US variant. In practice, there are few ‘new route PhD’ programmes available for nurses.

The MD (doctor of medicine)

The UK Council for Graduate Education 2002 refer to the MD as occupying ‘an anomalous position within the whole structure of doctoral qualifications’ (p. 16) and suggests that ‘the criteria by which it is judged are rather variable across universities’ (p. 16). Some MDs are probably comparable with an MPhil but some show closer comparison with the traditional PhD (Powell & Long 2005). A complicating factor is that the US MD is a preregistration award and is not at doctoral level. Many UK MDs involve a postgraduate two year period of structured study (see http://www.le.ac.uk/sm/md/registration.htm, accessed 28 February 2006) and as such can be considered equivalent to a taught masters degree. Altogether, this is not a desirable situation for our medical colleagues, for only they can undertake the MD. In practice it is necessary to know where an individual studied their MD for one to know of the level that has been achieved.

The PhD (doctor of philosophy)

The PhD is perhaps the best known of the doctorates. It usually involves a considerable amount of independent study (research) and the production of a large (usually 70–100 000 word) thesis. It can be undertaken on a full-time basis over three years or part-time over (usually) five years. However, those embarking on the part-time route commonly take longer than five years to complete (Boore 1996).

Rightly or wrongly, the PhD is often regarded as the ‘gold standard’ of doctorates. Allen et al. (2002) suggest that individuals do not like the independence of study that the PhD usually necessitates but that they do want the internationally recognized PhD award. In a study of student perceptions of their doctoral courses Allen et al. (2002) found that, while professional doctorate and PhD graduates were both satisfied with their programme, significantly more (62% compared with 46%) of the PhD group thought that their career had been advanced by their award. It is clear from this that, at least some taught doctorate graduates considered the PhD to be a better-regarded degree.
Issues in clinical nursing

Perhaps the most important argument for the PhD is that it can be and is becoming more flexible. Allen et al. (2002) suggest that the PhD programme has become more popular in part because of changes to its structure which allow a more flexible study pattern (see also Evans 2002). Maxwell (2003) cites some examples of more flexible approaches to PhD curriculum design and notes that some PhD programmes are encompassing workplace-orientated issues and McKenna (2001) notes the increasing popularity of PhD assessment by (already) published work. Many of the problems with the PhD such as the perceived lack of peer and supervisor support can be and are being addressed. In a situation where the PhD is regarded as the gold standard, it may be sensible to choose an modernized PhD rather than a taught or professional doctorate which has yet to develop the same reputation for academic standard. Lyons (2002) discusses the ‘PhD by publication’, noting that 72 such PhDs were awarded by UK universities between 1993 and 1995. This route to PhD has the advantage that it responds directly to the fact that the UK Research Assessment Exercise (an assessment of the research quality of universities) values publications more than it does PhDs. Clearly, this is a way an individual can achieve both at the same time. However, the UK Council for Graduate Education (2002) found that the PhD by publications was often only made available to individuals already connected to a university.

Usher (2002) notes the existence of the Australian ‘PhD by Project’ as one of three dominant PhD models in that country, coexisting with the PhD by thesis and the PhD by publications. Usher (2002) notes that the ‘PhD by Project’ began in Architecture and Design but has spread to Business Studies, Engineering and Education. In the ‘PhD by Project’ we have a PhD variant that matches every single characteristic of the professional doctorate, it is cohort-based, structured, possesses a significant taught element, is practice focused and – lastly, it does not have to involve research. Perhaps unfortunately, the PhD by project is not yet available in the UK.

The PhD’s reputation for theoretical study is probably not warranted. The PhD is highly focussed and is often directed towards practice issues. In a study of the way PhD graduates valued their doctoral study Pole 2000 concludes:

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>38</td>
<td>44</td>
<td>51</td>
</tr>
<tr>
<td>Pre-1992</td>
<td>26</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Post-1992</td>
<td>12</td>
<td>18</td>
<td>23</td>
</tr>
</tbody>
</table>


In short, it is possible to do an entire PhD focussed on highly esoteric subjects. However, it is equally possible to focus the PhD on aspects of clinical nursing that really are in need of further study and research.

PhD study is well understood to be an isolating experience (see Advisory Board to Research Councils 1982) with part time students often only rarely meeting other PhD students. This differs from the experience of professional doctorate students because these are likely to be recruited on a cohort basis, this has the advantage of enabling social and group support. Hand provides some first-hand experiences of studying for a doctorate (see also Poulter 2003). Hand faithfully illustrates the PhD’s reputation for demanding, unstructured, independent study. The overall impression from Hand’s article is that the taught or professional doctorate is perceived as ‘another way’ which, in terms of student experience, must be better than the traditional PhD because it could not be worse.

