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It is entitled: Factors That Enable Later Career Female Nurses to Complete Their Ph.D. Degrees in Nursing

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Factors That Enable Later Career Female Nurses to Complete Their Ph.D. Degrees in Nursing

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February 2012

A dissertation submitted to the

Graduate School

of the University of Cincinnati

in partial fulfillment of the

requirements for the degree of

Doctor of Philosophy

in the

College of Nursing

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Abstract

Female nurses enrolled in Ph.D. programs who enter doctoral education later in their careers often come with multiple competing demands, such as work, children, aging parents, and community responsibilities (AACN, 2005; Berlin & Sechrist, 2002; Cohen, 2011). For these women, completing doctoral education presents challenges not experienced by the traditional male graduate student who enters doctoral education early in his career (Gardner, 2008; Lovitts, 2001; Nettles & Millet, 2006; Smallwood, 2004). Since most female nurse doctoral students enter a doctoral program after a break from their initial education, due to both the demands and norms of the nursing profession (e.g. experience) and of their personal lives, it can be inferred that female nurse Ph.D. students experience greater challenges in completing their degrees than the typical doctoral student in other fields. In addition, the demand for Ph.D. nurses prepared to educate and mentor the next generation of nurses and future nurse scientists will increase in the coming years (AACN, 2005; NINR, 2011).

The intent of this study is to give a voice to the women who return to Ph.D. study after years away from academia in which they may have started careers and addressed family and social needs. This descriptive qualitative study used ethnographic methods and incorporated interview strategies outlined by Spradley (1979). The feminist perspective served as the theoretical framework for this research. Audio recorded interviews with twelve later career Ph.D. graduates were transcribed verbatim then coded using the computer program NVIVO 9™. In addressing the research question: What factors enable later career female nurses (35 year and older) to be successful in the completion of Ph.D. programs in nursing?, three major themes from the data were identified: plans, support systems, and balance. Plans included motivation, finances and distance. Support systems identified by informants included family, extended family, friends/outside help, cohorts, faculty, committee members and mentors. Balance entailed
various components of self-care, and informants reported episodes of self-doubt, the value of
faith in self or a higher being, and the inevitability that “life happens”. Findings from this study
highlight the need for thoughtful planning, adequate support systems, and coping skills when
pursuing a doctoral degree. New insights gained from this research included: identification of the
rationale, timing and motivation for later career nurses’ return to doctoral study, the merit of
Skype interviewing for qualitative interviews, and post-degree emotional state of mind. Data
from this study will help others in understanding the culture of later career female nurse Ph.D.
students and support them as they complete doctoral studies, continuing their journeys of service
and contribution.
ACKNOWLEDGEMENTS

My dissertation journey was neither swift nor straight. I owe my gratitude to the many professionals, family members and friends who supported me throughout this endeavor. The first plans for doctoral study were spoken at the kitchen table of my aunt and “goal partner”, Joy Kliber's home. This was followed by a call to the University of Cincinnati, where I encountered Dr. Carol Deets, then-director of the Ph.D. program in Nursing. Dr. Deets was welcoming, accepting no excuses. I was soon enrolled in the program. My gratitude extends to the faculty and staff at the College of Nursing for their dedication and commitment to all the students who enter Proctor Hall.

Special recognition goes to my outstanding dissertation committee. I would like to thank Dr. Linda LaCharity, my committee chairperson, mentor and friend. Her soft spoken strength and optimism sustained me through several detours. Dr. M. “Lynne” Smith, my non-nursing qualitative expert, contributed not only her expertise, but her compassion for humanity in assuring the research was conducted and reported with integrity. Dr. Janice Dyehouse challenged me with her attention to rigor, making sure I articulated how this was accomplished. A special acknowledgement goes to Dr. Mary Ann Pitman, who served as consultant. She shared her years of experience as a qualitative research expert and educator, in providing direct, practical advice to reduce the data and create a visual display. To my amazing support team, Paula (technical consultant), Joni (transcriptionist) and Sharon (editor), whose priceless assistance and expertise allowed me to focus on the work of the study.

Family is a priority in my life. To my parents, Paul and Elaine Gallus, and my sisters, Teri and Lisa: Thank you for a home filled with love, and growing up with the belief that girls can achieve anything they want to. To Jeff, my husband: Thank you for our wonderful journey; I look forward to the road ahead. To our children, Katie, Chris, Keith and Kyle: You are our legacy. I am so proud of you.
There are many colleagues and friends that have provided support for me and my family; to them, I am eternally grateful. Last, but certainly not least, to the twelve amazing, resilient women who participated in this study: Thank you for sharing your time and personal journeys. Together, we provide a voice for later career female nurses, honoring years of service to nursing, family and the community. Well done, ladies!
# Table of Contents

Chapter 1: Introduction ...................................................................................................................1

  Statement of the Problem ............................................................................................................2

  Statement of Purpose ..................................................................................................................3

  Research Question .....................................................................................................................4

  Definitions ....................................................................................................................................5

    Factors ......................................................................................................................................5

    Doctorate in Nursing ..............................................................................................................5

    Female Nurse Doctorates .................................................................................................5

  Significance ...............................................................................................................................6

  Why This Target Population? .....................................................................................................7

  Researcher’s Perspective .........................................................................................................8

  Chapter Summary .....................................................................................................................8

Chapter 2: Literature Review ........................................................................................................10

  Introduction .............................................................................................................................10

  Education in Nursing and the Development of the Doctoral Degree ....................................10

    Doctoral Education and Women .......................................................................................15

    Doctoral Education and Nurses .........................................................................................19

      Support ..............................................................................................................................20

      Coping Skills .....................................................................................................................21

      Time Commitment ..........................................................................................................21

      Finances .............................................................................................................................22

  Doctoral Dissertations Addressing Completion of Graduate Degrees in Nursing .............22

  Theoretical Perspective ...........................................................................................................24
Chapter 3: Research Design and Methods

Study Design

Feminist Approach

Ethnographic Approach

Informants

Recruiting Informants

Inclusion Criteria

Procedure for Data Collection and Storage

Demographic Sheets

Interviews

Field notes

Data storage

Protection of Human Informants

Risks and Benefits

Informed Consent

Privacy and Confidentiality

Permissions

Data Management and Analysis

Rigor

Credibility

Transferability
Appendix D: Confidentiality Agreement.................................................................117
Appendix E: Demographic Sheet...........................................................................118
Appendix F: Adult Consent Form for Research ......................................................119
List of Tables

Table 1: Informant Marital Demographics during Pursuit of Ph.D. Degree ................................47

Table 2: Mechanism for Interviews ..............................................................................................50

List of Figures

Figure 1: Data Display for Themes, Categories and Subcategories Identified in Interviews ......52
Chapter 1: Introduction

Female nurses enrolled in Ph.D. programs who enter doctoral education later in their careers often come with multiple competing demands, such as work, children, aging parents, and community responsibilities (American Association of Colleges of Nursing 2005, 2011a; Berlin & Sechrist, 2002; Cohen, 2011). For these women, completing doctoral education presents challenges not experienced by the traditional male graduate student who enters doctoral education early in his career (Gardner, 2008; Lovitts, 2001; Nettles & Millet, 2006; Smallwood, 2004). Previous studies on attrition from doctoral study and completion of Ph.D. programs indicate that under highly favorable conditions, no more than 75% of men and 69% of women who enter doctoral programs complete their degrees (Council of Graduate Schools, 2008). Completion rates are lower in the social sciences and humanities compared to the physical and life sciences.

The American Association of Colleges of Nursing (AACN) provides an annual report on enrollment and graduations in baccalaureate and graduate programs in nursing, but does not address the age of students. Females represent approximately 94% of nurse doctoral students and are overwhelmingly (77.00%) European American (Fang, Hu, & Bednash, 2011). It can be inferred that female nurse Ph.D. students experience greater challenges in completing their degrees than the typical doctoral student in any field—especially since most nurse doctoral students enter graduate programs after a break from their initial education, due to both the demands and norms of the nursing profession (e.g., employment experience) and of their personal lives (e.g., marriage, starting families). In the coming years, the demand for Ph.D. nurses prepared to educate and mentor the next generation of nurses and nurse scientists will increase (American Association of Colleges of Nursing, 2005, 2011a, 2011b; National Institute
of Nursing Research, 2011). We can ill afford to lose a valuable population from earning their Ph.D. degrees. Thus, there is a need to understand the factors that enable this specific, challenged population—later career women—to persist and receive their Ph.D. degree, and to understand resources Ph.D. doctoral programs in nursing can offer in support of such women.

**Statement of the Problem**

The pursuit of advanced education (e.g., earning a Ph.D.) is an individual choice that is influenced by many factors, including life circumstances and personal beliefs. Female nurse scholars are not unique in their choice to pursue higher education; however, the reasons for and, more specifically, the timing of nurses’ entry into advanced academia distinguish them from their peers in other disciplines. These women play many other roles that compete with their roles as students. In general, female doctorate recipients in all disciplines are older and take longer to complete their degrees than male doctorate recipients (Council of Graduate Schools, 2008; Gardner, 2008; Lovitts, 2001; Nettles & Millett, 2006; Smallwood, 2004). In their seminal article on the shortage of doctorally prepared nurse faculty, Berlin and Sechrist (2002) reported that female nurse students are older when they begin their studies and take even longer to complete their degrees than their female counterparts in other fields. The mean and median ages for recipients of nurse doctoral degrees in 1999 who reported age were 46 years and 46.2 years, respectively; almost half of all graduates (48.8%) were between the ages of 45 and 54 years. In contrast, the median age for all doctoral awardees in 1999 was 33.7 years. The mean number of years registered in a nursing doctoral program was 8.3 years, compared with 6.8 years for doctoral awardees in all disciplines. The median elapsed time between nurses’ entry in a graduate program to degree completion was almost twice that of other fields, 15.9 and 8.5 years, respectively (Berlin & Sechrist, 2002). New research and current statistics are warranted to
determine if this phenomenon still exists. The higher age of doctorally prepared nurses at graduation and the longer time they take to graduate dramatically limits the number of productive years they have in the workforce. Given the immediate need to increase the numbers of both nurses and nurse scholars, it is vital that more nurses consider pursuing Ph.Ds. and that those who are enrolled in programs successfully complete their degrees.

**Statement of Purpose**

The intent of this study is to give a voice to the many women who return to Ph.D. doctoral study after years away from academia, during which they may have started careers and addressed family and social needs. This descriptive qualitative study used ethnographic methods and incorporated interview strategies classically outlined by Spradley (1979) and reinforced by the qualitative texts of Patton (2002) and Bogdan & Biklen (2007). The feminist perspective served as the theoretical framework for this research. Ethnography and the feminist perspective were selected because of the study’s emphasis on giving voice to a group of women whose voices have not been heard (Campbell & Bunting, 1991).

According to the AACN (2009), the overall number of nursing students enrolled in doctoral programs increased by 20.9% from 2007 to 2008; this growth, however, has occurred almost entirely in Doctors of Nursing Practice (DNP) programs, which stress the practice of nursing as opposed to nursing research. In fact, enrollment in Ph.D. doctoral programs increased only 0.1% or 3 students in this same time period, with a total student population reaching 3,976 (American Association of Colleges of Nursing, 2009). Despite steady growth in the number of doctoral programs, graduations from such programs have remained relatively flat (AACN, 2011a). The discipline of nursing requires Ph.D. prepared nurses to serve as experts to add to the body of nursing science through applied research. Ph.D. prepared nurses serve as advocates for
the profession of nursing in government and in the private sector (NINR, 2011). The most critical need for Ph.D. prepared nurses is in institutions of higher learning where they are essential in educating and mentoring nurses at all levels (AACN, 2005, 2009, 2011a, 2011b; Berlin & Sechrist, 2002; Brendtro & Hegge, 2000; Hinshaw, 2001; 2005; Yordy, 2006). This study addresses factors later career female nurses credited as helping them in completing Ph.D. doctoral programs. Data and insights provided from this research can assist in the formation of protocols that address the specific needs of later career female nurses. Findings reported by informants provide insights for creating strategies to increase retention and completion rates of Ph.D. students.

**Research Question**

The research question is: What factors enable later career female nurses (35 years and older) to be successful in the completion of Ph.D. programs in nursing? The aim of this study is to answer this question from the perspective of nurses who have completed Ph.D. programs. The initial question (grand tour question) was intended to begin a conversational interview. The grand tour question/statement for this study was: Tell me about your experience as a Ph.D. student in nursing, from the time you planned to return to school until the successful completion of the Ph.D. program. Should the participant become stalled, an Interview Guide (Appendix A) was used to elicit additional information. The following are examples of questions that are included in the Interview Guide: Why did you decide to get your Ph.D. in nursing? Why did you decide to return to school at that point in your life? What external obstacles—in your family life, academia, or otherwise—did you encounter? How were you able to overcome those obstacles? What factors do you attribute to your success?
Definitions

There are a few terms that, for the purpose of the study, had particular meaning. They are defined below.

Factors. The collection of perceptions, meanings and events that occurred prior to, during and upon completing the process of doctoral education in nursing as expressed by later career female nurses who successfully earned the degree of Ph.D. is referred to as factors.

Doctorate in nursing. For the purposes of this study, the doctorate in nursing was limited to the professional degree of Ph.D. While the primary investigator acknowledges the various types of doctorates earned by nurses, the decision to focus on the Ph.D. doctorate was based on primary investigator’s personal experience and the acceptance of the Ph.D. across other disciplines. Ph.D. nurses are critically needed to educate and mentor future nurses and nurse scientists. Ph.D. nurses serve in varied roles in government and the private and public sector.

Female nurse doctorates. Registered nurses who completed their Ph.D. degree in a nursing program in 2007, 2008, 2009 or 2010 are referred to as female nurse doctorates. This time frame was intended to provide information on recent student experiences, while also providing a large enough window to allow the primary investigator to find an adequate number of informants for a qualitative study. Informants must be 35 years of age or older at the time they completed their Ph.D. The rationale for this decision was that such women are more likely to be juggling competing demands of employment, traditional gender-related responsibilities for families and/or aging parents, and community responsibilities. This interview sample consisted of informants for whom English is a first language, in order to acknowledge and control for the complex additional challenges facing international nurse doctoral students.
Significance

The American Association of Colleges of Nursing (2011a) reports significant growth in research-focused (i.e., Ph.D., DNS) programs, currently offered at 124 institutions. But despite the increased opportunities for Ph.D. preparation in nursing, there are insufficient numbers of Ph.D. prepared nurses to meet current employment demands and assume leadership positions within the profession (Fang, Hu, & Bednash, 2011). This is particularly relevant in academia, where there is a critical shortage of Ph.D. nurses available to teach and mentor future generations of nurses (AACN, 2005, 2009, 2011a, 2011b; Berlin & Sechrist, 2002; Brendtro & Hegge, 2000; Hinshaw, 2001; National League for Nursing, 2005; Yordy, 2006).

In the private sector, Ph.D. prepared nurses are needed as researchers, administrators, consultants for businesses and as government advisors in health care policy (NINR, 2011). The shortage of Ph.D. prepared nurses will worsen in the coming years because of the retirement of faculty qualified to teach prospective students, limiting the numbers of spaces for nurses in Ph.D. programs. The shortage is exacerbated by the availability of higher paying private sector opportunities (AACN, 2005, 2009, 2011b).

Ph.D. prepared nurses are needed to build nursing science and conduct research from a nursing perspective. Ph.D. programs in nursing prepare expert nurses who can improve lives by conducting research relevant to contemporary issues such as health promotion and illness prevention, living with acute and chronic illnesses, symptom management, family caregiving, and compassionate end-of-life care (NINR, 2011). Nursing science contributes to the evidence base for practice and policy change, impacting the lives of individuals by focusing on circumstances throughout the life span, especially of populations with health, cultural or
socioeconomic vulnerabilities. Research discoveries build nursing theory and change the way that health care and nursing care are delivered.

This study’s findings will be useful to schools of nursing, nurse educators, individuals considering Ph.D. programs for nurses, and current nurse Ph.D. students, as well as other programs that include large numbers of women returning to academia after lapses in time for employment or caretaking roles. To assist students in the successful completion of their studies requires significant investment of university capital, faculty time, and a myriad of resources. When a candidate does not complete the degree, both the nurse and the university experience the loss. The student falls short both professionally and from the standpoint of invested time and money. The institution loses the potential of providing the product for which it created the program, the highly skilled Ph.D. graduate. Additionally, institutional time and resources lost when students fail to matriculate could have been spent on other students, compounding this loss to the profession and society.

This study provides nurses who are considering doctoral programs information from nurses who have recently earned a Ph.D. This knowledge can supplement and enrich basic information provided from course descriptions and program requirements, providing realistic expectations of what students will encounter and helping them to make informed choices regarding the pursuit of their degrees and, for those who are already enrolled in Ph.D. programs, regarding how to successfully complete their degrees.

Why This Target Population?

Nursing in the United States remains a predominantly female, European American profession, and anecdotal evidence suggests that older females who return to academia after long periods away represent a significant population of overall nurse doctoral students. No studies
specifically addressing the experiences of later career (35 years and older) female Ph.D. nurse students were found, even though this population probably represents the majority of doctoral nursing students. To date, only one, unpublished dissertation (Colombraro, 1998) has addressed the experiences that enable female nurses to complete their doctorates.

