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COMMENTARY

Nursing PhD programmes in Australia: Where we are and where we are going

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It is almost 20 years since *The National Nursing and Nursing Education Taskforce* released the 'Priorities for Nursing and Midwifery Research in Australia' report (National Nursing and Nursing Education Taskforce [N3ET], 2006). This report was the result of a national consultation commenced in 2005 at the behest of the Australian Government of the day, to develop national research priorities for nurses and midwives in Australia. It provided both a focus for developing research capacity over time, and a means for guiding investment in research activity for nurses and midwives. Crucially, the report identified four priority areas. These were: undertaking research to align with the national health priorities; developing a critical mass of researchers in nursing and midwifery, growing generations of researchers and integrating research findings into practice (N3ET, 2006). Research training and particularly PhD training are crucial in these endeavours. Given the passage of time since the release of this report it is timely to consider the current state of nursing research training and doctoral education in Australia. In this commentary, we focus on nursing PhD programmes only, recognizing that the higher degree education needs of midwives requires separate consideration given its own professional characteristics and unique contextual demands.

Doctoral students are the life blood of any successful research environment, and a steady stream of well-prepared doctoral students is essential to developing nurse-led research. Nurse researchers are needed in clinical practice to help implement evidenced-based approaches to clinical care, and to lead research to enhance patient care. Nurses and midwives still make up 54% of the Australian health

care workforce, with about 350,000 registered nurses and midwives (DoHA, 2023). In addition to being essential to research capacity-building, nurses with PhDs are also essential to the short- and long-term sustainability of the nursing academic workforce and thus, to the ability of the profession to provide quality education preparation to future generations.

The academic nursing workforce is a workforce under pressure (Singh et al., 2022), and its future is dependent on a steady stream of PhD qualified nurses coming into the workforce. Considering grant funding awarded to nurse researchers it is self-evident that nurse-led research is still not at the quantum that reflects the size and contribution of the nursing workforce to the health of communities and populations. Nurses have received only somewhere between <1% and 5% of National Health and Medical Research Grants (NHMRC) over the last decade (Eckert et al., 2022). Whilst the reasons for this are no doubt multiple and systemic, the number of doctorally qualified nurses and the quality of the research environment are two key and known factors that can impact research outcomes. McKenna and Thompson (2024) recently raised alarm bells on the current state of nursing research and its potential to deteriorate given existing contextual factors. One of these contextual issues pertains to doctoral education, with issues of supervision quality, poor funding support and dilution of the research focus identified as key concerns. We share several of these concerns and suggest that there is a need for nursing as a profession to critically review what a PhD in nursing means and how it is positioned in the context of multidisciplinary research in a global health context.

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Currently, almost all Australian universities offer doctoral programmes for nurses and midwives and overall doctoral completions continue to increase in Australia, largely driven by increasingly tighter requirements for timely completions. This is in addition to sustained support from funding agencies, stricter monitoring of progress and wider use of strategies such as time-linked formal milestones. The 'long tail' of non-completions that has been a common feature of many nursing PhD programmes is rapidly ending. This tail has in part been a symptom of the issues raised by McKenna and Thompson (2024), especially the lack of required funding for full-time study resulting in a larger than usual number of part-time students. This situation coupled with the fact that many nursing PhD students come to doctoral studies quite late in their career means that the effective research career years are shortened. This is a hugely significant issue for nursing PhD programmes, as despite its ageist undertones, the economic value of investment in PhD programmes is a key consideration of funding agencies. Despite this situation, there are few models of the 'brightest and best' graduates being fast-tracked into PhD programmes or funding schemes to enable such models to exist. There is an urgent need to explore models of graduate education that enable graduates to progress to doctoral education as soon as possible after graduation, so that they have the best chance of career success and sustainability.