It should now be clear, that those who embark on a PhD will face several years of relatively isolating study. Such an endeavour requires the ability to organize a large project and one’s own time over several years and with only perhaps one supervision meeting per semester. For many in clinical practice, such a course of action may not be wise, especially when other more structured doctoral programmes exist.

The professional doctorate

Professional doctorates were a relatively late arrival in Britain. The first professional doctorate was probably the EdD degree (doctor of education) offered by the University of Bristol from 1992 (see Bourner et al. 2001). Since that time, the number of professional doctorates made available by both ‘old’ and ‘new’ UK universities has proliferated (Table 2). The professional doctorate is easily identified because it has the professional group in the title whereas the PhD does not. So, for example, a DNSc (doctor of nursing science) would be a professional doctorate. The UK Council for Graduate Education (2002) notes that the ‘PhD by Project’ as one of three dominant PhD models in that country, coexisting with the PhD by thesis and the PhD by publications.
Education (2002) suggest that the ‘new’ universities have been slower to encourage professional doctorate programmes, perhaps because they wished to focus on traditional doctorates at least until they had ‘found their feet’ in the world of universities.

Allen et al. (2002) note that, during the 1990s Britain saw a ‘tremendous’ (p. 204) increase in the number of professional doctorates offered by UK and Australian universities. Bourner et al. (2001) note that by 2000 three quarters of ‘old’ universities and one-third of the ‘new’ universities offered professional doctorates. Maxwell and Shanahan (1997) note that, by 1997 in Australia, professional and taught doctorates in education had increased in popularity with there then being over 550 EdD students. It should be noted, however, that the uptake of nursing doctoral programmes of any type in the UK is still relatively small. McKenna (2005) suggests that there may be 300 nursing UK PhD theses at the present time.

The professional doctorate is perhaps the most interesting development in doctoral education, especially because it is designed both to remedy some of the criticisms of the traditional PhD and to be more suitable for nurses in practice. Because of the confused nomenclature surrounding doctoral programmes it is not easy to say when this form of doctoral degree was first developed. However, in an enthusiastic article on the development of a PD programme, Boore (1996) cites the first PD in nursing to have commenced at the University of Ulster in 1995.

The purpose of the professional doctorate is stated clearly by the UK Council for Graduate Education (2002) thus (p. 62):

A professional doctorate is a programme of advanced study and research which, whilst satisfying the university criteria for the award of a doctorate, is designed to meet the specific needs of a professional group external to the university, and which develops the capability of individuals within a professional context.

The professional doctorate is unlike the traditional PhD in that:

1 It offers a systematic programme of research training, linked directly to the research approaches of the discipline in question (Manathunga et al. 2004). This is unlike the ‘research training’ often included in a PhD programme which can sometimes seem ad hoc and unrelated both to the student’s own research topic and the professional discipline within which the study is taking place.

2 The professional doctorate has an ‘image’ of being orientated more closely to practice. However, this link with practice may be more fictional than factual. In a study of academics’ views of the professional doctorate, Ellis (2005) found that although the PD was seen to be more closely linked to practice (than was a PhD), there was confusion about what this was supposed to mean. Furthermore, Ellis (2005) found that to academics, ‘practice’ did not always mean ‘clinical practice’. However, Evans (2002) argues that the traditional PhD is often seen as being purely academic, a characteristic which was criticized by the Office of Science and Technology (1993) and which does probably make it less appealing to those whose main orientation is clinical practice. Interestingly, Allen et al. (2002) suggest that this distinction no longer holds true and that practitioners will choose a PhD programme where it is tailored to their needs as practitioners. Overall, those studying for a professional doctorate in nursing will be undertaking their study with a group of other nurses and within a department of nursing. This in the end is likely to give the appearance of the study being more practice orientated.

3 The professional doctorate is a much more structured programme than is the PhD (UK Council for Graduate Education 2002). A candidate for the programme is able to see what they will be doing at any one point in the course and the modular and tutorial support is more like that which would be expected, for example, in a taught MSc. However, the academic level builds on that of a Masters Degree and there is usually some element of independent research. Traditionally, a typical PhD programme would neither be modular or credit rated. Professional doctorates tend to have a much clearer modular framework which is also more clearly credit rated. It should be noted that this last is a requirement of the QAA (see Quality Assurance Agency 1999). The credit rating for professional doctorates varies between universities but 540 credits are often applied (equals three full time years of study at 180 credits a year).

4 The professional doctorate is not designed to prepare an individual for an academic post (UK Council for Graduate Education 2002) but is designed to enable the individual to develop high level skills that can be applied to the practice arena. It follows from this, that those seeking a career wholly within academic nursing (in a university) might usefully be advised to undertake a PhD rather than a professional doctorate.