**Researcher’s Perspective**

The primary investigator’s own observations regarding Ph.D. doctoral students with multiple roles and responsibilities beyond academia served as the instigating factor to research this phenomenon. Research studies have helped to define some of the perceived barriers to and facilitators of success as perceived by doctoral students in nursing (Carpenter & Hudacek, 1996; Conway, 1985; Hassouneh-Phillips & Beckett, 2003; Kenty, 2000; Stuart, 1988; Welhan, 2000). Perceived barriers include financial responsibilities for living and graduate education, time commitment, and family responsibilities. Facilitators cited by successful students include planning ahead, mentoring, peer and social support (Colombraro, 1998; Conway; 1985; Smith & Delmore, 2007; Stuart, 1988). However, research that focuses on the individual’s experience, including interpersonal characteristics or qualities needed to be successful in this journey, is limited (Colombraro, 1998; Smith & Delmore, 2007). This study focused on a unique and valuable population, later career female nurses who chose to pursue Ph.D. degrees, providing them with a voice for sharing their experiences and perspectives, by soliciting and analyzing their own stories in their own words.

**Chapter Summary**

There is an escalating shortage of Ph.D. prepared nurses needed to teach and mentor future generations of nurses, to conduct nursing research and to provide expertise in numerous roles in the private sector. Female nurses who return to doctoral studies after years outside of
academia represent a significant percentage of the students enrolled in Ph.D. nursing programs. Women’s multiple roles often include family and caretaking responsibilities that compete with their roles as students, making female students more likely to leave graduate programs before receiving their degrees. This descriptive qualitative study gives a voice to later career female nursing students, illuminating their unique experiences and identifying factors they believe enabled them to persevere and attain their Ph.D. degrees. Findings from this study can assist students, as well as educators, in developing protocols to recruit, mentor and support later career women to graduate from Ph.D. programs in nursing.
Chapter 2: Literature Review

In this chapter, the primary investigator will present a review of the literature related to doctoral education in nursing. Literature that addresses the experiences of women in doctoral programs outside of nursing will also be included, because of the lack of focused research in the area of nursing education.

Introduction

Prior to 1960, college campuses were not considered appropriate places for older women (Anderson & Mieztis, 1999; Kennedy & Vaughn, 2004). Today, older women are attending universities in greater numbers, both at the undergraduate and graduate level, than at any other time in history. Almost 73 percent of undergraduate nursing students are considered “nontraditional” by virtue of their age, gender, financial status, delayed entry into higher education, and competing responsibilities such as jobs and families (Gardner, 2008; Maher, Ford, & Thompson, 2004). While on an anecdotal level it seems clear that female nontraditional students represent a significant percentage of nurse Ph.D. students, the AACN does not include age in the demographic data (Fang, Hu, & Bednash, G. D., 2011). Older nurses who return to graduate study provide an available and realistic solution to improving the numbers of Ph.D. prepared nurses and, as such, need to be supported to successful completion of their programs. This researcher found no study documenting the experiences that enabled later career female nurses to complete their Ph.D. degrees. A review of the literature identified the need for further research about doctoral education as it related to women, nontraditional age students, and nurses.

Education in Nursing and the Development of the Doctoral Degree

Nursing education in the United States underwent significant changes during the latter portion of the 19th century. Prior to this period, nursing education had occurred exclusively in
hospitals under the supervision of physicians. Few women achieved a university education. Nursing activists, however, envisioned nursing education in colleges and universities in order to prepare nurses for the modernization of society and elevate their professional status. Physicians (an almost exclusively male profession at that time) opposed such reforms as a threat to their authority, while powerful hospital boards (predominantly physicians and/or male) resisted educational reform in nursing, as they tried to preserve their cost-contained labor force (female nurses) (Ruby, 1999; Straub & Harris, 1997). The nursing profession was ultimately able to overcome some of the social and political hurdles in education reform by obtaining political support and funding from powerful sources outside the hospital setting, such as industry, research foundations, and philanthropic foundations.

The first college-level nursing program in the United States began in 1889 at the University of Cincinnati (University of Cincinnati, 2011). The first American nurse to earn a doctoral degree was Edith S. Bryan, graduating in 1927 from Johns Hopkins University with a Ph.D. in psychology and counseling (American Nurses’ Foundation, 1969). Teacher’s College, Columbia University is responsible for establishing the first doctoral program for nurses in 1924, awarding the Doctor of Education (Ed.D.) degree (American Nurses’ Foundation, 1969). The first Ph.D. program in nursing (and the second doctoral program for nurses in the United States) was established at New York University within the School of Education in 1934. No other doctoral programs were established until 1954, when the University of Pittsburgh awarded the Ph.D. in nursing. Only these three programs existed in the first 30 years of doctoral education in nursing (American Nurses’ Foundation, 1969).

Grace (1989) proposed three stages of development in an analysis of nurse doctoral education in the United States. The first stage was the era of functional specialists (1926 to
First generation nurse scholars earned Ed.D.s or other degrees outside the field of nursing, focusing on methods of teaching and not on the substantive content of nursing. Nurses turned to colleges of education to receive their doctoral degrees because many considered roles in academia, but also because schools of education were receptive to women students. These early programs prepared graduates to teach nursing at the collegiate level and serve in administrative roles. From 1940 to 1960, there was a trend for nurse scholars to obtain the degree of Doctor of Philosophy (Ph.D.) in basic or social sciences, providing nurses with the terminal degree required for academic posts, but it often included no nursing content (AACN, 2011a).

Grace (1989) described the second developmental stage of nurse doctoral education as the nurse scientific era. From 1960 to 1970, the trend shifted to obtaining a Ph.D. in basic science with a minor in nursing. Options for nurses to obtain doctoral education expanded with funding from the Division of Nursing, United States Public Health Service (USPHS), to establish Nurse Scientist Training Programs. The third stage of development identified by Grace (1989) was the development of doctoral degrees in nursing. Since the 1970s, most research-oriented doctoral students have obtained a Ph.D. in nursing (AACN, 2011a). Ph.D. programs prepared nurses to expand upon the clinical science underlying nursing practice (NINR, 2011).

Doctoral degrees in nursing fall into two categories: the research degree and the professional (practice) degree. Historically, academic nursing has focused on research degrees, specifically the Ph.D. Ph.D. preparation requires intensive coursework that includes rigorous training in research methods (including statistics and data analysis), the history and philosophy of nursing science, nursing theory, ethics and leadership skills. In addition to completing appropriate coursework, students are required to demonstrate competency in the form of rigorous examination. Original research, usually in the form of a dissertation, is a requisite of these
programs. Ph.D. programs of nursing prepare nurse researchers to contribute to the body of
nursing knowledge through scholarly inquiry, advancing the theoretical foundations of evidence-
based nursing practice and health care delivery. Graduates of Ph.D. programs of nursing are
qualified for roles in higher education, to conduct nursing focused research, and to provide
leadership in health care delivery systems and the formation of public policy (AACN, 2011a, NINR, 2011).

The nursing practice doctorate is a newer phenomenon, having been developed within the
past two decades. Doctor of Nursing (ND) programs, built on the role of the advanced practice
nurse, focused on developing advanced practice nurse specialist skills. The Doctor of Nursing
Practice (DNP) program is designed to prepare graduates for leadership positions in applied
research, clinical care delivery, and systems management (AACN, 2011c). Literature addressing
doctoral education in nursing tends to focus on the difference between research and practice
degrees rather than on the factors influencing successful completion of either by women (AACN,
2011a, 2011b, 2011c; Bellack, 2002; Edwardson, 2004; Hathaway, Jacob & Stegbauer, 2006;
Minnick & Halstead, 2004; Pastor, Cimiotti, & Stone, 2004). Advocates for both research and
practice doctorates can be at odds regarding how to best promote the science and profession of
nursing (Edwardson, 2004; Ketefian et al., 2001; McEwen & Bechtel, 2000; Parse, 2005; Pastor,
Cimiotti, & Stone, 2004). However, the necessity of pursuing scientific inquiry from a nursing
perspective is agreed upon.

Ph.D. prepared nurses are needed in numerous positions. This need is most acute in
institutions of higher learning, where they are critical in the education of nurses at all levels. The
AACN (2009) reports that the shortage of doctorally prepared nurse educators has forced
colleges and universities to turn away qualified students. Since most master’s and doctorally
prepared nurses begin their education in baccalaureate programs, it is important to expand the numbers of enrollments in four year nursing programs. Without adequate numbers of qualified educators, this is not possible and ultimately impacts the numbers of nurses who continue on to graduate school (AACN, 2009).

The AACN recognizes the shortage of faculty in schools of nursing as an expanding problem. Two promising strategies to increase the numbers of doctorally prepared nurses from an institutional perspective are the advancement of accelerated doctoral programs in nursing and on-line or distance learning (AACN, 2005). Accelerated, or “fast track” baccalaureate-to-doctoral programs of nursing, admit RNs with baccalaureate nursing degrees and award the degree of PhD, DSN, DNS or DNSc and are specifically designed to accomplish the programmatic objectives in less time than a traditional doctoral program (Fang, Hu, & Bednash, 2011; Fontaine & Dracup, 2007). The availability of high quality academic programs on-line provides an opportunity for students who are not able to attend traditional classroom settings (Halter, Kleiner, & Hess, 2005; Leners, Wilson, & Sitzman, 2007; Matson & Hagedorn, 2002). These programs are independent of time and place, and attract people in remote locations or with employment responsibilities. This is also relevant for master’s prepared educators, providing increased access to doctoral education in nursing, while avoiding the removal of faculty from the workforce (AACN, 2005).

From August 1, 2008 to July 31, 2009, a total of 532 research-focused doctorate degrees were earned (Fang, Hu, & Bednash, 2011). While enrollment in Ph.D. nursing programs has increased, graduation rates do not yet reflect this change (AACN, 2011a). Considering the immediate need for Ph.D. nurses, especially as educators in schools of nursing, efforts to recruit and support students to completion of their degrees are critical. Nontraditional female nurses
who return to Ph.D. study represent one population that can address this dilemma. Morgenthaler (2009) discussed the perceived barriers that may prevent older nurses from pursuing degrees, presenting viable solutions to overcome these barriers. Smith and Delmore (2007) drew from their personal experience to identify key components to successfully completing a nursing Ph.D. program. However, no research studies specifically addressing the experiences of later career female nurses pursuing Ph.D. degrees were found. In order for institutions of higher learning to provide the necessary support for this increasing group of doctoral students, it is important to understand that the needs of later career females may differ from those of younger graduate students. The findings of this study serve to inform both students and colleges of nursing of the realities of later career female doctoral students and the factors they believed helped them to be successful in the completion of Ph.D. programs.

**Doctoral education and women.** The number of women enrolled in doctoral education has changed dramatically over the past twenty years. In 1987, more men than women were enrolled in doctoral degree programs (National Center for Education Statistics, 2006). Female enrollment has risen significantly in the past two decades with only small increases in male doctoral enrollment. In 2001-2002, for the first time in the history of the United States, more women received doctoral degrees than men (National Center for Educational Statistics, 2006).

Attrition is a serious concern for institutions of higher learning and individuals considering the pursuit of doctoral degrees. Valuable resources of money, time and energy are wasted when students do not complete their doctorates. Research indicates that the attrition rate of doctoral students in Ph.D. programs is 40 to 50 percent (Council of Graduate Schools, 2008; Gardner, 2008; Lovitts, 2001; Nettles & Millet, 2006; Smallwood, 2004). In a report entitled, “Ph.D. Completion and Attrition: Analysis of Baseline Demographic Data from the Ph.D.
Completion Project.” The Council of Graduate Schools (2008) collected data from 24 universities in the United States and Canada, representing over 19,000 students who entered doctoral programs in the 1990s. This report documents trends in doctoral education, identifying disparities among subsets of the population. This analysis supported prior research, finding that completion rates are: higher in the physical and life sciences than in the social sciences and humanities; higher for men than for women; higher for majority than minority students; and higher in smaller than in larger doctoral programs (Council of Graduate Schools, 2008).

Gardner (2008) proposed that it is a lack of “fitting the mold” that may influence the success of underrepresented students in graduate school and contends that, since its inception, graduate education has served a largely young, white, single, male population. Gardner (2008) interviewed doctoral students in the disciplines of chemistry and history at two institutions to determine the effects of socialization in doctoral student success and retention. Disparate experiences for women, students of color, students with families, part-time students and older students were highlighted. Gardner (2008) advocates the use of support groups and peer-mentoring programs, matching students with those who have had similar experiences and have been successful in acclimating to doctoral studies. Support services and information should also be available to faculty, staff and other students that will be working with students that do not fit traditional stereotypes. Future research must continue to explore the multiple cultures and contexts of all contemporary graduate students.

In general, female doctorate recipients are older and take longer to complete their degrees than male doctorate recipients (Cohen, 2011; Council of Graduate Schools, 2008; Gardner, 2008; Lovitts, 2001; Nelson & Millett, 2006; Smallwood, 2004.) Although 58% of the men and 55% of the women who entered doctoral programs completed them within 10 years, the gap between the
genders in Ph.D. attainment would be substantially larger if it were not for the willingness of many women to stay in such programs for as long as it takes them to earn their degrees. Men were more likely to earn doctorates in mathematics, the sciences, and engineering, while women outperformed men in completing doctorates in the social sciences and humanities (Council of Graduate Schools, 2008).

Less than half (43.4%) of all graduate students in 2001 were between the ages of 22-29, the age generally regarded as “traditional” in graduate education (National Center for Education Statistics, 2006). As the frequency of older students enrolling in doctoral education has increased, so has the number of students with children. Many women are juggling the demands of student life and traditional gender expectations when dealing with family. Even when women have supportive partners to assist with multiple responsibilities, such as child-rearing, the care of aging parents, and domestic work, they can also be constrained by family members in terms of time and geographical options (Cohen, 2011; Gardner, 2008; Kurtz-Costes et al., 2006; Maher, Ford & Thompson, 2004; Ulku-Steiner et al., 2000; Wall, 2008).

Academic, psychological and financial stressors are reported by both males and females (Cao, 2001; Council of Graduate Schools, 2008; Gardner, 2008; Kenty, 2000; Kurtz-Costes, Helmke & Ulku-Steiner, 2006; Lovitts, 2001; Nettles & Millet, 2006; Smallwood, 2004; Wall, 2008). The importance of faculty mentors is documented in research addressing successful completion in doctoral education (Bell-Ellison & Dedrick, 2008; Cao, 2001; Council of Graduate Schools, 2008; Gardner, 2008; Kurtz-Costes, Helmke & Ulku-Steiner, 2006; Lovitts, 2001; Nettles & Millet, 2006; Smallwood, 2004; Wall, 2008.) Students’ expectations of mentors vary and are often gendered (Wall, 2008). For example, female academics are expected to be, and often are, more nurturing than their male counterparts
(Knight & Richards, 2003; Letherby, 2003; Meerabeau, 2005). Raddon (2002) suggests that female mentors may be particularly important for women who plan to balance a career with motherhood. Kurtz-Costes, Helmke & Ulku-Steiner (2006) found women students, in general, valued women faculty mentors and found them supportive. In contrast, women faculty were perceived as less supportive than male faculty when these women had sacrificed family formation for the sake of their own careers (Kurtz-Costes, Helmke & Ulku-Steiner, 2006). Ives and Rowley (2005) found no apparent gender patterns in the student-supervisor relationships they examined.

Gender is a contextual factor in the lives of doctoral students. Cao (2001) found that while academic, financial and psychological stressors are similar for both male and female doctoral students, their coping strategies differ. Male students experience more stress financially, often due to the mindset of being the “breadwinner.” Female students experience social and ideological prejudices associated with stereotypical female roles, such as wife, mother, care provider, and homemaker (Cao, 2001). Studies on academic motherhood reflect the role conflict experienced by women as they try to balance the demands of family and work responsibilities (Kemeks-Grottenthaler, 2003; Maher, Ford, & Thompson, 2004; Raddon, 2002; Ward & Wolf-Wendel, 2002). Time invested in education or career formation takes a toll on the time available for childrearing. While some women purposefully choose not to have children, others opt to postpone motherhood until their careers are established. However, due to misconceptions about infertility, some women who intended to postpone having children may inevitably end up “involuntarily childless” (Kemkes-Grottenthaler, 2003).

Anderson and Meiezitis (1999) interviewed ten mature female graduate students (ages 32 to 49 years, mean age=40.2) to explore role conflict in mature female graduate students. Seven of
the participants were full-time students. All of the women had spent some time in the work force before returning to graduate school. In-depth interviews reflected that, while these women had positive experiences as graduate students, the return to school created various sources of stress. The role of parent was reported most often as a source of conflict. Students felt torn between the desire to be a “good parent” and a “good student”, often expressing feelings of inadequacy with both roles. Social support helped to make the return to school a more positive experience for many of these women. Sources of practical support included partners, children, parents, siblings, friends, employers who were flexible, and paid help. Participants reported using a variety of coping strategies when experiencing stress. Coping strategies included: exercising; taking time out; coordinating schedules; delegating tasks; reducing course loads or professional workload; and communicating with family members. In general, participants in this study reported feeling that the personal rewards outweighed the personal costs associated with the return to school (Anderson & Meiezitis, 1999.) No other studies were found that specifically focused on later career female graduate students, demonstrating the importance of additional research on this growing university population.

**Doctoral education and nurses.** A review of the literature revealed a paucity of research on nurses’ experiences receiving doctoral education. Studies addressing the experience of doctoral education in nursing consist of descriptive or qualitative research. Early studies focused on the barriers and facilitators associated with the process (Conway; 1985; Stuart, 1988). In a review of the literature, Stuart (1988) analyzed facilitators and barriers perceived by Canadian nursing doctoral students. Facilitators included mentorship by experienced faculty and the availability of support groups. Barriers included lack of self-confidence and self-esteem, family and care giving responsibilities, lack of peer support, and lack of faculty mentors. There was no
hypothesis-testing or interventions in any of the studies; therefore, there is no statistical way to compare data. However, common themes of support, coping skills, time commitment and finances were found in several of the studies.