All too often, completing a doctoral degree is seen as an ending, a culmination of expert knowledge in one's career. In reality, it marks the beginning of a research career, and so the trajectory and support required for early career researchers (ECRs)—the crucial period encompassing the first 5 years after awarding of the PhD needs careful consideration and investment, for nursing ECRs to establish the research profile necessary to successfully navigate the highly competitive research funding environment.

Successful PhD completions require adequate supervision in dynamic and engaging research training environments. The '*Priorities for Nursing and Midwifery Research in Australia*' report (N3ET, 2006) highlighted the importance of research training and identified issues threatening quality of supervision in nursing and midwifery. Reflecting the situation at the time of the report, comments were made that in some situations, people providing the supervision for PhD students may not be active researchers themselves, may or may not have had appropriate supervision training, and/or may not have the depth of expertise required for successful supervision (p. 40). Similar issues of supervision quality were raised in the editorial by McKenna and Thompson (2024).

Since the publication of '*Priorities for Nursing and Midwifery Research in Australia*' report, whilst there are no doubt pockets of inexperienced supervision, after over 30 years of nursing education in the university there has been consistent growth in research supervision capacity within nursing, as evidenced by increasing numbers of doctoral graduates in nursing. However, the academic literature focusing on how to teach the craft of supervision within nursing and health sciences remains limited. Existing literature highlights that the essential skills for effective supervision are acquired over time and occurs through a range of learning modalities, beyond the

mandatory training offered by many universities. Lived experience is a powerful source of skill development for supervisors in nursing, and appropriate support for supervisors is essential to building supervision capacity. Recognition of these factors in effective supervision are reflected in some of the newer models of supervision, and in the services many universities now provide to develop and support the growth of doctoral supervisors.

Even if the brightest and best are entering PhD programmes early in their careers, and with the best supervision in place, there is still a long way to go in situating nursing PhD programmes in future-focused multidisciplinary research teams. Whilst there are increasing examples of this happening, the Australian challenges are similar to those identified in a recent United States summit which considered the future needs for nursing PhD programmes (Villarruel et al., 2021). The summit argued for better resourcing, future-focused research addressing gaps in science and greater use of emerging methodologies. Future-focused methods such as multidisciplinary data linkage, participatory research, and implementation research methodologies remain under-developed in nursing research programmes. Doctoral students can have their completion times and post-doctoral career prospects improved where their research design uses future-focused methods and team based approaches. For this to happen, schools of nursing need to critically challenge the dominant approach to PhD study that remains pervasive, that is that of the lone scholar, with an individual idea/topic of interest that is disconnected from the often large multidisciplinary research programmes that exist in research centres. These are crucial issues for nursing to consider if we are to produce future-oriented doctoral graduates to lead our research agenda and ultimately drive the critical inquiry required to move the profession into next generation of emerging healthcare directions for the profession and health more broadly. An active research culture will ensure doctoral students are part of integrated teams in health doing collaborative research that are informed by both patient and health system problems (Australian Academy of Health and Medical Sciences [AAHMS], 2022). Research programmes such as these deliver research that has close relevance to health systems and policy which in turns boosts the research outcomes and careers of those involved as well as bringing health benefits to individuals, communities and populations.

The global shortage of nurses is a real and concerning issue. However, whilst having enough high quality nurses to provide safe and effective person-centred care is a top priority, we cannot afford to take our eye off the ball in ensuring that the career trajectory for nurses across the whole career is attended to. Australia lacks formal sustainable clinician researcher pathways or a comprehensive research career framework for nurses. This issue has been highlighted many times over the past decade with calls to address role conflict as most clinician researchers need to make their own arrangements, usually liaising with two different employers. In an exploration of one such existing pathway, Johnson et al. (2023) highlighted the need for a reconceptualization of what being a clinician means to develop creative solutions to protecting research time. We would endorse such a view, but would also contend that nursing research

needs to shift its gaze to one in which nurses are embedded in large multidisciplinary future-focused teams. This shift would ensure nurses are more visible and vocal in generating new knowledge that will contribute to addressing the major health and care challenges of our times.

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