5 Perhaps the most important way a prospective student would see a difference between the professional doctorate programme and a PhD is that in the former the student is doing only one task at a time. This task might be a module on reviewing the literature, during which the bulk of the work on the student’s own literature review will be undertaken, or the task might be learning about methodology, during which time the student will probably
produce his or her own methodology chapter. This systematic, one step-at-a-time approach is of course entirely consistent with both the scientific method and of a rationale and logical means of ensuring the successful completion of any large project.

In a review of UK doctoral programmes, Bourner et al. 2001 found that, while PhD programmes varied in length (were flexible) between 36 and 72 months part-time, professional doctorates tended to have a fixed duration (usually 48 months). However, professional doctorate programmes currently advertised by UK universities suggests that this is not always the case with the ‘thesis’ stage often being flexible in length. The length of the PhD thesis is typically 70 000–100 000 words with shorter (40 000 word) theses usually being confined to the traditional science disciplines such as Chemistry (see Bourner et al. 2001) (Table 3). In all cases there is also an oral examination (viva). It can be seen from the table below that thesis length requirements of professional doctorates do not always differ greatly from that of the typical PhD. This is an important observation given that some consider the PhD to be the ‘gold standard’. The professional doctorate is not an easy option and in some universities it can present the student with a higher work load than would be required for the PhD programme. It is very important to look around, obtain different prospectuses, meet the faculty staff and ask questions about what work will actually be required.

It can be seen from Table 3 that there is some considerable variation in the thesis length requirements between universities. Bourner et al. (2001) also found an important degree of variation in the length of professional doctorate theses in English universities. In some cases the requirements were very similar to that of a PhD. On the other hand, some universities (e.g. Leeds Metropolitan University) required students to complete two short research projects, each of 30 000 words or a major and minor study e.g. of 25 000 and 15 000 words (University of Bath). Overall, Bourner et al. (2001) found that the professional doctorate was characterized by the requirement to submit one of the following:

- A smaller scale research project than that required by the typical PhD programme but one which was evaluated by the same criteria as applied to PhD theses;
- Two or more smaller research projects;
- A portfolio containing a collection of projects which in themselves did not necessarily constitute one larger project;
- A collection of papers published in academic and peer reviewed journals.

Some professional doctorates have a masters degree integrated within the design of the doctorate (see Liverpool John Moores University) whereas in other universities the masters degree exists only as a step off point. The MRes degree has been developed quite recently explicitly to prepare candidates for the rigours of a doctoral programme and usually offers all the research training required by the PhD programme. In this way, the MRes degree leads succinctly on to a PhD whereas MPhil and MSc are more often used as a ‘step off’ point. It should be noted, however, that most universities requires candidates to register initially for an MPhil degree before being permitted to transfer to PhD, in this case the student never actually completes the MPhil.

Professional doctorates vary in terms of the proportion of taught to independent research work with most comprising between one- and two-thirds coursework (see Maxwell & Shanahan 1997). Maxwell (2003) suggests that there is emerging a new curricular model for the professional doctorate. The old model, common until recently was that of course work underpinning independent research. According to Maxwell (2003), the emerging model includes research training, the production of a portfolio and a supporting programme of seminars, meetings, conferences. However, in most cases the ‘thesis’ is maintained (sometimes called an exegesis) even if this can be complemented by other material such as computer software and folios.

### Table 3 Length of thesis in Australian professional doctorates in education

<table>
<thead>
<tr>
<th>University</th>
<th>Min/max words</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACU</td>
<td>50 000–</td>
</tr>
<tr>
<td>CQU</td>
<td>40–60 000</td>
</tr>
<tr>
<td>CSU</td>
<td>50–60 000</td>
</tr>
<tr>
<td>Deakin</td>
<td>Up to 50 000</td>
</tr>
<tr>
<td>La Trobe</td>
<td>50 000</td>
</tr>
<tr>
<td>Macquarie</td>
<td>75 000</td>
</tr>
<tr>
<td>Melbourne</td>
<td>55 000</td>
</tr>
<tr>
<td>Murdoch</td>
<td>40–80 000</td>
</tr>
<tr>
<td>Newcastle</td>
<td>50–50 000</td>
</tr>
<tr>
<td>QUT</td>
<td>50 000</td>
</tr>
<tr>
<td>Sydney</td>
<td>30–70 000</td>
</tr>
<tr>
<td>Tasmania</td>
<td>45 000</td>
</tr>
<tr>
<td>LINE</td>
<td>Up to 70 000</td>
</tr>
<tr>
<td>UNSW</td>
<td>40–80 000</td>
</tr>
<tr>
<td>UTS</td>
<td>40–60 000</td>
</tr>
<tr>
<td>UWA</td>
<td>60 000</td>
</tr>
</tbody>
</table>


The value of taught and professional doctorates

It should be understood that the academic value of the professional and taught doctorates is ‘meant’ to be equal to that of PhD. However, as Weber (1958) suggests, if men perceive situations as real, they are real in their consequences.
and it is important to reflect on how a professional doctorate is likely to be perceived by the academic fraternity, clinical staff and by the general public (Table 4).