**Support.** Support is a major contributing factor to the successful completion of doctoral nursing programs (Carpenter & Hudecek, 1996; Cohen, 2011; Colombraro, 1998; Conway, 1985; Diekelmann & Ironside, 1998; Gray et al, 1997; Heinrich, 2001; Hassouneh-Phillips & Beckett, 2003; Kenty, 2000; Stuart, 1988; Van Dongen, 1988). Conway (1985) surveyed 75 female doctoral students from 12 nursing programs to determine the students’ perspective of a healthy doctoral program. In a content analysis of the response to the question, “What is a healthy doctoral program?” Conway (1985, p. 192) identified three significant factors: support (faculty, family, peer and financial); stability with the environment (faculty, support system, residence), and “self and sanity” (the flexibility to engage in activities outside of the doctoral program). Support is considered to be a facilitator when present; the absence of support is a source of stress for students and commonly identified by students and researchers as a barrier or negative influence on the educational experience (Colombraro, 1998; Conway, 1985; Gray et al, 1997; Kenty, 2000; Stuart, 1988). Social support includes the assistance of or willingness to help from significant others, family and friends. Certain types of social support are associated with a decrease in the negative effect of stress (Kenty, 1995). In contrast, work peers and family can also be identified as main sources of “lacking support” (Gray et al, 1997). Participants in Colombraro’s (1998) study recognized the need for multiple sources of support in order to cope with complex lives, roles, and responsibilities.

Mentoring is identified as a key factor to the success of students (Carpenter & Hudecek, 1996; Colombraro, 1998; Conway, 1985, Diekelmann & Ironside, 1998; Gray et al, 1997;
Heinrich, 2001; Smith & Delmore, 2007; Stuart, 1988). Mentoring, supportive faculty and peer support provide opportunities for scholarly inquiry and discussion that enriches the doctoral nursing experience (Diekelmann & Ironside, 1998; Stuart, 1988). Faculty validation is cited as a source of increased confidence for students (Gray et al, 1997). The mentoring of students by experienced faculty expands the knowledge base of nursing through the collaboration of professional publications and the promotion of research trajectories (Carpenter & Hudecek, 1996).

Peer support is provided by fellow students. The support of others with similar goals and beliefs helps to foster relationships as colleagues (Heinrich, 2001). Carpenter and Hudacek (1996) describe networking with peers as an essential component of the experience of doctoral students, enabling women to solidify relationships with peers on both a personal and a profession level. In contrast, Hassouneh-Phillips & Becket (2003) describe the challenges experienced when peer support is not present, asserting that racism is a pervasive and harmful influence on doctoral nursing students of color.

**Coping skills.** In addition to external support systems, coping skills are critical in dealing with the multiple demands of doctoral education (Colombraro, 1998; Conway, 1985; Gray et al, 1997; Smith & Delmore, 2007; Van Dongen, 1988). Specific coping skills mentioned include talking with support people, exercise, humor, and flexibility for outside activities (Colombraro, 1998, Conway, 1985; Gray et al, 1997; Van Dongen, 1988).

**Time commitment.** Lack of adequate time for studies is frequently mentioned as a barrier in the pursuit of doctoral education (Colombraro, 1998; Diekelmann & Ironside, 1998; Heinrich, 2001; Kenty, 1995). Family commitments and personal responsibilities beyond academia conflict with the time required for doctoral education (Colombraro, 1998; Van Dongen, 1988). Personal
sacrifice, guilt and anxiety are often associated with lack of adequate time (Heinrich, 2001). The need for a strategic plan with small achievable goals and the tenacity to adhere to this plan will increase the likelihood of meeting the challenges of doctoral education (Colombraro, 1998; Smith & Delmore, 2007).

**Finances.** Financial stability is identified as a concern and potential barrier to doctoral education (Colombraro, 1998, Conway, 1985; Kenty, 2000; Smith & Delmore, 2007). Graduates of doctoral education in nursing stress the importance of planning ahead for the anticipated financial needs of graduate school, including tuition and research expenses. Financial aid, scholarships, and grants can be explored to defray student costs. (AACN, 2011a; NINR, 2011).

**Doctoral Dissertations Addressing Completion of Graduate Degrees in Nursing**

Two doctoral dissertations were found addressing the completion of degrees in nursing. Welhan (2000) examined nursing students’ persistence from a student perspective in her descriptive, cross-sectional study of eight nursing programs from which 62 participants (baccalaureate, n=26; master’s, n=21; doctoral, n=15) were recruited. The persistence patterns that emerged were categorized as major themes (advancement, goal commitment, internal motivation, search for knowledge, and support) or minor themes (family influence, humanitarianism, and programmatic factors).

Colombraro (1998) used the theoretical framework of symbolic interactionism to conduct in-depth interviews to explore and document the experiences that enabled five female nurses to complete their doctorates. In symbolic interactionism, individuals create meaning through their perceptions, their interactions and their interpretation or symbolic constructions which are derived from experience and lead to behavior (Blumer, 1969). The phenomenon of scholarly maturing was identified as a process whereby women were able to complete their doctorates.
while maintaining their multidimensional lives. Themes that were identified in the process of scholarly maturing included: intellectual curiosity; embracing commitment; developing strength through vulnerability; interconnecting; exercising self-discipline; striking a balance; and making it through intact: the end of the beginning.

Colombraro’s research, in addition to identifying facilitators and barriers encountered in doctoral study, addresses the qualities or characteristics of these successful women. All of the women expressed a love of thinking, questioning, and learning, but their specific goal was to complete their doctorates (1998, p. 88). In order to succeed, they consciously took steps to ensure that they would live up to their commitment. They explored their educational options and carefully selected specific programs. Throughout the process, they made deliberate decisions to devote their resources to doctoral education. The women were willing to make sacrifices and postpone more immediate gratifications in order to fulfill their goals. Informants acknowledged personal growth not only in their successes but in their vulnerability, turning negative experiences into opportunities to become stronger.

Interconnecting was experienced as active engagement in positive interpersonal relationships with peers and faculty. The support of others with similar goals and beliefs helped to foster relationships as colleagues. Exercising self-discipline was the self-imposed structure of exactly how the participants organized their lives and used their time, money, and effort (Colombraro, 1998, p. 125). Subthemes that described traits these women considered critical in their completion of doctorates were identified as “getting organized” and “being tenacious.” Organization included planning ahead and routines. Prioritizing goals and setting specific deadlines for activities reinforced successful habits. “Being tenacious” meant the ability to see their doctorates through to the completion, despite obstacles or discouragements they
encountered (Colombraro, 1998, p. 131). The informants exhibited determination and the ability to overcome adversity.

“Striking a balance” (Colombraro, 1998, p. 139) included using interpersonal and intrapersonal skills to meet the needs of their daily lives while remaining dedicated to the demands of doctoral education. Informants recognized that they needed multiple sources of support in order to cope with complex lives, roles, and responsibilities. Sources of personal support included significant others, family, friends and work colleagues. “Making it through intact” (Colombraro, 1998, p. 155) was the process of experiencing the pleasure inherent in earning a doctorate that was defined as an object of achievement.

Colombraro’s (1998) dissertation is the only study this researcher found in an extensive review of the literature that specifically addresses the completion of doctoral programs in nursing as expressed in the words of the female informants. Studies are needed to provide a contemporary voice for the many women who return to doctoral study after years outside academia, who are balancing familial and social roles in addition to the role of student.

**Theoretical Perspective**

The feminist framework is useful in considering nursing, because nursing remains an overwhelmingly female profession. According to the U. S. Department of Labor Bureau of Labor Statistics (2007), women comprised 91.3% of Registered Nurses (RNs) in 2006. In American society at large, as well as in nursing, traditional norms have directed women away from seeking doctorates of any kind. Many women choose nursing as a career because it is in high demand, and offers professional growth opportunities and high earning potential. It also allows for part-time or flexible status that may be conducive to family life issues, such as care-giving.
relocation, and lapses of time between employments. In addition, RNs have traditionally been encouraged to engage in practice upon completion of undergraduate programs of nursing.

Even when female nurses do decide to seek doctorates, gender impacts every aspect of their experience. Researchers have documented the increased stress level experienced by women in doctoral studies (Anderson & Miezitis, 1999; Cao, 2001; Cohen, 2011; Kurtz-Costes, Helmke & Ulku-Steiner, 2006). Financial concerns, time constraints and role conflict are reported stressors experienced by both male and female doctoral candidates. However, differences in the experiences between men and women are noted, with more difficulties encountered by women, especially regarding their multiple roles (Anderson & Miezitis, 1999; Barnett & Hyde, 2001; Cao, 2001; Cohen, 2011; Duncan, Peterson, & Ax, 2003; Kurtz-Costes, Helmke, & Ulku-Steiner, 2006; Maher, Ford, & Thompson, 2004; Ward & Wolf-Wendel, 2004). Women are also more likely to drop out before graduating (Cohen, 2011; Council of Graduate Schools, 2008; Gardner, 2008; Lovitts, 2001; Nettles & Millet, 2006; Smallwood, 2004).

But just as traditional norms about women and nurses have affected the profession, so too has feminism. Malka (2007) addresses the impact of the women’s movement of the 1960s to the 1980s, feminism’s “second wave”, on nursing education and practice. The strident feminist movement of the 1960s pursued total gender equality. Many feminists of this era considered nurses as “submissive handmaidens” and viewed them with disdain. By the 1980s, however, feminism had evolved into a softer, more caring movement that accepted a plurality of female ideals. Empowered by this new form of feminism, nurses extended their work beyond traditional boundaries, developing new roles in the community as health care managers and advanced practice nurses. Nurses started to embrace technology and scientific knowledge, with career
aspirations that would have been foreign to many of their predecessors. Feminist theory provides a conceptual framework to support nursing research about women.

The goal of feminist inquiry is to see the world from the vantage point of a particular group of women, being active in the attempt to improve the lots of women and all persons (Lengermann & Neibrugge-Brantley, 1988). Feminist theory is idealistic and optimistic in orientation, promoting a better future for women and society in general (Campbell & Bunting, 1991). For the purposes of this study, that will mean soliciting and valuing the stories and opinions of later career female Ph.D. students in their own words.

Feminist theory guided this study in several ways. Feminist research advocates dialogic methods when seeking information, focusing on the language of the informants as they describe their experiences. In-depth, semi-structured interviews were used to collect data in this study. Feminism considers informants as partners in the search for knowledge, which also embodies the tenets of qualitative and ethnographic research (Denzin & Lincoln, 2005; Munhall, 2007; Spradley, 1979). Research in doctoral education has traditionally focused on the male perspective and quantitative findings. The perspective of the female doctoral student who returns to academia later in life, often due to gender-related role expectations and conflict, is overlooked in the literature. Feminist theory values the knowledge imparted by women, giving them a unique and credible voice. This study focused on the experiences of later career female nurses who return to graduate education in order to understand their specific needs, experiences and concerns. Findings from this study have implications for the nursing profession, as well as for other women who return to graduate education later in life.
Summary

Research on doctoral education in nursing from the student’s perspective has provided insight into the perceived barriers and facilitators encountered by students. Common themes found in the literature discuss the importance of adequate support systems, faculty mentoring, peer support, coping skills, time commitment, and finances. Few studies have focused on the phenomenon of students’ successful completion of doctoral programs. Colombraro’s (1998) dissertation on scholarly maturing and the experiences of five female nurses in completing their doctorates is the only research found to do so. No studies were found that specifically focused on factors that facilitate successful completion of Ph.D. programs in nursing. No research was found that specifically addressed the experiences of nurses who return to doctoral study after years outside of academia. Additional research is needed to discover factors that positively influence the pursuit of doctoral degrees in nursing, especially for older women, and to add to data obtained from Colombraro’s (1998) study. The feminist perspective served as the theoretical framework to guide this study. A feminist perspective is compatible with both qualitative research and ethnographic methods in its ability to provide a holistic account of complex human issues, providing a voice for the many multidimensional female nurses who return to Ph.D. programs later in their careers.

Chapter Summary

The pursuit of doctoral degrees for women in the United States was relatively uncommon prior to the 1960s. Additionally, most females who chose nursing as a profession had been traditionally encouraged to seek work experience upon the completion of undergraduate nursing degrees. Plans for graduate education were often complicated or delayed due to employment, family and community responsibilities. The feminist movement of the 1960s sought equal rights
and opportunities for women. However, the lack of established doctoral degrees within nursing forced many who wanted to advance their education to seek degrees in other disciplines. To complicate this dilemma, early leaders in the women’s movement perceived nurses as being submissive and weak. It was not until the 1980s, when feminism embraced the duality of female ideals, that nurses began to extend their work beyond traditional boundaries.

There is limited research done in nursing from the perspective of the older female doctoral student. At a time when increasing numbers of older women are ready and choosing to pursue advanced degrees, our knowledge of the doctoral experience from their perspective is sadly limited. Research shows that nontraditional doctoral students are at greater risk of failure to matriculate and dropping out of graduate school. At a time when nursing is losing doctorally prepared nurses to retirement, the profession can ill afford to lose any potential doctoral candidates. It is important to study and understand this valuable group of women in order to provide them with a voice, learning from their experiences, and providing insights to how they were able to endure and succeed in the completion of Ph.D. programs.
Chapter 3: Research Design and Methods

The purpose of this descriptive qualitative study was to gain insight into the factors that enabled later career (age=35 years and older) female nurses to successfully complete Ph.D. programs. By exploring the experiences of these women, this investigator discovered themes and patterns shared by the informants. This chapter reports the study design, recruitment of informants, data collection procedures, data analysis, and human subjects’ protection issues relevant to conducting the study.

Study Design

This study used a qualitative descriptive design with the goal of providing a comprehensive summary of an event in the everyday terms of that event (Sandelowski, 2000). Qualitative research uses a post-positivist or naturalistic paradigm in the study of research questions to discover the meaning individuals or groups attribute to social or human problems (Creswell, 2007; Munhall, 2007). Creswell (2007) identifies five major approaches to qualitative inquiry: narrative research; phenomenology; grounded theory; ethnography; and case study. All five approaches share common characteristics. Data collection occurs in the natural setting of the informants, not in a laboratory or controlled environment. The investigator is seen as a key instrument, collecting data, usually in the form of observations, interviews or the review of archival records. Multiple sources of data are typically collected in qualitative research; they are reviewed and organized into categories or themes. The qualitative investigator uses inductive reasoning during data analysis, collaborating with the informants to verify that themes identified by the investigator reflect the informants’ meaning. In qualitative research, the process is emergent. Initial plans may shift or be modified as data collection begins, in an attempt to learn about perceptions, problems or issues from the informants’ point of view. Inquiry is interpretive,
based on what the investigator sees, hears, and understands. Upon completion of the study, the qualitative investigator provides a holistic account to reflect the complex nature of human issues and interactions of several factors (Bogdan & Biklen, 2007; Creswell, 2007; Denzin & Lincoln, 2005; Munhall, 2007; Patton, 2002).

**Feminist approach.** Qualitative research methods are compatible with a feminist approach to theory and research. A women-centered research approach explores the experiences of women. The major focus of investigation is to see the world from the vantage point of a particular group of women (Hall & Stevens, 1991; Lengermann & Niebrugge-Brantley, 1988). The primary goal of feminist theory is to present woman-centered patterns of human experience that are optimistic, with emphasis on improving the lot of women through development, growth and positive change (Campbell & Bunting, 1991). In-depth semi-structured interviews were used in this study for data collection, supporting a feminist perspective and ethnographic approach by providing a unique voice for this understudied population of women (Denzin & Lincoln, 2005).

**Ethnographic approach.** Data collection in this study was based on the ethnographic interview strategies proposed by Spradley (1979). According to Spradley (1979, p.78), ethnographic interviewing involves two distinct but complementary processes: developing rapport and eliciting information. The goal of developing rapport is to achieve a relationship of trust between the ethnographer and informant that promotes the free flow of information. This process is facilitated by following certain principles, such as keeping informants talking, making repeated explanations, restating what informants say, and incorporating nonjudgmental questions.

Three important elements of ethnographic interviewing are: explicit purpose, ethnographic explanations, and ethnographic questions (Spradley, 1979, p. 59). Once rapport has
been established, explicit purpose requires the ethnographer takes more control of the interview by focusing on questions that will lead to the discovery of the informant’s knowledge about the phenomenon of concern. The researcher uses ethnographic explanations to assist the informant in understanding what specific information is being sought (Bogdan & Biklen, 2007; Spradley, 1979).

The research question for this study was: What factors enable later career female nurses (35 years and older) to be successful in the completion of Ph.D. programs in nursing? Each interview began with a grand tour question which was intended to focus the interview, establish rapport between the informant and the researcher, and to encourage informants to discuss their experiences (Spradley, 1979). The grand tour question/statement for this study was, “Tell me about your experience as a Ph.D. student in nursing, from the time you planned to return to school until the successful completion of the Ph.D. program.”

An interview guide (Appendix A) was developed based on the review of literature presented in Chapter 2, addressing issues doctoral students identified as key components in their doctoral experiences. Follow-up descriptive questions (questions on the Interview Guide that could be introduced, should the informant need an occasional prompt, after the introduction of the grand tour question) focused on specific aspects of the experiences of these women while enrolled in nursing Ph.D. programs. Focus areas included goals or plans for doctoral education, factors that influenced the decision and timing of the return to school, sources of support, obstacles or deterrents encountered in the process of attaining their degree, strategies and personal characteristics identified for coping and overcoming obstacles, and advice for other women who consider returning to doctoral education. Questions provided flexibility to allow the participants to introduce their own concerns or issues. These included issues not anticipated from
the review of literature and could have provided the researcher with insights for modification of
the interview guide, if needed. The final question of the Interview Guide was: Is there anything
else you would like to tell me about your experiences completing your Ph.D.? This question
allowed the participants to provide information that was not specifically addressed in the course
of the interview process. Additionally, this final question served in transitioning from the
interview process towards closure of the interview or “taking leave”. (Spradley, 1979, p. 66). In
closing, the researcher expressed gratitude for the information and time provided in the interview
process.

Two pilot interviews were conducted to determine if the Interview Guide elicited the kind
of data sought in this study. The audio recorded interviews were transcribed and reviewed for
accuracy by the PI. Transcribed interviews were hand coded by the PI for themes, incorporating
strategies recommend by Spradley (1979). Data from the two pilot interviews were compared
with the Interview Guide and matched themes derived from the literature review with no glaring
omissions. The coded interviews were independently reviewed by two qualitative expert
committee members (18 and 23 years of qualitative research experience, respectively). The two
committee members independently concurred (expert validation) with the assessment of the PI,
agreeing that no additional questions or modifications to the Interview Guide were needed and
additional informants could be recruited for the study.

**Informants**

The following sections discuss the recruitment of informants and the inclusion criteria for
this study. Various recruitment strategies that were implemented are discussed. In order to be
considered for participation in this study, potential informants who expressed interest in
participating in the study were required to meet the established inclusion criteria.
Recruiting informants. The goal in sampling was to find a satisfactory number of informants to ensure redundancy. Redundancy is determined by the data and is reached when there is repetition of statements regarding the phenomenon under study (Parse, Coyne, & Smith, 1985). Direct contact between the primary investigator (PI) and the informants was desired. Several recruitment strategies were initiated by the PI. A recruitment advertisement (Appendix B) for prospective informants was placed in a national newspaper. This recruitment advertisement was also placed on the electronic bulletin board for Sigma Theta Tau International (the national honor society for nurses). A web account through WordPress (an interactive web discussion portal) was created with the assistance of a technical expert to communicate information about the study and solicit interested parties. WordPress served as the modern Internet equivalent of a newspaper classified advertisement with the possibility for reaching larger numbers of potential study informants. Interested parties were instructed to read the Introductory Letter (Appendix C) and encouraged to share the WordPress site and study information with colleagues, friends and other potential target groups.

The PI contacted colleges of nursing within a 90 mile radius of her home to explore possible recruitment of informants and increase the potential for in-person interviews. Institutional restrictions were considered; it was determined that further investigation of these sources would be pursued only if other measures did not produce sufficient numbers of informants. All twelve informants were the results of direct contact by the PI or referred by other informants in this study.

Inclusion criteria. Inclusion criteria were female registered nurses 35 years of age or older, who completed their Ph.D. degrees in nursing programs in 2007, 2008, 2009, and 2010. Additional inclusion criteria required informants for whom English is a first language, in order to
acknowledge and control for the complex additional challenges facing international nursing doctoral students. Informants agreed to complete an audio-recorded interview. For this study, exclusion criteria were males and females that did not meet the inclusion criteria listed above.

**Procedure for Data Collection and Storage**

The following sections discuss the sources of evidence for this study. Sources included demographic sheets, audio-recorded interviews and field notes. Data storage procedures are also discussed.

**Demographic sheets.** Each informant was requested to complete a Demographic Sheet (Appendix E). Informants were provided with the sheet prior to the scheduled interviews. At the time of the interview, the completed form was reviewed by the primary investigator with the informant to ensure that the information provided was accurate and clear.

**Interviews.** Interviews for this study were conducted in person or via a web-based interactive format (e.g., Skype or similar service) at times and locations that were convenient for the informants. The interviews took place in private settings that allowed informants to comfortably respond to the PI in an open and relaxed manner. Settings included the informants’ homes, offices, and classrooms that were as free from distractions as possible, allowing for audio-recording and continuity of thought and flow of discussion.

Interviews were audio-recorded using a digital recorder with a second mini-cassette recorder to ensure no information was lost. There was no attempt to edit the content of the interview. One pilot interview was transcribed by the researcher due to technical difficulties experienced using Skype. All other study informant interviews were transcribed verbatim by a professional transcriptionist, who signed a confidentiality form (Appendix D). Interviews ranged between 45 minutes and two hours in length.
Field notes. Field notes were documented before and after each interview. Field notes deemed necessary by the PI during the interview were kept to a minimum. According to Lincoln and Guba (1985), field notes assist in interviewer alertness and can provide a record of data in the event of recording failure. This proved to be especially true during the Skype pilot interview when periods of poor sound quality were experienced and Skype reception froze or was disconnected.

Field notes consisted of observations of the informants, including their physical descriptions, personalities and other relevant information about informant or investigator variables that may have influenced the meaning of an interview. A detailed description about the location (map) especially when interviews were conducted in the participant’s home or office, were included to provide additional information and serve as “artifacts” for this ethnographic study. Field notes were written on a notepad used only for that purpose. Field notes were dictated as completely as possible upon leaving the interview. Transcription of the dictated field notes occurred within 24 to 48 hours of the interview. Field notes were typed on the researcher’s computer.

Data storage. Collected data included audio-recordings, paper copies of interview transcripts, demographic sheets, interview guide notes and field notes. These items were stored in a locked file cabinet in the investigator’s home. Informants were identified by numbers on digitally recorded compact discs (CDs) and transcripts. A master list of names and assigned numbers and signed consent forms were stored in a separate locked file box in the researcher’s home. Electronic copies of transcripts were stored in a password-protected computer. All data will be maintained under lock and key for a period of five years upon successful completion of the dissertation defense.
Protection of Human Informants

Efforts were made throughout the course of this study to protect the human rights of the informants. This section will discuss the risks and benefits of the study, informed consent, and privacy and confidentiality issues.

Risks and benefits. While some informants may have experienced discomfort or feelings of self-consciousness during the audio-recorded interviews, there were no known risks. Informants were told during the consent process that, if they became uncomfortable with the interview process, the interview could be paused, terminated or rescheduled. Loss of confidentiality was a second potential risk for study participation. Each informant was identified only by an informant number.

Informants were given a $20 VISA gift card in consideration for their time upon completion of the initial interview. The potential for personal benefits from the interview experience existed for informants. Self-disclosure, especially when discussing the completion of a challenging educational experience, proved to be not only cathartic for some informants, but also empowering by allowing informants to share their experience with others.

Informed consent. Informants were told in both the recruitment letter and prior to being interviewed of the nature of the study. The purpose of the study, the time commitment, and the ability to participate in an audio-recorded interview was clearly stated. An opportunity to ask questions prior to each interview was provided. All informants were required to read and sign a written consent form (Appendix F) prior to the interview indicating both their understanding and willingness to participate in the study. The consent form included permission for the investigator to contact informants by phone for clarification of data after the audio-recordings had been transcribed to determine if the researcher’s interpretations of essential themes were correct.
Participation in this study was voluntary and informants could withdraw at any time without penalty.

**Privacy and confidentiality.** The privacy and confidentiality of informants was protected throughout the course of this study. Interviews were conducted one at a time at a mutually agreed upon time and place that was convenient for the informant. Each informant was identified by number. No actual names were used for the interview data. If the name of an individual or university was stated during the interview process, the name was blacked out during the audit of the transcription to protect confidentiality. Neither the informant’s identity nor the name of the university from which the informant’s degree was earned was revealed.

**Permissions.** The University of Cincinnati Institutional Review Board Social and Behavioral Science approved the study protocol on February 4, 2010. Modifications to the original protocol included adding 2010 Ph.D. graduates to the inclusion criteria (originally 2007, 2008, and 2009), the WordPress site address ([http://gailpederson.wordpress.com](http://gailpederson.wordpress.com)) and the addition of these revisions to the appropriate documents was approved on August 12, 2010. Re-approval of the protocol was granted on January 31, 2011, and January 16, 2012, respectively.

**Data Management and Analysis**

In qualitative research, data analysis is concurrent with data collection. The researcher reads and re-reads the transcribed transcripts, dwelling with and taking apart the data in order to identify common patterns or themes expressed by the informants (Spradley, 1979). The primary investigator coded the pilot interview transcripts by hand, looking for themes and patterns according to guidelines recommended by Spradley (1979, pp.191-192). Steps in this process included: listing cultural domains; making a list of unidentified domains (possible domains that were not specifically investigated); reviewing field notes; making a list of examples. Inductive
analysis, used in qualitative inquiry, begins with specific observations and builds towards general patterns (Patton, 2002; Spradley, 1979). As coded themes emerged, this investigator selected several excerpts from the transcripts that exemplified these themes in the informants’ own words. Expert review was provided by two qualitative experts on the dissertation committee and one non-nursing consultant with 34 years of experience teaching qualitative research at the university level.

NVIVO 9™, a computer program designed to organize the large amount of data collected during qualitative research, was used to code subsequent interviews. A master code list was made from codes used in the interviews. Data was analyzed and grouped according to themes and patterns. This investigator ensured that analyzed themes were substantiated from the raw data of the informants by providing several quotations from the informants, many used as exemplars in the results section of this dissertation. A final analysis, which included the identification of major themes, research findings, and recommendations, was written by the investigator.

Rigor. This section discusses how rigor was addressed in this qualitative study. Lincoln and Guba (1985) posit that trustworthiness of a research study is important in evaluating its worth. The four key components to the rigor of a qualitative study are: credibility (truth value), transferability, dependability, and confirmability (Lincoln & Guba, 1985). The following sections discuss each component of rigor and how they were addressed in this study.

Credibility. Credibility refers to the truth value of the data (Lincoln & Guba, 1985). In this study, prolonged engagement and member checks were used to establish credibility. According to Lincoln and Guba (1985), member checking is the most crucial technique for establishing credibility. Throughout data collection and analysis, informants were asked if the
findings accurately reflected their experiences. Member checking allowed the informants the opportunity to correct errors of fact, challenge inaccurate interpretations and provide additional information. The PI contacted nine of the twelve informants by phone or e-mail to clarify the words or meaning of statements that were recorded in the interviews during data collection and analysis. All contacted informants confirmed the interpretations of the PI. Informant verification of the correctness of the investigator’s interpretations and conclusions contributed to the credibility of the research. Prolonged engagement was maintained by periodic e-mail updates to all twelve informants throughout data collection and analysis. A final E-mail update was sent to all twelve informants in November 2011, inviting them to contact the PI with any additional thoughts or points of clarification. Two informants responded to offer the PI congratulations, but none offered new information or insights.

Credibility was established by having two members of the dissertation committee who are qualitative research experts with 18 and 23 years of qualitative research experience independently review the data from this study to see if they came to similar conclusions as the researcher. Credibility of the research was assessed by addressing the completeness and synthesis of the literature, data collection techniques, and appropriate logic and descriptions of the findings. The coded transcribed interviews and field notes were provided by the PI for review.

Triangulation increases the validity of data through cross verification from more than two sources (Bogdan & Biklen, 2007). Method triangulation, the use of multiple sources of data, contributed to the credibility of the study by comparing interview data (e.g., coded transcribed interviews, field notes) with non-interview data (e.g., dissertation journal). Phone calls were made to informants for the purpose of theme verification (documented in the dissertation
journal), and compared with the coded transcripts and field notes. The dissertation journal also provided a record of the different stages of data analysis, such as the compilation of demographic information and the formation of a data display.

**Transferability.** Transferability allows a reader to decide whether the conclusions or findings of the study can be transferred to another context or population. This concept is similar to external validity in quantitative research. Transferability is accomplished by providing a detailed data base with thick, rich descriptions (Lincoln & Guba, 1985). Sufficient data, including several excerpts from the original transcripts, were provided so that a reader could make a similar judgment. This researcher enlisted the assistance of a qualitative research expert with 34 years of teaching and dissertation committee experience to serve as a consultant. This consultant read coded interview transcripts and concurred with the findings of the investigator.

**Dependability.** Dependability allows a reader to follow the process and procedures of the inquiry. This is similar to reliability. An audit trail (transparent description of the research steps taken from the start of the research project to the development and reporting of the findings) was performed during data analysis. This was accomplished by having qualitative researchers review data from selected interviews, transcripts and data analysis to determine if the investigator’s decision making was logical (Could another researcher come to the same or similar conclusions?). A second source of dependability was investigator triangulation (multiple researchers or independent readers that come to the same conclusions), provided by two readers (e.g., non-nursing consultant, editor) who did not have an “emic” or culture bound perspective about the experience of being a student of doctoral programs of nursing. Findings and conclusions by the non-nursing readers came directly from the data and concurred with the investigator.
**Confirmability.** Confirmability is similar to objectivity and attests that the findings, conclusions and recommendations were supported by the data (Lincoln & Guba, 1985). Confirmability of this study was supported by providing an audit trail. An audit trail consists of the materials used to conduct the study as well as an explication of the process and procedures related to the research. The IRB approved protocol delineated all the procedures and associated rationale for the conduction of the study. Raw data (e.g. audio-recorded interviews, hand written field notes) were collected, transcribed and coded, incorporating ethnographic strategies recommended by Spradley (1979) and naturalist inquiry principles identified by Lincoln and Guba (1986). Examples of coding, theme development and data reduction were provided throughout data collection and analysis. Themes, categories and subcategories are supported by rich examples from the informant interviews. Member checking was used to validate the findings of the research. Multiple sources were used to determine the validity of the findings.

**Addressing bias.** When conducting qualitative inquiry, the researcher has assumptions and presuppositions about a phenomenon. Measures must be taken to ensure that these preexisting ideas do not bias data collection and analysis. Listing assumptions prior to beginning research, bracketing, member checks with participants, journaling and enlisting unknown participants (when possible) are several ways this investigator attempted to prevent or reduce bias.

**Assumptions.** During the development of this study, this researcher set forth the following assumptions.

1. The completion of a Ph.D. in Nursing is a significant milestone in the lives of nurses that choose to pursue this degree.
2. Nurses are able to articulate the experience of completing the Ph.D. program.
3. Nurses who pursue Ph.D. degrees encounter facilitators and deterrents during their educational experience as they interact with their environment and significant others.

4. Nurses will create ways to overcome deterrents and change preexisting values in order to successfully complete the doctoral degree of Ph.D.

5. There are things to be learned about the successful completion of a Ph.D. in nursing that may assist other nurses to complete their doctorates.

6. Information provided by the study of later career female nurses who successfully complete the degree of Ph.D. will aid educators in the recruitment of potential students and assist them in mentoring Ph.D. students toward successful degree completion.

These six assumptions were referred to frequently during data collection and analysis to assist with bracketing (see below) and to ensure that findings accurately reflected the reality of the informants. The informants themselves were consulted to verify that findings accurately reflect their experiences.

**Bracketing.** Bracketing is a technique recommended in qualitative research to reduce bias (Creswell, 2007; Munhall, 2007; Parse, Coyne, & Smith, 1985). Investigators set aside their experiences, as much as possible, to take a fresh perspective toward the phenomenon under examination. While this technique was difficult to perfect, it made the investigator aware of the potential for bias by imposing one’s presuppositions in data collection and analysis. The identification of the investigators preexisting values and beliefs increased self-awareness and aided the researcher in determining if the findings accurately reflected reality or were being influenced by the investigator’s presuppositions.
**Dissertation journal.** A dissertation journal was begun in January 2008 upon the recommendation of a committee member. The purpose of this journal was similar to a diary, in which this investigator recorded personal experiences encountered during the research process. This included plans, ideas, fears, mistakes, breakthroughs and problems that occurred in fieldwork. In contrast to other forms of research, the ethnographer becomes a major research instrument (Creswell, 2007; Spradley, 1979). Making an introspective record of fieldwork enabled the investigator to take into account personal biases, reinforcing the need to bracket out feelings and understand their potential influence on the research. The dissertation journal was kept on a personal computer with the access word known only to the researcher. The dissertation journal was also used as a source for triangulation of data, and included documentation of phone calls and e-mail contact with the informants.

**Unknown informants.** This researcher implemented several strategies to seek out informants, with the intention to recruit informants who were previously unknown whenever possible. As a doctoral student who had not yet completed the dissertation process, it was important to be seen as an investigator and not as a peer. Colombraro (1998) found that informants would often describe an experience and then end with “Well, you know how it is.” (p. 35). Colombraro was able to resolve this issue by consistently responding, “No, I truly don’t know. Please tell me.” or “Can you describe it to me as you would to someone who had absolutely no idea what you were talking about?” This technique clarified the participant’s role as “informant” rather than colleague and was implemented in this study when similar experiences occurred.
Chapter Summary

This descriptive qualitative study incorporated ethnographic interview strategies developed by Spradley (1979). Informants for this study were female registered nurses, 35 years of age or older, who completed their Ph.D. degrees in nursing programs in 2007, 2008, 2009 and 2010. Additional inclusion criteria required informants to have English as a first language. Data was collected from one-on-one, in depth audio-recorded interviews and field notes. Pilot interview data was analyzed and hand coded by the investigator. Study interview data was initially hand coded by the investigator then organized, using the computer program, NVIVO 9™. Rigor was maintained throughout the study by using a variety of techniques, such as bracketing, member checking, audit trails, and review of data analysis by experienced qualitative experts using data source, method, and investigator triangulation.
Chapter 4: Data Analysis and Interpretation

In this chapter, data from the informant interviews will be presented. An overview of the pilot interview process is discussed. A description or “map” of the sample demographic information is provided.

Overview of the Pilot Interview Process

For this descriptive qualitative study, audio recorded interviews were completed with twelve female Ph.D. graduates in nursing who met the inclusion criteria for the study. Two pilot interviews were conducted to determine if the grand tour question and the Interview Guide adequately addressed the information sought in this study. The first pilot interview was conducted in March 2010 at the informant’s work office. The second pilot interview was conducted in April 2010 via Skype, from a classroom at the informant’s place of employment. Some technical difficulties were experienced during the Skype session, including several sound surges and occasional “freezing” of the visual portion which, at times, disrupted the flow of the interview. Approximately five minutes of the interview recording were lost at the end of the Skype pilot interview. For this reason, a second follow-up interview was conducted with Informant Number 2 two weeks later in May 2010 at her work office. The informant was provided with prompts or reminders from the interview field notes, to assist her in remembering the portion of the original recording that was lost.