The UK Council for Graduate Education (2002) note the National Qualifications Framework’s distinction of the PhD and professional doctorate (Quality Assurance Agency 2001), especially around the required credit rating for the latter (and the required lack of credit rating for the former). In view of this, the UK Council for Graduate Education (2002) is forced to conclude that ‘clearly, it is not unreasonable that the PhD should occupy a unique position – it is clearly the pinnacle of achievement in the academic system and is, therefore, by definition, unique’ (p. 47). It is not clear why credit rating a programme should make it less valuable that one that is not credit rated. However, in a study of 41 HE institutions, Ellis (2005) found that there did exist a wide range of attitudes to the professional doctorate. It is concerning that Ellis (2005) found approximately one-third of the academics in her study to have doubts about the academic quality of the PD in relation to the PhD. It may simply be that this range of views relates to the fact that professional doctorates vary so much in their implementation with some being tightly prescribed and orientated to content and others being almost indistinguishable from a PhD (see Ellis 2005) and perhaps to the confusing nomenclature in use at the present time. One should, however, be clear about this, the taught and professional doctorates are widely viewed as a significant personal achievement and are always considered to be at a higher level than a masters degree. There can also be no doubt that the traditional PhD is not for everyone and that it should only be considered the best doctoral choice for those individuals who see their future careers in academic nursing or in research.

While the exact nature of the professional doctorate varies widely, it always possesses a sizable taught element and it is always more structured. Bourner et al. (2001) found that the taught element varied between 15–20% and 35–50% with EdD programmes having the greater proportion of taught content. The taught element of a professional doctorate is much less didactic than that commonly found in first and masters degrees but rather reflects ‘guidance’ and ‘mentoring’ (see UK Council for Graduate Education 2002). The traditional PhD is both characterized and different from baccalaureate and masters programmes in that the study is mostly unstructured and only loosely supported. Typically, a PhD student would expect to see his or her supervisor only once a semester. The PhD has value today, partly because the graduate is seen to have completed the work with relatively little assistance. The professional doctorate on the other hand, with its course work and greater supervision could be seen as facilitating a less independently minded research capability. To balance this last, most UK universities have had to address the high ‘drop out’ rate associated with the traditional PhD by enabling both a taught element (usually as ‘research training’) and by increasing the level and quality of supervision. It should also be noted that the UK PhD has also been criticized, mainly in relation to its lack of a clear purpose or practice orientation (see Maxwell & Shanahan 1997). The professional doctorate generally has a much clearer social purpose and is generally much more closely integrated in real world practice. Perhaps ultimately, one should consider to what degree Medicine has been well served by the MD, a degree that in terms of academic credibility usually (but not always) lies somewhere between a masters degree and a professional doctorate. Most would probably conclude that the MD has served Medicine quite well over the years. It is very likely that the professional doctorate in nursing will serve practicing nurses every bit as well in the future.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Respondent with PhD</th>
<th>Respondent without PhD</th>
</tr>
</thead>
<tbody>
<tr>
<td>A professional doctorate represents an academic challenge similar to PhD</td>
<td>55</td>
<td>64</td>
</tr>
<tr>
<td>Professional doctorates confer a similar status on an individual as a PhD</td>
<td>52</td>
<td>64</td>
</tr>
</tbody>
</table>


**Conclusion**

It is futile to consider the worth of doctoral programmes in relation to the good or otherwise they will do to the profession of nursing. For the first time in nursing’s history, individual nurses will drive a fascinating new development. They will embark on doctoral programmes for just one reason, because they can. However, it is clear from the material presented here that it is no small thing to commence on a doctoral programme. Nurses are busy people, they commonly have a job, a family and a thousand other demands on their time and on their sanity. However, the inexorable progress of nurse education cannot be ignored, nor can it be denied that some of those whose base is in clinical practice will decide to embark on doctoral study and that indeed, they are already doing so.
This discussion has considered the confusing range of doctoral degrees available at the present time. One might ask ‘what’s in a name’ and question the rationale for so many doctoral degrees when so few ideas lie behind their various designations. There is a lack of coherency and far too much variation. What this means in practice, is that it is important to look at the overview curriculum before selecting a course (it could mean the difference between having to write a 40 000 word thesis and having to write twice that much). It is also very important to look around, do not just assume you will do your study at your closest university but rather, shop around. In all of this muddle one thing is clear, not everyone who is contemplating yet another long period of study wants to do a PhD. The taught and professional doctorates do present another way.

Contributions

Study design: JJ; data analysis: JJ and manuscript preparation: JJ.

References