The pilot interviews were transcribed, read and reread, and coded for themes. Interview Number One and the follow-up interview to Number Two were transcribed by a professional transcriptionist. The Skype interview with Informant Number Two was transcribed by the interviewer/primary investigator due to the fluctuations in the sound quality. Technical difficulties related to the Skype interview aside, the content of the pilot interviews reflected the
information sought in this study and supported the adequacy of the Interview Guide. Per discussion with two dissertation committee members who are qualitative research experts, it was determined that no modifications of the Interview Guide were needed and additional informants were invited to participate in the study. Ten additional interviews were conducted from June 2010 through June 2011. All twelve informants in the study were the result of direct contact; this included recruitment by the primary investigator or being referred by other study informants (snowball effect).

**Description of the Sample**

In total, twelve women who met the inclusion criteria were interviewed. A Demographic Sheet (Appendix F) was completed by each informant then reviewed by the researcher. All twelve informants identified themselves as White/Caucasian. In general, the physical appearance of the informants, places of employment and appearance of their homes indicated that these women were of middle to upper socio-economic status. The informants’ home addresses, the universities where they earned their Ph.D. degrees, and their places of employment represented five different states. The twelve informants earned their Ph.D. degrees in Nursing from five different universities. Eleven informants identified themselves as married. One informant entered the program as a widow, later marrying during the program. Two informants divorced during the program; one remarried, the other has not. All married informants reported having children of varying ages during the program. One informant identified herself as single/never married with no children.
Table 1

Informant Marital Demographics during Pursuit of Ph.D. Degree

<table>
<thead>
<tr>
<th>Ph.D. Institution</th>
<th>Single</th>
<th>Married throughout</th>
<th>Divorced during</th>
<th>Divorced during but remarried</th>
<th>Widowed prior but remarried</th>
</tr>
</thead>
<tbody>
<tr>
<td>School 1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School 2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School 3</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School 4</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>School 5</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The ages of the informants and length of time in doctoral programs varied. The ages at the beginning of doctoral programs ranged from 39 to 51 years of age (mean=45.33); ages at the time doctoral degrees were earned ranged from 46 to 57 years of age (mean=50.66). Time from the start of Ph.D. programs in Nursing to completion ranged from 3 years to 14 years (mean=5.54)

Employment status during doctoral education varied greatly. All the participants worked in some capacity during their doctoral programs, although several stated that they had modified or significantly reduced workloads. One participant was on sabbatical during coursework. Others, however, maintained their full-time work status in addition to their role as doctoral student. Several informants served as graduate assistants to help defray the cost of graduate school. Funding for doctoral study also varied greatly, ranging from one informant being 100% funded to one informant paying completely out-of-pocket (including gifts and student loans). Several married participants stated that spousal incomes helped to support their doctoral education.
Summary of the Field Notes

Field notes are created by the researcher to remember and record the activities, behaviors, events and other features of the setting being observed. Field notes were taken by the primary investigator at each interview session and focused on three main areas: calendar (description of activities before, during and after the interviews), map (description of the interview settings), and census (description of the informants).

Calendar field notes included comments or findings from the initial contact or correspondences with informants throughout completion of data analysis, including verification or clarification of themes. While many informants expressed a willingness to participate in the study, finding mutually agreed upon places and times for interviews proved more challenging than anticipated. Skype interviews were offered as an alternative to in-person interviews. Two planned interviews were canceled due to unexpected circumstances which necessitated rescheduling. Establishing rapport varied with each informant. Field notes suggested informants previously known to the primary investigator were knowledgeable about the study and required less time for questions and clarification. Interviews were conducted in the informant’s home or office, either in person or via Skype. Field notes indicated that interviews at the informants’ homes required more time than when interviews were conducted at or from the informants’ work offices. Factors contributing to this time difference included the informants’ offers of refreshments to the researcher, choice and/or appropriateness of settings for the interviews, phone or doorbell interruptions, and the occasional disruption from a family member knocking on the door or walking through the interview area.

Informants displayed individual differences and comfort levels with the interview process. While several informants appeared very comfortable, as noted from their manner of
speaking and observed body language, a few informants displayed behaviors that appeared more guarded (e.g., short, succinct answers without detail, stiffness or discomfort in posture). The informants tended to become more expressive as interviews progressed, as evidenced by more relaxed postures and increasingly conversational or “story telling” language when answering questions or sharing their experiences. Hand, body and facial gestures were used to add emphasis to their words. Additionally, changes in volume, laughter and occasional tears were evidence of some of the intense emotions felt by informants as they shared their experiences during doctoral education.

Map field notes varied with each informant. In-person interviews allowed for more complete descriptions of the interview settings by providing first hand experiences of sights, sounds and even smells (e.g., coffee brewing at in-home interview) not possible with Skype interviews. Settings varied from immaculate and neatly arranged furniture and objects that reflected the individual personalities of the informants to scattered stacks of books, papers and other office paraphernalia. Skype interviews, in most cases, were able to provide a visual reflection of the informants’ home or office. Two Skype interviews conducted from the informants’ homes were poorly lit and provided little additional map information. A visual picture was not achieved with one Skype interview despite various attempts to correct the problem. When technical problems occurred, the offer to reschedule and/or provide a follow up interview was discussed. In all such cases, interviews continued.

Census notes described a group of middle-aged women who were articulate and well groomed. All informants appeared neatly dressed. When interviews were conducted at the informants’ place of employment, attire was professional (e.g., skirts, suits, slacks) while more casual attire (e.g., sweat suit, jeans) was noted when interviews occurred at the informants’
homes. Interview settings were varied, although sites and times were selected to promote privacy and avoid interruption as much as possible. One interview was conducted in person at the home of the informant. One interview was completed by phone when a Skype connection was not established. Eight interviews were conducted via Skype, six from the informants’ homes and two from the informants’ offices.

Table 2

*Mechanism for Interviews*

<table>
<thead>
<tr>
<th>Location</th>
<th>In-Person</th>
<th>Skype</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>1</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Office</td>
<td>1.5</td>
<td>2.5</td>
<td></td>
</tr>
</tbody>
</table>

Skype interviews incurred a variety of technical issues, including fluctuations in picture and/or sound quality, with occasional freezing of the audio portion or loss of sound. When Skype connections were lost, recorders were paused and then turned on when new connections were established. Each interview was conducted with only the primary investigator and informant present, although some interruptions did occur, (i.e., phone calls, ringing doorbells, dogs barking, knocks on the door and/or a family member walking through a room during a Skype interview.)

*Data Analysis Results*

Each interview began with the following grand tour question/statement: Tell me about your experience as a Ph.D. student in nursing, from the time you planned to return to school until the successful completion of the Ph.D. program. The intention was to allow informants to tell their own stories by means of a semi-structured interview. Informants were asked to share what they considered to be their options, goals and dreams when deciding to pursue a doctorate in nursing, life events that influenced this decision, and what factors they attributed to the
successful completion of the Ph.D. program. Although the primary goal was to determine what factors and key events the informants found meaningful in their doctoral education journeys, the major categories of data that were explored in the study included: plans or actions, obstacles or deterrents in the pursuit of a doctoral degree, strategies to overcome obstacles, and relationships and/or roles with significant others. Three major categories that were identified from the analysis of the data included the categories of plans for doctoral education, support systems and balance.

Factors Identified as Being Influential in the Completion of Ph.D. Degrees in Nursing

The goal of this study was to identify factors that later career female nurses credited as helping them in completing Ph.D. doctoral programs. While a review of literature for nursing doctoral candidates as well as doctoral students in all disciplines identified several key factors doctoral students report as being key components in successful matriculation and completion of their programs, data from the transcribed interviews were coded and analyzed concurrently with data collection to determine the issues this specific population of nursing doctoral students valued, identified in their own words.

To determine the categories of data, a data display was created. Data displays provide a format for organization and a way to visually display themes identified from the coded interviews. After the twelve informant interviews were transcribed verbatim, they were coded by the primary investigator into themes or categories. Further reduction of data addressed the research question, “What factors enable later career female nurses (35 years and older) to be successful in the completion of Ph.D. programs in nursing?” Using the research question as a guide, three major categories or themes were identified: Plans, Support Systems, and Balance. Each major category consists of several subcategories (see Figure 1).
Data was based on the responses of the informants, with much of the data supporting existing research and literature addressing the experience of doctoral education in nursing.

**Plans.** Plans to return to doctoral study varied greatly, with motivational and timing issues as individual as each informant. For most of the informants in this study (10/12 or 83.34%), the instigating factor(s) to their pursuit of doctoral degrees was associated with life events. As one informant stated,
“I never really spent a whole lot of time thinking about going back and getting a doctorate. I was 40 and didn’t even think about getting a Ph.D. It happened because of where I was at in my journey. I think that I could have taken lots of different roads and this is just the one I took.”

For two informants (16.66%), the return to doctoral education had always been a dream or planned event, but the timing was delayed for various reasons, as shared by these informants: “It was something that I always wanted to do. Probably...ten, twelve years prior to coming back.” and “I would have liked to go back and try to do this and have small children and I would have tried but, at the time, I didn’t think it would be feasible for me. I needed to work.” Informants identified the following three sub-categories when they planned for doctoral education: motivation, finances, and distance.

Motivation. Motivation for informants ranged from personal to professional advancement and job security. Ten informants stated they had a “love of learning”, describing themselves as “life-long students.” This is illustrated by the following informant’s statement:

“I loved to learn and I will always be a student at heart. My goal was to advance my own knowledge, my own learning, my own experiences, and professionally move on with my career and with my teaching.”

Two other informants stated: “I just want to be learning and adding to the work I’ve already done.” And “I was doing some research and very novice as a clinical faculty and not very experienced at all in research but wanted to know more about it.” And yet another informant reported:
“I love to learn and a day didn’t go by without me doing searches and I love that part of learning, so the Ph.D. gave me the ability to do the depth that I want to get in my field of study.”

Additionally, informants reported wanting to share their knowledge: “If I learned something, I wanted everybody to know it. So I get real jazzed up about teaching.” One informant saw her pursuit of a Ph.D. as a way to provide a “voice” for the underprivileged:

“I’m drawn to groups in the community, people who really don’t have a voice. I realized early on that people who have ‘Ph.D.’ after their names, even if they are speaking foolishness, people still listen. And so I thought, I’m going to get my Ph.D. so that I can speak on behalf of these people that no one listens to.”

Other informants were motivated to return to doctoral study based on the need for research and to enhance their evidence based practice. After years in practice settings, informants made the following observations:

“I had been working in private practice. Several of us had gone to some conferences and I was just amazed by the lack of evidence that really supported what people were saying, what they were doing . . . the program that I worked with, I thought we did great work and just needed to be substantiating that. We need to learn how to do research well and if I’m going to have to go about learning how to do research anyway . . . well, heck, I may as well work on my Ph.D.”

And another stated: “I was in private practice and there wasn’t anyone doing what I was doing. I wanted to share some of what I knew so thought about teaching, maybe research providing some of the evidence for the practice I was doing . . .” For the nurses in this study, deciding to pursue
a Ph.D. (as opposed to a Doctorate of Nursing Practice/DNP) was a deliberate choice. Informants provided the following rationale:

“Although I’ve been a CNS (Clinical Nurse Specialist) for years, there was some logic to getting a DNP but, to be perfectly honest, I wanted the Ph.D. I felt that it is a degree that everybody knows . . . . I think no matter where you go, if you have a Ph.D., people have some understanding of what that means.”

“I wanted to have all I could have with the Ph.D. I wanted an arena to share what I knew . . . . I investigated a DNP but I decided that I didn’t want to do that.” And finally,

“I want to be prepared to do anything I chose to do and wanted to have the research background and theoretical knowledge to do what we were trying to do. A Ph.D. is all encompassing.”

For some informants, the pursuit of the Ph.D. was needed or suggested for professional advancement and/or job security. One informant stated:

“I was adjunct for a year to the clinical instructor position and I needed my job, so I went back and said, ‘What do I need to do to keep this job?’ They told me it would be in my best interest to pursue a terminal degree.”

Another informant had a different perspective:

“I knew I wasn’t going to be able to be working floors and doing staff nursing when I was in my 50’s and 60’s so I thought going back to school offered me the best option for more job opportunities. To do what I wanted to do, be a director of nursing and research, I had to finish up the Ph.D.”
One informant who was teaching and a researcher at a university explained: “We didn’t have a lot of tenured faculty that were research driven. The position had stayed open for a Ph.D. prepared person for 10 years and we never got any applicants.”

**Finances.** Financial considerations related to doctoral education were addressed by all twelve informants. Some informants commented:

“Finances are always a concern. I was still working very, very part-time but I didn’t have the financial worries that some students may have. I was able to take a period of time off and focus on my research, didn’t have to worry about my career the whole time.”

“. . . although we were financially fine, it used to be that when I went out and wanted something, I would just get it and not think about it. I would think about it a little more. In my family, my husband’s money is ours and my money is mine! Mine isn’t ‘mine’ anymore. So that was a little tougher.”

For most informants, discontinuing or modifying employment during doctoral education was not an option, expressed by the following informants’ statements: “I worked every weekend . . . and I did some . . . teaching so I was working full-time which I needed to pay the bills and do all the usual things.” and “I was working full time and going through a divorce and had . . . kids.” and “I had full a scholarship . . . but I had to provide for my [children]. I had to work.”

Student grants, scholarships and additional funding sources were reported as helpful and, for some, the only way the expense of doctoral education could be managed: “. . . he (husband) was worried about the financial piece and that ended up being much better than I ever imagined with the support students were offered from the university.” Another commented:
“The first year was not paid for. I had to pay for it myself because it was too late to get the scholarships . . . but then the next two years, I did get the [partial] assistance . . . but you had to be full time.”

And yet another stated:

“Without the scholarship, I don’t know if I would have been able to go back to school. I was going to have to quit my faculty position which was covering our health insurance and our kids’ tuition reimbursement unless I had gotten a scholarship. I was one of the lucky ones to get a scholarship.”

One informant, while discussing the stress her doctoral study added to her family life, added: “I had gotten into a program but I was not selected for any financial assistance or scholarships or that sort of thing. So I knew that would be a strain on our finances as well.”

**Distance.** When considering choice of a program, distance was an important factor. One informant’s decision to attend a local program was based on both location and the type of degree (Ph.D.) offered at a local university: “I wasn’t interesting in any other degree and, of course, being right at [university], that’s what they offered and it was convenient, too.” For several informants with families, close proximity to home was considered a necessary factor in their decision process, as shared by the following statements: “I checked out schools in the area . . . I wasn’t willing to leave my family and I did not want to do it online. So that really cut down my opportunities.” and “I wanted to stay in [state] because my siblings are here, [their children].” and finally, “It was very important that my [children] came first. So I did not consider it an option to travel to other schools. I had full scholarships and then my connections in this area are in the community.” One more informant reported:

“I had wanted to go back to school but the only program in the state was down in
[far city]. My kids were very involved with sports and school activities and to drive back and forth was just very, very time consuming. They also had a requirement that you had to go full time.”

Two informants (16.66%) chose programs at institutions that required significant travel. One informant selected a program that complimented her full-time employment at a university, explaining:

“I found this brochure about a program which was out of state . . . and I thought it might be doable. I decided that I was going to visit and talk to the people involved in the program . . . it was a fair drive. Everything went just totally right, so there was never that sign that I should turn back and I went ahead and applied.”

Another informant chose a school that was in-state but required several hours of driving each way. For her, the additional travel was worth finding what she considered a “good fit” for her:

“We have choices as far as doctoral education goes . . . I didn’t even look at [university] because theirs is so hard-core quantitative. They don’t even have anybody [there] that teaches qualitative methods. So, I thought at [my age], this is probably not a battle that I’m interested in fighting. I’m just going to try to find some place that I think has a good fit. So I did…”

It is important to note that, despite thoughtful consideration of motivational issues, finances, location, and a myriad of other factors when planning a return to doctoral education, all twelve informants acknowledged that “life happens”, including unforeseen events and circumstance that influenced not only the experience but the length of time it took them to earn their Ph.D. degrees. This phenomenon is discussed in greater detail later in this chapter.
Support systems. Data obtained from the interviews in this study overwhelmingly identified the value of support systems and how the lack of such support can intensify or create problems for the doctoral student when not present. Support (or lack thereof) was identified as a key factor by every informant as playing a major role in their journeys. The following sub-categories were identified: (a) Family (Nuclear), (b) Extended Family/Friends/Others, (c) Cohort, and (d) Faculty/Committee/Mentors.

Family. All twelve informants discussed the value of having adequate support systems during doctoral education. In almost all cases, informants stated that they had received support from their families. Family support was generally provided by words of encouragement or helping with household tasks. Informants stated: “It definitely helps to have a supportive family and spouse.”

“My family was very, very supportive and there was no question that is was not a good thing for me to do. It was not considered extravagant or superfluous or unnecessary. It was not considered a luxury. It was something that I wanted to do to top off the formal education that I have and I wanted it and they wanted me to have it.”

“Having great kids that were supportive always helped but one doesn’t always have a lot of say there.”

“My husband, I know, put many things on hold and just was there to support the kids when they had issues. . . . he really jumped in there and got used to signing papers and taking care of incidentals that I would otherwise have done. So that was very helpful.”

All the women in this study had several roles in addition to their role as student. Lack of family support often occurred when time required for doctoral study interfered with the roles or responsibilities required at home. Informants’ comments included: “My family tolerated it . . .
not incredibly supportive in terms of my husband and my kids . . . they were like, get it over with! So that was the most stressful part.”

“Family is absolutely important but as with most things, their general support is important but if you have a conversation about philosophical underpinnings of a method, that’s not exactly dinner conversation. That may really be the thing that you want to talk about but what they want to talk about is the baseball game or help me with my homework or all that.”

Sporadic family support had one informant share feelings of loneliness as follows:

“I’m thankful but it saddens me to think that you have to be so alone in this journey, that you can’t get it from your spouse. Kids don’t have to give you support like that; they don’t have to but they shouldn’t undermine it either.”

Informants that lacked family support tended to discuss feelings of additional stress (and sometimes guilt) they experienced with their return to formal education.

**Extended family, friends and others.** Additional support systems beyond the nuclear family, such as extended family, friends and others were identified as both a source of support and stress. Extended family (i.e., parents, siblings, nieces, nephews) were mentioned by all twelve informants and provided support in two main ways: moral support (i.e., words of encouragement, praise, etc.) and providing services (i.e., child care, rides for children).

Comments from informants reflect a variety of ways extended family members showed their support: “My [extended family], in particular, were very, very supportive and were sounding boards for me. We’ve always been close. I’m not sure . . . the way it impacted it is that they were there and supportive.” and “All along the way my family, my [extended family], have been very encouraging and kind of believed in me.” One informant’s describes her mother as follows:
“She’s always the person who says something like, ‘Oh, you can do that. You just say a little prayer, or you just tell yourself, do the positive affirmations, tell yourself you can do this.’ So she gave me that ability to do it.”

Providing help in the form of services was another way extended family provided support. Informants’ examples of help included: “I had support from my family with my [my child], to watch [my child] if I had any evening classes. They would take [my child] and feed [my child] dinner and I would pick [my child] up there, so I had that support.”

“If I had done an all-nighter or written a paper and I just didn’t have the energy to drive or thought I wouldn’t be safe, I picked up the phone and my [parent] . . . would drive me. [My parent would sit in a car and wait for me for . . . hours.”

Two informants would stay with family members overnight when attending programs far from their homes; one informant commented:

“My [parent] lived about halfway in between so I would go and spend the night . . . before class and then drive in the morning of our first day of class. We talked all the time on the phone but it was nice to see [my parent]. I really do miss that time and [my parent] was very, very proud and supportive.”

Another informant shared:

“My first year my [sibling] lived in [city] and I stayed at [my sibling’s] apartment. It was really nice because I got to see my [sibling] every week which, up until then, I didn’t really get to. [My sibing] and I have always been very close so it was really nice to be able to spend that time . . .”

Extended family support varied depending upon their experience or understanding of doctoral education. One informant stated:
“My side of the family . . . none of them have been to college. [Husband’s] side of the family . . . just the opposite; there are a couple of physicians, one is a Ph.D./MD. He really got it. He understood and they understood the kind of the sacrifice that was going on so they were very supportive. I did feel a lot of pressure from like my parents about getting together and not talking to them as much as I used to.”

Gender differences were sometimes mentioned during interviews. One informant stated: “It takes another woman who has been raked through the coals to validate you. That, to me, is so sad.” Another informant reported:

“‘My [male relative] is very hmm . . . kind of chauvinistic, for lack of a better word. He kind of reminds me of an Archie Bunker. He has his Master’s Degree and now that I have the advanced degree, it intimidates him. He is kind of . . . he is respectful because he came from academia, so he knows that you earn it, but it’s a matter of a woman has more, is smarter . . . he’s frustrated by that.”

Friends, coworkers and other people outside the family were additional sources of support mentioned by all twelve informants. Similar to family members, support was offered in the form of encouragement and acts of service. Informants’ comments included: “The folks that I was working with, they, of course, were very supportive and so that was helpful.” and “My best friend is a Ph.D.; she had been a support for me even before I signed the application. She thought this was where I should go and she thought I had more to offer.” “My [child] wasn’t driving in the beginning but that didn’t matter because we had friends who would just pick them [informant’s children] up and take them if I wasn’t around and that was great.” One informant found unexpected lodging and friendship from a fellow graduate assistant, stating: “I wasn’t
trying to find somebody to share a place with, she offered and she and I have been friends ever since. It would have been much harder if I hadn’t met [her].”

Other supportive people were lauded by the informants. One informant claimed: “The [person] that was helping me with the statistics was just incredibly helpful and patient. [This person] spent time with me on the phone and made sure I understood and was incredibly supportive. I couldn’t have done it without [this person].” A different informant enlisted the aid of a life coach after seeing a positive change in a family member. She stated:

“I hired her and did a whole program with her. That was really the turning point . . . it wasn’t just about her coaching about the dissertation, it wasn’t about any of that. It was life coaching and it was huge, huge. It was palpable.”

One informant described support she received from the participants in her study, stating:

“I received such support from these participants. They believed in me and they believed in my research…everything I hadn’t gotten from [other sources]. [These participants] were able to give caring and support.”

Almost all informants mentioned times when they did not feel supported, especially when it concerned the intense nature and length of time required to complete doctoral education. The following informant’s comment reflects the sentiments expressed by several of the informants:

“Sometimes I wouldn’t want to talk about it with friends and family because they . . . they’re like, 'When are you going to be done?' So that’s really hard.” A different informant offered the following thought:

“Family or friends can support you…I mean both in and out of school, so develop friendships within the school, fellow students or faculty, and then also support outside of
school. It’s hard because there are times when you can’t be as good a friend as they need for you to be.”

**Cohorts.** Cohorts within nursing doctoral programs varied in size, demographics and level of support. One informant found herself without a cohort but was able to find support in other ways. She explained:

“I had a kind of unique experience because there were [a number of] people in my cohort and at the end of the first quarter, . . . had decided not to continue . . . had some difficulty and wasn’t able to continue. So I was a cohort of one.”

She added:

“One of the women in the cohort following mine, I had known her a long time and we were both kind of struggling with the same thing and finally it was, ‘Let’s meet on a regular basis and write and that’s what we did. We provided a lot of moral support and encouragement to each other.’

Another informant from a small cohort described her experience:

“I don’t know if having [the small group] of us in the classroom made that more difficult because one . . . was very shy and didn’t speak a lot and so then it ended up being the [even smaller group] of us plus the faculty. I don’t know if that made it difficult for the faculty because of the change in power. There were times that I felt like they [other students] wished I would shut up!”

She quickly added:

“The camaraderie was good. I think only having [the small group] of us was good in some aspects but a little limiting, too. I did develop some really nice friendships with students that were in other cohorts which was nice.”
Six informants (50%) who were part of supportive cohorts reported positive classroom experiences. One informant shared: “I was just energized by being in class and exchanging ideas. I thought we had a really bright group, some really innovative thinkers.” Another informant discussed her cohort in terms of their similarities:

“We were all women in this process. And the fact that we were older . . . as compared to people who are childbearing . . . we are at different places in our lives. And, certainly, life issues happen during this process. This is a rigorous process [doctoral program] and to do it well, you have to immerse yourself in it. But at the same time, so many other responsibilities come into play. You are enmeshed in other roles that are so important . . . mother, wife, homemaker, child . . . that all those responsibilities come into play, in addition to your career and role as student. In the classes, we shared so many personal parts with each other that we developed relationships that are more than just collegial, they are personal. We are all very, very close.”

A third informant described her positive cohort experience as follows:

“The cohort that I happened to be placed with was women all like me. We were all within [a few years] of the same age. We were all in very similar positions in our careers. While we had different interests, we all had children who were similar ages, similar life experiences. We all worked full time. So we had many points of reference that we tapped into to make sure that we could support one another.”

Supportive cohorts provided informants with a safe environment to problem solve and be validated, as expressed by this statement: “I found out through being vulnerable and speaking about it to my cohort . . . that other people had that issue and that is wasn’t just me.”
Unfortunately, not all cohorts were supportive. Five informants (42%) from this study also reported mixed or less than favorable cohort circumstances:

“There [was a group] of us that really supported each other. Our class had a couple that were, to be perfectly honest, they were kind of bitchy and all for themselves. They weren’t very collegial and so you kind of had to find somebody who could support each other and help each other out. We did that and it made it enjoyable.”

One informant shared her disappointment when her dreams for a mentally stimulating and collegial cohort were crushed. She recalled:

“I was really longing for the experience of learning from and collaborating with a cohort of peers. Hope and excitement . . . it was extinguished pretty immediately. One of the students said, ‘No one over [a certain age] should be admitted to these programs. You need at least [x number of] years to get your research stream flowing so wasting all these resources on aging professionals is inappropriate.”

Another informant reported one of her sources of comfort coupled with one of the source of distress: “I found some solace in the classwork. I hated to present because it was painful and abusive.” When asked what advice she would offer to others in similar circumstances, she reflected:

“I think maintaining my circle of friends outside that cohort was really, really helpful. I didn’t come there expecting to make a best friend. I already have a best friend. I already had a social circle. I have wonderful people in my life. I came there for professional sharing and a cohort of professionals to shoot things over with. I don’t think I really got what I came for in that respect, but I didn’t need those relationships to complete my life.”

Another informant who felt ostracized by her nursing cohort shared:
“There would be study groups planned . . . [Other events] that we were excluded from . . . beyond the demands of a Ph.D. program and the stressors, you had this sense of foreboding anytime you went to class, wondering, ‘What else?’ You just had to have your guard up. I really feel cheated that I didn’t have that part of the journey that I feel you should have. Yet I’m proud that I was able to gain my support from where I could gain it . . . outside the walls of the college of nursing, by non-nursing students.”

She added:

“It shouldn’t be this horrific event that you come through licking your wounds and saying, ‘Thank God I survived.’ Instead, it should be a time of growth, expanding your consciousness, becoming comfortable with not knowing all the answers but comfortable with the process.”

**Faculty/Committee/Mentor.** Data from the interviews clearly demonstrate how the support and guidance from faculty and committee members is critical in navigating their doctoral students’ journeys. While each story was unique, all twelve informants shared experiences of positive relationships with faculty and committee members, but also offered examples when circumstances were not ideal. Positive remarks about their programs focused on appropriate feedback and feelings of support: “Some of the faculty was excellent in their feedback to me and their feedback to others.” Another informant stated: “I felt very supported in the program I went to…I have a real soft spot in my heart for that institution. I don’t know if you can always find that and I feel very fortunate about that, too.” A student from a newly developed Ph.D. program stated: “I felt because I was in the very first class and there were only [x number] of us, that we were incredibly supported. I felt that because my research interests were the same as my mentor, it was just so much easier for me…I felt supported throughout the entire program.”
When one informant was going through a difficult period, she expressed her appreciation for faculty compassion:

“My advisor and a few of the faculty were just amazingly supportive and not only for my program work but also for me personally, in my personal life, too. Just kind of letting me know they were aware of what was going on and a lot of them would pull me aside and let me know that they were thinking about me…so that was very supportive for me.”

Faculty and program issues found to be frustrating for informants centered on individual classes, instructors and lack of communication. One informant reported her overall experience during her Ph.D. program had been positive except for one class:

“There was only one class that I remember being so frustrated with that, you know, if I were going to quit, I would have quit. But I didn’t and I just had to go through it. There was only that set of instructors that was probably the most frustrating.”

Lack of timely feedback was a source of frustration for another informant: “We had whole courses where we got no feedback at all. I mean no feedback. We didn’t know what our grade was until it was posted [at the end of the term]!” This informant discovered she needed be her own advocate when experiencing breakdowns in communication:

“I had to ask the right questions or I wouldn’t have moved on . . . I would have been there much longer if I hadn’t been getting feedback from my cohort. I was held up by the system many, many times and almost did not finish because of it.”

Two informants who experienced difficulty with cohorts commented on the lack of advocacy or faculty intervention: “. . . the faculty allowed this abuse to continue.” and “It was important to note that the faculty and the director of the program did nothing to kind of change that dynamic. Nothing. Nothing. I think they felt unable.”
Informants expressed the importance of “good fits” or resource people with similar interests, goals and methodological preferences, especially when choosing mentors or committee members. The following excerpt reflects several comments made by the informants:

“It is important to find a person on the faculty who has similar interests and background and can be supportive. I was fortunate. One of the frustrations that a student can potentially have is that they are assigned to an advisor or mentor that doesn’t necessarily have the same interests or background. There should be a ‘connection.’ They should also be able to help with the student’s research trajectory . . . be strong. It also helps to be knowledgeable about funding.”

Another member expressed her gratitude for the expertise and availability of faculty to help her continue her journey:

“I don’t have a formalized mentor right now [post doctorate] but one of my colleagues that was on my committee was very supportive throughout the process . . . and also my chair, very supportive but I’ve never asked either one to be my mentor. They’re always there if I need something.”

When one informant was experiencing a particularly difficult time with her dissertation, her committee chair provided support and guidance in the form of “tough love”:

“I was like in quicksand. Not quicksand, mud. I wasn’t sinking but I wasn’t really moving forward and my chair was . . . she was the perfect chair. She knew when to push me and sometimes even more than push. Kind of prod me with a big stick . . . I remember a conversation with her about that time and she said, ‘You know, there are a lot of people that start a doctoral program who finish all their course work and never finish. I don’t
want you to be one of those people and I don’t think you want to be one of those people either.’ . . . and that was kind of a hard conversation.”

One informant identified an individual (faculty/administrator) that she credited with her pursuit of a doctoral degree:

“[She] was a turning point in making sure that the decision to move forward with a Ph.D. was laid at my feet. We discussed at length hopes, dreams, desires, where I was with my career, what it is that I really wanted to do. She made no bones about the fact that she really wanted me to pursue a Ph.D. . . . ‘You need to think about your future, what direction you want to go in and how this will relate to your clinical practice.’ She encouraged me to apply. I said okay, fine. So I did.”

Dissertation committee experiences varied with the informants. Many informants expressed positive experiences: “My committee was very supportive.” and “My committee was wonderful, supportive, gave me feedback, assisted me in any way that they could. The dissertation experience, I have to say, was the dessert . . . it was wonderful and I loved it.”

Another informant stated:

“I had put together a very good committee . . . couldn’t find a faculty member to work with. No one wanted to give me a piece of their research so I developed my own research and found faculty members who said, ‘We’ll work with you.’”

However, not all dissertation committees were pleasant or helpful, as expressed by this informant:

“I switched my methodology because I had such a bad experience with my committee . . . I still had problems with my committee. There was some infighting and some political
stuff. There were some problems with my faculty not getting along and I kind of got caught in the middle.”

**Balance (due to multiple competing roles).** Balance was a third major category identified from the data. All twelve informants in this study had multiple roles in addition to their roles as doctoral students. These complex and often competing roles influenced essentially every aspect of their lives, including if and when to pursue a doctoral degree. One informant explained this phenomenon as follows:

“Timing is everything. I don’t know that there is ever a good time or perfect time. I think you have to choose the time. And sometimes you choose wisely and other times you don’t because life is going to go on regardless and you can’t really anticipate what’s going to come next. So you may pick a time when your children are older or your children are younger or you’ve had a major task or someone has been ill . . . Whatever it is, choosing to pursue something like this [Ph.D.] takes time and energy. The learning curve is to manage life events and continue to do this.”

Managing their multi-dimensional lives proved challenging for all twelve informants. The importance of maintaining balance was an important factor mentioned by all the informants (although not always optimized): “I know that I really needed to find balance.” and “I think that balance is important.”

Balance encompasses four sub-categories, including self-care, faith or spirituality, “life happens” (positive/negative events in life that occur, many of which are unexpected and impact balance) and advice.

**Self-care.** When informants were asked what advice they would offer to other later career nurses planning to return to doctoral study, all twelve participants identified the need for self-
care. The demands of graduate school in addition to the responsibilities of family and employment created stress for many of the informants, often neglecting their own needs in the process. Support systems aside, the work of doctoral school was rigorous and demanding, often leaving participants feeling drained and isolated. As one participant stated,

“You need to acknowledge your family’s support and you need to acknowledge that your kids and your husband and everyone else is sacrificing. Payback comes later for them but they are not gaining really anything out of this process other than they love you and they are supporting you. But at the end of the day, it’s about you.”

Another informant shared similar feelings:

“No matter what people say, you go through it yourself. Everybody’s circumstances are different and it’s a unique experience for everybody, for each person . . . it’s like childbirth, you know, they can’t tell you what it’s like until you go through it.”

One participant described the physical and emotional effects of multi-tasking while in doctoral school: “I was losing sight of myself. You pay for it. Your body pays for it. Your psyche pays for it. I think it’s important to do a lot of self-care when you are in the midst of it.”

Three informants agreed with this sentiment: “Try to take care of yourself . . . just the everyday things, try to sleep, although that’s sometimes a joke. Just try as best you can to take care of yourself through the process.”

“Make a vow not to neglect self-care. It will be physically challenging, whether it is stress prone headaches or whatever, but find some way of doing self-care either through exercise or whatever to keep stress at bay. I wasn’t so good at that. I did some of it, but obviously not enough.”
“Don’t forget to take care of yourself while you’re going through the program. You’re so busy . . . nurses are always so busy taking care of everybody else. Take care of yourself and the stressors of being in the program. There is a lot expected of you.”

She adds: “If you don’t take care of yourself, in the end what good will it do if you’ve broken your body and your mind?”

A common theme in the promotion of self-care mentioned by all the informants was planning for non-school related activities or events. Setting boundaries was one way informants attempted to maintain balance and provided for self-care:

“I would really recommend that you set boundaries so that you set aside time when you’re not going to be a student. You know there are times when I just took off to have fun and I allowed myself to do that. Give yourself permission to take a break because you need that; so find some balance.”

Another informant encourages students to step back and consider one’s priorities (e.g., family):

“Remember to prioritize what is really important and not to get too distracted or get off on tangential things . . . ”

Exercise was a healthy form of self-care identified by three informants as providing time for self and assisting with the management stress: “One thing I did for myself early on, I kept up my exercise.” and “I did have a lot of headaches and stuff and I did exercise regularly.” The third informant stated:

“One of the things that kept me sane was that I made sure that I exercised every day. I took up yoga which I had never done before and that helped me tremendously. It helped me just to relax and just be able to sleep. Exercise is very, very important . . . qualifies as my health time for myself.”
In addition to practicing self-care in daily life, planned incentives for the completion of milestones were used as rewards for the hard work, commitment and sacrifice required during doctoral study. One informant rewarded herself (and family) for her hard work and accomplishments:

“After my first big presentation or whatever I took my family out to dinner. When I passed the [first year progression step exam], I took my family out to dinner to thank them and kind of give them a reward for supporting me. Every [term] after that [term] was over I treated myself . . . .”

Support groups outside the university provided one informant with healthy lifestyle options and accountability, sharing how she found this helpful in maintaining balance in her life:

“It’s all about promoting self-care in health care and so we are all about giving helpful hints, like trying a new vegetable each week or doing something around healthful self-awareness. And I’ve joined an accountability group. My goals are about keeping boundaries around work versus home and not letting it all blur together and exercising. We check in (weekly) with each other and keep each other accountable for our goals.”

Another informant used meditation and journaling to provide stress relief and accountability, sharing: “I did as much as I could . . . I jouralled and I exercised and meditated. I don’t know what else I could have done to think of it!”

Almost all of the informants expressed episodes of self-doubt, often in the form of discomfort, fear or feelings of inferiority or inadequacy. The following observations reflected the sentiments of many informants:

“When you go into something like a Ph.D. program where you are pushed to the absolute limit in terms of how you think about things and what you thought to be truths and how
that is reconstructed in your mind, there comes many points when you feel like an imposter. We all have been there, but no one really speaks of it. Until you can find yourself in a comfortable environment with people who are, like, ‘Oh, my God, I feel that way too’ . . . you feel like everyone is smarter than you.”

“I felt out of my comfort zone a lot and I felt like I didn’t know anything. Sometimes I still feel like that . . . .”

“I felt like a baby. I thought, ‘You should know this. You should know what they are talking about.’ And I’d have to look it up because sometimes I was embarrassed to even ask a question ‘cause I knew that most people knew the answer.”

“I was so fearful that I wasn’t going to be successful and I’ve never failed at anything.” and “I think the biggest obstacle was probably my belief in myself at times, feeling I couldn’t do it . . .” and “There are so many people who go through the coursework but don’t finish their dissertations and I was so afraid of that.” Informants reported seeking help and affirmation from support groups and implementing various forms of self-care when struggling with self-doubt.

One informant, in advocating positive affirmations, stated: “Believe in yourself . . . you wouldn’t be there if you didn’t have the potential. I think we take that for granted and we aren’t used to hearing that.”

Informants expressed mixed feelings upon the completion of their doctoral programs. Most shared experiences of pride and accomplishment. After completing the interview for this study, one informant expressed gratitude, saying:

“This has allowed me to really step back and have a few moments to really think about what this all meant and reflect on the importance of it [earning Ph.D.] and not to lose that in the process of the craziness that occurs.”
She added:

“The process wasn’t really what I anticipated. It actually ended up being better. I learned a lot about myself in the process—that I grew, that I developed and that I expanded my own personal horizon as well as professional.”

Other positive experiences of doctoral education were reported as follows: “I think it was a life changing process in so many ways . . . it was a gift. I hope to be able to pass some of the gifts I’ve been given to others.”

“It taught me a lot about myself and it taught me a lot about perseverance and patience. It taught me how to ask for help or assistance with something. It made me grateful for all the people I had around me in the process.”

“It taught me how strong I am. And I got through on my terms. I never stopped being there for my family.” Celebrating their accomplishments with family was an additional source of pride and joy for informants: “We went to graduations . . . my husband and [children] and my [parent] (many family members). I don’t like attention. They were very excited for me.” and “My [child] wrote a paper about who [my child] admired and [my child] wrote that [my child] admired me and that I had gone back to school . . . I kind of felt like I was setting some example for them in terms of perseverance.”

Not all informants reflected fondly on their experience of doctoral education. Feelings of pain and anxiety were expressed by at least four (34%) of the informants following the completion of their degrees. It is clear that doctoral education is demanding, as evidenced by attrition rates when students fail to matriculate or complete programs. A similar type of remorse or pain was expressed by these graduates who, by all accounts, would appear to be “successful,” having earned their degrees. One informant previously known to the primary investigator did not
respond to repeated invitations to participate in this study. Several months later, the informant contacted the primary investigator after hearing positive comments about this study. She shared that her doctoral education experience had been a painful time in her life; she considered herself to still be healing, but was now “ready to tell her story.” Another informant shared:

“When I first finished it, I was pretty traumatized for all the problems that I had. I was joking with somebody that I felt like I had post-traumatic disorder after I finished. My self-esteem was down . . . I just felt that I had taken a beating and it took a while to get over some of that.”

Her negative feelings caused her to sever ties with former school friends and faculty, adding:

“Sometimes you break ties with the people you knew at a place because you don’t want any more memories. I understand why people don’t finish their dissertations and why there are so many ABDs (All But Dissertations) out there because sometimes I think we do still eat our young and we’re not always as supportive as we could be.”

Some positive outcomes, including increased knowledge of subject matter and publication were shared by graduates reporting negative experiences or feelings after program completion:

“Looking back on it, I got a better education. It took me longer. Do I know more about methods, design or all that? Probably not, but I know my subject. Not only do I know my subject, but when I sit down to write, I’m not wasting anybody’s time.”

“I had the need to go back to work full time. . . . that did cause my dissertation phase to kind of elongate out into many more years than I had originally anticipated. But that was OK, too, because it allowed me to grow in other ways . . . deepened my knowledge concerning methodology or different aspects of the research process. I was able to
publish and do some stuff that I wouldn’t have been able to do had I been in a different spot.”

**Faith/Spirituality.** A belief in God or universal plan was discussed by informants. Eight (67%) of the twelve informants specifically stated that their religion or faith was a source of comfort and support during doctoral education. The following comments reflect some of these sentiments:

“My faith is very important to me and I honestly believe as some people would say I’m a freak, but I really believe that God has his hand in this whole thing. A lot of people were like, ‘Why are you driving to [university]? You could go to [local university]. You’re like . . . minutes from there and you’re driving . . . hours . . . ’ I just knew that was the place I was supposed to be.”

“I believe God puts you in these situations for a reason. I want to believe that I went through all of that to make somebody else’s life better.” and “I have followed passion and will continue to follow passion (versus money). If it doesn’t lead me to tenure, then God didn’t intend for me to have tenure.” and “Certainly, one of the things that I think was helpful was my faith.” and “. . . providing moral support and belief in each other that we would be able to do it . . . collectively, all of those things . . . that, and a lot of prayer!” Two informants spoke more generically of “spirituality” or the universe as follows: “I’ve done a lot of reflective thinking; I’ve delved into spirituality and all of that kind of stuff.”

“So that was kind of how it began. It (return to graduate school) was one of those situations where the universe or God or whatever one wants to call it, works in mysterious ways because I walked right into [the university] and it seemed like they were ready for me.”
Life happens. Another common denominator amongst all twelve informants was the inevitability that “life happens.” Regardless how well planned the undertaking of a doctoral education, multiple events occurred that the informants had not anticipated, impacting balance. Most reported events tended to be negative or stressful in nature. However, some events proved to be positive and serendipitous. While planning to attend a program several hours away from her home, one informant reported that staying at her sibling’s apartment cut down on driving time and lodging expenses.

“I would stay with [my sibling] at night, get up at like four in the morning and drive for class the next day. That was actually a lot of driving but it was nice because I got to see my [sibling] every week.”

Events generally seen as positive (i.e., weddings, births, building a house/home) still required time and planning that often competed with the demands of doctoral studies and could induce stress.

Family illness was reported by four informants. Even when illnesses were not long term or fatal/debilitating, the informants experienced additional stress and worry beyond the responsibilities of doctoral school and “normal” life. Three (25%) informants reported the death of a family member while in their doctoral programs. Beyond mourning, responsibilities included planning events surrounding the death, executing the estate, and visits with those mourning and offering condolences. Other stressors reported by informants included divorce, spousal loss of job, loss of income (stock market), depression, illness of committee members and menopause.

Advice. When asked what advice they would offer to other women considering the pursuit of a Ph.D. in Nursing, this group had several suggestions. Almost all the informants
agreed that age was not nor should be a factor, stating that if they wanted it, prospective doctoral
students should “do it”: One informant offered:

“... it happened because of where my journey was and so, hopefully, the message is that
you’re never too old to do what you want to do. If you decide this is what you want to do,
don’t not do it because you’re at a certain age.”

Another stated:

“I think my advice would be that, if they have a desire, that they should do it. I believe
that everyone has their own personal situation, and my recommendation would be that
you do the best that you can to address those barriers. It is a difficult process, and the
fewer barriers you go into it with, I believe, the more successful one will be.”

Another informant reported: “I’ve actually have given the advice and I would say, if you want it,
go for it and I will stand behind you the way others didn’t help me.”

In addition to advice offered to promote self-care and balance previously mentioned in
this chapter e.g., boundaries, recreation, rewards, sleep, journals, etc.), informants strongly
recommend taking advantage of a variety of support groups and to ask for help: “I’m surprised
in some ways that it’s such a self-driven thing, that I need to be the one to drive the bus and ask
for help.”

“You really have to have other people along the way that are encouragers and listen to
you when you’re ready to rip your hair out and maybe make a meal for you. You have to
learn how to accept help from people because it is really valuable.”

Choosing a program, mentors and committee that are a “good fit” will help in survival of a Ph.D.
program:
“I think it is about finding that ‘good fit’ and understanding when you come up against obstacles, it’s not always about plowing through them. It may be finding a way around them or over them . . . or it may be just taking a completely different path.”

“If at all possible, go where there are researchers doing your line of research . . . to really get under the tutelage of somebody hopefully who’s got some good funding.” Another informant recommends not procrastinating or prolonging the dissertation process: “Get that dissertation out of the way right away.” Finally, informants encourage prospective doctoral students to practice patience and tenacity in order to see them to the completion of their programs: “It’s not a sprint, it’s a marathon.” and “I think the other piece of advice I would say is being persistent is really valuable. Sometimes things move a lot slower than we want them to move and some things are completely out of our control.”

**Discussion of Findings**

Data analysis focused on three major categories including plans, support systems and balance. The findings of this study will be discussed as they relate to what have been reported in the literature.

**Plans.** Attrition from doctoral programs remains a dilemma for both institutions of higher learning and the individuals who fail to matriculate and complete their programs. Attrition rates of approximately 50% are reported across all disciplines, with even higher attrition rates reported for women, older students and ethnic minorities as compared to young, European-American male doctoral students (Council of Graduate Schools, 2008; Lovitts 2001, Nettles and Millet, 2006). The mean age of nursing doctoral students is older than doctoral students in other fields (Council of Graduate Schools, 2008). Additionally, nursing doctoral students take longer to complete their degrees than their counterparts, limiting the number of years they can contribute to the
profession (AACN, 2005; 2011a). Therefore, research suggests that doctoral education is a challenging endeavor for all students and the female nurse who considers returning to pursue a doctoral degree later in life may face additional challenges and is more likely to be at risk for non-completion than traditional students. The women in this study shared several nontraditional graduate student traits and characteristics, representing the demographic data of many doctoral students in nursing. The informants were older females (mean age=45.33 years; inclusion criteria=35+ years). Most (11/12) of the informants were married. Eleven out of twelve (11/12) informants reported having children, most still at home during the time of doctoral study. The mean length of time for completion of programs was 5.54 years. The development of a plan that considers the motivation, goals and characteristics of this population can help expedite their doctoral education journeys, assisting them to a timely completion of their programs and the ability to extend their careers and contribute to the science and practice of nursing.

Previous research indicates that the development of a plan that considers all aspects of program completion is a key component to successfully earning a doctoral degree in nursing (Carpenter & Hudacek, 1996; Smith & Delmore, 2007). Smith and Delmore (2007) advocate asking the right questions to determine the doctoral degree best suited for the potential student. Perhaps the most important and first question one should ask herself is, “Why do I want a doctoral degree?” Understanding not only the motivation but the timing of the informants’ choice to return to doctoral study is critical in discovering the similarities and unique differences between themselves and all doctoral students.

Gardner’s (2008) study of socialization in doctoral education reports that the individual demographic characteristics of graduate students (i.e., race, gender, family status, part-/full-time status, etc.) play an influential role in how students plan for and experience doctoral study.
Gardner’s (2008) study examined the doctoral experience of underrepresented populations in graduate education, including women, students of color, students with children and part-time students. Students in these underrepresented groups defined themselves as “not fitting the mold.” Graduate school presented a different socialization experience and additional challenges for this group than those faced by the traditional European-American male doctoral student in his twenties. Responses from three informants in this study indicated that when cohorts included other later career female nurses, they perceived a supportive learning environment with shared life experiences and the potential for friendships beyond the school setting. In contrast, one informant was specifically told by a younger classmate in her cohort that resources were “wasted” on older students who did not have twenty or thirty years to commit to a research trajectory. These examples support Gardner’s (2008) assertion that nontraditional students (e.g., older females) have different socialization processes during graduate school experience and face more challenges than traditional students.

Motivation for the informants’ return to doctoral school was varied and personal. Analysis of the interviews from this study indicated that professional advancement and job security were motivating factors in the pursuit of a doctoral degree. Job security and professional advancement are reported as motivating factors across all disciplines (Council of Graduate Schools, 2008; Lovitts 2001, Nettles & Millet, 2006). However, for most of the informants, job security and professional advancement were considered a bonus or a secondary motivating factor. In contrast, a “love of learning” or the need to share their knowledge, especially in the role of educator or doing research for evidence based practice, were reported as primary motivators in this group of women. This finding supports the research of Colombraro (1998)
who identified intellectual curiosity and the love of learning as a theme in her study of five women who completed their nursing doctorates while maintaining their multidimensional lives.

New information from this study included the deliberate choice of pursuing a Ph.D. rather than other doctorates, such as a Doctorate of Nursing Practice (DNP). Many of the informants in this study came from practice settings prior to doctoral school. Their years of practice had provided “hands on” experience and awareness of the needs in the community. Their desire to share their knowledge with patients and other practitioners provided the impetus for a return to doctoral study, often to provide them with the necessary tools for research and evidence-based practice. Reasons for the choice of the Ph.D. included the belief that it is an all-encompassing degree for education and research. Informants stated that the Ph.D. is well known and better understood than other nursing doctorates.

The rationale for the timing of their return to doctoral studies varied with each informant. No informant specifically stated they had planned for doctoral studies in their twenties, while many stated that it was only after years in practice or education that they believed the desire and timing had presented itself. However, some informants stated that, once they had considered the idea of doctoral school, they wished they had begun earlier. Family responsibilities, in particular having small children at home, were reported by informants as a reason for delaying doctoral education. These findings are consistent with women students in all disciplines (Anderson & Meizitis, 1999; Cao, 2001; Gray et al, 1997; Morgenthaler, 2009).

Financial considerations are reported as a concern and are potential barriers to doctoral education (Colombraro, 1998; Conway, 1985; Council of Graduate Schools, 2008; Kenty, 2000; Lovitts, 2001; 1995; Nettles & Millett, 2006; Smith & Delmore, 2007). All twelve informants addressed the impact finances had on their decision to pursue a doctoral degree. The extended
length of time it took some informants to complete programs reportedly increased the financial burden and stress of doctoral studies. Grants, scholarships and other sources of funding were cited as being appreciated. Two informants specifically stated that, without scholarship or funding, they would not have been able to consider pursuing their doctorates. Additionally, the opportunity to learn about funding and participate in funded research of faculty and mentors provided informants with practical experience and assisted them in planning their own research trajectories.

Distance is a factor considered by many prospective doctoral students (Council of Graduate Schools, 2008; Lovitts, 2001; Nettles & Millett, 2006). In support of previous research, informants considered convenience (e.g., proximity to home, fit well with employment and family responsibilities), type of degree offered at universities (Ph.D.), and the programmatic goals (methodological strengths, curriculum) when considering doctoral programs. Two new or unique findings gathered from this study included the informants’ roles with significant others and the option of on-line programs when questioned if distance was a factor in choosing a doctoral program. Informants with children reported that they did not consider doctoral school an option when their children were younger. One informant reports having to work while her husband was in graduate school, home responsibilities with children, and the need for her income made it necessary for her to delay her own plans for doctoral study. The development and increasing popularity of on-line education provides an option for students who may not be able to attend a tradition school setting (Matson & Hagedorn, 2002; Leners, Wilson, & Sitzman, 2007). Two informants specifically stated they would not consider on-line learning programs. These attitudes and beliefs may be a reflection of gender and/or generational beliefs. Additional
study is recommended to see how the values and beliefs of this study’s informants compare with those of their younger and/or male counterparts.

**Support system.** Research on the experience of doctoral education reveals that academic, psychological and financial stressors are reported by students of all ages, genders and disciplines and requires thoughtful consideration when planning for doctoral education. (Cao, 2001; Council of Graduate Schools, 2008; Gardner, 2008; Kurtz-Costes, Helmke, & Ulku-Steiner, 2006; Lovitts, 2001; Nettles & Miller, 2006; Smallwood, 2004; Wall, 2008; Welhan, 2000). Literature focused on the experience of doctoral education addresses the importance of adequate support systems (Gardner, 2008; Lovitts, 2001; Nettles & Millet, 2006; Smallwood, 2004). In support of previous research, the informants in this study provided numerous examples of how they were supported by family, extended family, friends and other support people outside the academic setting. As with all doctoral students, lack of adequate support systems was associated by informants with increased feelings of stress.

Information gathered from this study addressed gender related issues experienced by the informants. Cao (2001) reports that male doctoral students experience more stress related to finances, often due to the mindset of being the “breadwinner.” In contrast, female students experience social and ideological prejudices associated with stereotypical females roles, such as wife, mother, care provider and homemaker. Informants provided several examples in support of this phenomenon, in particular when family and home responsibilities were challenged due to the demands of doctoral education. Another example occurred when an informant’s husband attended graduate school early in their marriage. It was not possible for them both to attend graduate school simultaneously, due to finances and the responsibility of child care, therefore the informant chose to delay her return to school. The hesitance of family and friends to use the
earned title of Ph.D. or “Doctor” when addressing one informant, possibly in deference to her male relative’s feelings, was yet another example of gender related issues.

Nursing research that addresses doctoral study often includes the discussion of faculty, mentors, choosing a dissertation committee wisely, and the importance of finding a “good fit” or program that is compatible with the doctoral student’s goals and research interests (Carpenter & Hudecek, 1996; Diekelman & Ironside, 1998; Smith & Delmore, 2007). Conway (1985) identified support (i.e., faculty, family, peer and financial) as a significant factor identified by graduate students when asked, “What is a healthy doctoral program?” Previous research was supported by the informants reporting numerous experiences of feeling supported by faculty, mentors and committee members. Individual incidents of dysfunction or lack of adequate communication were reported by some of the informants.

One of the most notable findings of this study was the extreme differences in cohorts reported by the informants. Cohorts sharing similar backgrounds (e.g., female, older, married with children) generally reported positive experiences during their doctoral education and the formation of friendships beyond the school setting. In addressing issues of self-doubt, informants stated that in order to share their feelings and make themselves vulnerable, a safe or comfortable classroom environment was needed. It was through sharing their feelings and being made aware that others had similar experiences that doctoral students were able to build self-confidence and grow as researchers. Four of the informants in this study reported dysfunctional cohorts and feelings of being ostracized by fellow classmates. Advanced age, religious differences and socioeconomic status were cited by informants as reasons for discrimination. Informants that did not feel supported by their classmates found their support with different cohorts, doctoral
students outside their college of nursing or non-school related accountability groups and advisors.

Gardner (2008) advocates the use of support groups, in particular peer-mentoring programs that match students with those who have had similar experiences in order to help them understand how they successfully navigated their own experiences. Gardner encourages self-advocacy, asserting that asking for help and seeking support are a necessary part of the process. Participating in graduate student organizations and involvement in departmental committees can increase institutional awareness of the needs of nontraditional students. Support services and information should be made available not only to prospective students but faculty, staff and other students who will be working with them. Data from the interviews in this study support Gardner’s recommendations. Insights from this study will assist departments and institutions in understanding the socialization experience of this group of women and help plan for interventions that allow all students feel successful and welcomed.

**Balance.** Previous research stresses the importance of balance in one’s life when undertaking doctoral study (Colombraro, 1998; Conway, 1985; Gray et al, 1997; Lovitts, 2001; Smith & Delmore, 2007). Studies on academic motherhood reflect the role conflict experienced by women as they try to balance the demands of family and academic responsibilities (Kemeksgrottenthaler, 2003; Raddon, 2002; Ward & Wolf-Wendel, 2002). Anderson and Mieztis’s (1999) study of mature female graduate students included participants’ reports of feeling torn between the desire to be a “good parent” and a “good student”, often expressing feelings of inadequacy with both roles. In addition to utilizing a variety of support systems, caring for oneself (sometimes identified as coping strategies in the literature) is critical for survival of a rigorous doctoral program. Informants in this study supported previous research and the
importance of self-care, offering suggestions such as setting boundaries, planned non-school related activities, rewards and incentives (e.g., dinner out with family, massage, exercise, journals and meditation.)

Religious faith or spirituality was also referenced as a source of comfort and support by several informants in this study. One informant reported being “singled out” by members of her cohort because of her religious beliefs. No nursing studies were found that specifically cited religion as a source of cohort discord in doctoral cohorts. This data further supports Gardner’s (2008) findings of different socialization experiences reported by underrepresented populations of doctoral students and the need for understanding and acceptance of differences.

Chapter Summary

In summary, data from the twelve interviews in this study provided support of existing literature and research addressing doctoral education in nursing. Informants provided rich descriptions of their experiences of pursuing a Ph.D. doctorate in nursing while maintaining their multidimensional lives. The intent of this study was to give a voice to the many women who return to Ph.D. doctoral study after years away from academia in which they may have started careers and addressed family and social needs. The goal of this research was to determine the factors that this strong yet often unnoticed group of women believes assisted them in the completion of their programs as expressed in their own words.

In addition to supporting prior research, several new insights were discovered. These new insights may reflect the experiences of doctoral students in general or may be specific to this sub-group and other underrepresented groups of doctoral students in nursing. Additional research using both similar groups (i.e., other later career nurses, older women returning to graduate school) and other nontraditional students (e.g., students of color, students with children, male
nurses) will add to the insights gleaned from this study in understanding and supporting nursing doctoral students throughout their educational programs.
Chapter 5: Summary, Discussion, Implications, and Recommendations

This chapter presents a summary of the research findings and a discussion about these findings that includes a feminist perspective as the theoretical framework for this study. It also provides a reflection on the assumptions of the study and their relationship to the findings, methodological considerations and limitations, implications for nursing education, and recommendations for future research.

Summary

The purpose of this study was to explore and describe the experiences that enabled later career female nurses to complete their Ph.D. degrees in Nursing. The intent of this study was to give a voice to the many nurses who return to Ph.D. doctoral study after years away from academia during which time many started careers and addressed family needs, highlighting the complex roles and additional challenges faced by these women. The research was conducted from a qualitative, feminist perspective. Later career female registered nurses (RNs) 35 years of age or older were recruited from personal contact with the primary investigator and referrals from study informants. Twelve informants participated in in-depth digital audio recorded interviews. Interviews were conducted between March 2010 and May 2011. Three interviews were in-person, two taking place in the informants’ offices and one in an informant’s home. Skype interviews took place from informants’ homes, offices or classroom setting at the informant’s place of employment. One interview was conducted by phone. The time required for the interviews, including completion of paperwork and questions, ranged from 45 minutes to two hours.

Field notes from the interviews were transcribed after each interview by a professional transcriptionist that had signed a confidentiality agreement. Field notes collected by the primary
investigator included calendar, map and census data and served as complimentary data to the
interviews. Field notes were referred to for triangulation purposes (Lincoln & Guba, 1985). The
primary investigator kept a dissertation journal to record personal experiences during the
research process, including plans, ideas, fears, mistakes, breakthroughs and problems that
occurred during fieldwork. The dissertation journal documented communication with informants
and committee members, providing an additional source for triangulation.

An interview guide was developed based on the review of literature related to doctoral
education in nursing and, because of the paucity of research focused on the experience from the
nursing doctoral candidate perspective, research on doctoral education in general. The grand tour
question/statement for this study was: Tell me about your experience as a Ph.D. student in
nursing, from the time you planned to return to school until the successful completion of the
Ph.D. program? Two pilot interviews were conducted. Data from pilot interviews supported the
adequacy of the interview guide; responses covered major issues related to the experience of
doctoral education found in the literature with no obvious omissions or new subjects noted.
Additional informants were enlisted to participate in the study. Each informant had a unique
approach to the interview process, most demonstrating ease at sharing their experiences after the
presentation of the grand tour statement. Some informants offered more succinct responses,
requiring the primary investigator to ask questions from the interview guide. Transcribed
interviews were reviewed for accuracy and initially coded by hand by the primary investigator.
Informants were contacted by telephone or e-mail as needed for issues of clarification or to
validate and correct identified themes (member check).

Data analysis was concurrent with data collection. In addition to coding themes by hand,
NVIVO 9™ computer software was utilized for coding and organizational purposes. A master
code list and code book was created. The primary investigator’s coding process was reviewed by two committee members who are experts in qualitative research methods and coding interviews. Additionally, coding and thematic development was reviewed by a non-nurse qualitative research expert with several years of teaching qualitative research courses at the university level. Themes and categories of data were grouped by data segments from the interviews. Three major themes were identified, each included sub-categories. A data display was created to provide a visual representation of the data. Analysis of the data was written under the guidance of the two qualitative research experts who served on the dissertation committee and the outside qualitative consultant. The third committee member, who is an expert quantitative research and has served on numerous doctoral committees, provided guidance in dissertation organization and writing.

The major categories of data identified from the interviews were: plans, support systems, and balance. Findings included excerpts from the interviews, expressing key issues from the perspective of the informants, including their words, beliefs and level of importance. The findings of this study support existing research on the experience of doctoral education. Several new insights were identified by the women in this study and warrant further investigation.

**Discussion of Themes**

The following section will discuss the three major themes that were identified by the informants. While each informant described her unique experiences throughout her role as a doctoral student, the discussion of plans (or lack thereof), the value of intact support systems and the importance of self-care and need to balance the role of student with additional roles and responsibilities was addressed by all the women in this study.

**Plans.** For this specific group of informants, doctoral study was not something that was planned for or, in most cases, even considered in their twenties. The traditional male doctoral
student’s educational experience often continues from undergraduate study under the guidance and tutelage of mentors. In contrast, the women in this study did not begin their doctoral journeys until middle age. Informants reported their returns to academia tended to be based on life events and personal reasons rather than the necessity of a doctoral degree for their careers (although most readily acknowledged earning their doctorates provided them with enhanced status and credibility). Two informants stated they would have liked to return to school earlier in their careers, citing family responsibilities (e.g., caring for young children, employment to support the family, or allowing husband to attend graduate school) as reasons for their choices to delay doctoral study. Once the decision to pursue a doctorate was made, individual plans to accomplish their goals were unique for each informant. Plans for this group of informants ranged from a highly structured “three-year plan” to a less structured plan that included several detours and life events, spanning nearly fifteen years from the start of coursework to the dissertation defense.

Motivation for the return to doctoral study varied with informants. Two informants specifically mentioned professional advancement and job security as their primary reason for earning their Ph.D. degrees. The remaining informants offered more personal reasons, such as a love of learning, the desire to do something for themselves, and the intention to provide a voice for the disenfranchised as reasons for their returns to academia. Informants with prior careers in practice settings identified the desire to validate their knowledge acquired from years of experience by conducting evidence based research. Informants in this study specifically chose the Ph.D. degree in order to increase their own understanding and research skills, providing them with trajectories for future research and platforms to share their findings.
Financial concerns were addressed by all twelve informants. Grants, scholarships and additional funding were reported by eleven of the twelve informants. One informant who did not receive outside funding, required student loans and gifts, in addition to family income, to pay for her education. All twelve informants reported working during doctoral study, ranging from very part-time to multiple jobs and/or graduate assistant responsibilities. Two informants specifically stated that they would not have been able to pursue their doctoral degrees if they had not received scholarships. Informants recommended that doctoral students learn about and, if possible, participate in grant writing and funded research while in school, especially if they intended to teach at universities.

Distance or program location was a consideration reported by most informants, especially those with families or young children. For this group, programs that required substantial travel were generally not an option. However, two informants chose programs that required hours of travel each way, citing that a good fit (e.g., programs that shared methodological preferences or worked well with employment demands) outweighed the hardship experienced by additional travel. Informants who addressed on-line doctoral programs stated they did not want that method of education, preferring on-site classes and contact with faculty when possible.

**Support systems.** Informants’ responses supported prior research, indicating that having intact support systems can greatly increase the likelihood of surviving doctoral programs. In general, informants were satisfied with the support they received from family, friends and faculty. Individual examples when informants did not feel supported were identified. The most obvious disparity noted was in the level of support informants received from their nursing cohorts. Homogeneous groups with similar life experiences were viewed as positive. Informants expressed that supportive cohorts were conducive to learning, providing a safe environment
where one could be vulnerable and share issues of self-doubt and, in doing so, learn that others had similar concerns. In contrast, other cohorts were reported to be very competitive and dysfunctional. Informants provided examples of perceived exclusion related to age, religion and socio-economic status. Students in cohorts identified as non-supportive expressed disappointment in that portion of their educational journeys and sought support from different cohorts, including other disciplines and groups in the community.

**Balance.** Informants identified the importance of maintaining balance during doctoral study as they juggled numerous responsibilities and roles in their multidimensional lives. Many women in this study expressed struggles between taking care of others and putting their own needs first, often resulting in feelings of increased stress or guilt. Recommendations to assist in self-care included setting boundaries, planned non-school events and rewards, exercise, journals, meditation and outside support groups. Spiritual faith was reported as a source of comfort and strength by several informants in surviving doctoral programs.

All twelve informants acknowledged that “life happens”, including both planned and unanticipated events, that impact the experience and duration (usually in the form of unexpected delays) of doctoral programs. Advice to later career women contemplating or currently in doctoral study included: “just do it” (follow your dreams), ask for help, seek out programs and advisors that are a good fit, complete the dissertation as soon as possible, practice patience and tenacity, and to remember that the doctoral process is a marathon, not a sprint.

**Assumptions**

During the development of this study, the researcher attempted to address and limit potential bias by identifying six assumptions based on her understanding or beliefs about the phenomenon under investigation. These assumptions were referred to frequently during data
collection and data analysis. This section addresses these assumptions and compares them with the findings of this study.

The first assumption was the belief that the completion of a Ph.D. in nursing was a significant milestone in the lives of the women in this study. All twelve nurses expressed pride in their accomplishments, confirming the professional value their degrees provided them (e.g., job security and advancement opportunities, elite status in academia and prestige that comes with earning a Ph.D.) Similar findings are reported by doctorate recipients in all fields (Lovitts, 2001; Nettles & Millet, 2006) However, for many informants in this study, the pursuit and attainment of their doctorates signified something they did for themselves, often after years of putting the needs of others first. Perhaps most importantly, despite their older age, the women in this study verbalized their degrees did not signify the end their journey; instead, their accomplishments provided them with new experiences and opportunities for growth.

The nurses in this study were articulate and gracious in sharing their experiences in completing their doctorates. Each informant had a unique style, with most needing little prompting beyond the grand tour statement provided by the primary investigator. A few informants expressed concerns about sharing their stories, acknowledging residual negative feelings after program completions and the need to be ready to talk. Most informants stated they found the interviews cathartic, expressing gratitude at the opportunity to review and share their doctoral experiences.

The informants were extremely candid and did not attempt to portray themselves or their experiences as “perfect.” The women in this study encountered many challenges during their doctoral journeys, describing how they were able to address various obstacles and deterrents (some more successfully than others) in order to complete their doctorates. The findings from
this study provide a realistic portrayal of how twelve later career female nurse doctoral students were able to complete rigorous programs of study. Data from this study supported prior research on the experience of doctoral education. New insights from this study can assist similar groups in understanding the challenge of being doctoral students while maintaining multidimensional lives. This information can be useful in helping other doctoral students, faculty and schools of nursing recognize the past contributions to nursing and society provided by these women, encouraging them in the next phase of their journeys by ensuring positive, supportive environments for all students.

**Implications**

Little research has focused on the experiences of older women doctoral students. Several factors warrant the need for research conducted from a feminist perspective that addresses the unique circumstances of such women, especially in nursing. First, nursing remains a predominantly female discipline. Most students in nursing doctoral programs are women. Second, nursing doctorates are a relatively new phenomenon when compared with other disciplines, as evidenced by early nursing scholars seeking their degrees from other disciplines (e.g., Ed.D. or Ph.D. in social sciences). Earning nursing doctorates has been a viable option, at best, since the latter half of the twentieth century. Third, stereotypical roles for women, such as homemaker and child care provider, have been espoused by a generation of baby boomers who value tradition yet have expanded their roles beyond the context of the home. Fourth, schools of nursing have traditionally recommended undergraduates obtain work experience before specializing or pursuing advanced degrees. For many young nurses, employment became a necessity in addition to (not a substitution for) their traditional caretaking roles at home. Therefore, it is not surprising many nurses decide to return to doctoral study after years of
practice or employment, when their children are older or grown. Research on the experience of doctoral students should not be generalized to older women students without first considering their unique history and circumstances.

The women in this study were highly motivated to earn their doctorates. While career advancement and job security were acknowledged as a benefit of earning their degrees, most informants in this study stated a doctorate was not required for their continued employment. Instead, informants cited varied personal factors that inspired them to earn their Ph.D. degrees. The women in this study did not consider their personal and professional accomplishments remarkable but rather part of their “normal” multi-dimensional lives. When returning for their doctorates, these women did not want or expect preferential treatment; only the same opportunities afforded all students. The AACN (2005) advocates the recruitment of younger and ethnically diverse doctoral students as part of their strategy to address the nursing faculty shortage and expand the supply. In this spirit of inclusion, older nurses who have contributed to society by raising families and providing years of service in a variety of employment settings and who bring to that employment a wealth of nursing experience should also be welcomed.

Doctoral programs are extremely challenging for even the most focused students. Support of all kinds is imperative. Funding, scholarships and grants that help pay for tuition and other expenses need to be available to all potential students, including later career nurses. In addition to providing financial assistance, universities can also help students by exploring options that make education more accessible to nontraditional students (e.g., part-time, employed, students with families), such as evening and weekend classes, web-based courses or summer programs.

Specific to nursing, students should be introduced to the variety of career options that are currently available in nursing early in their educational experiences. For those students with
aspirations that do not include patient care, direct paths to expedite their trajectory needs should be provided under the guidance of knowledgeable advisors and mentors. Students experiencing gaps in education can benefit from problem solving measures, such as focus groups or surveys to explore their needs and identify ways to assist them in returning to school as soon as possible.

Once in doctoral programs, supportive environments are critical for student success. Previous research was supported by this study, addressing the need for supportive faculty, mentors and dissertation committee members that work well together. Students should be paired with compatible nurse leaders who share goals and methodological preferences, assisting them with their own research trajectories. The opportunity to apply for funding and participate in research projects during doctoral programs was highly recommended by the informants.

Supportive cohorts should be made available for all doctoral students. Peer mentoring programs that provide encounters with students similar in age and life experiences have been cited as helping nontraditional doctoral students cope with the demands of graduate school. Dysfunctional cohorts contribute to feelings of stress, negatively impacting the experience of doctoral education. When identified, faculty can assist in problem solving interventions and serve as an advocate for students. Additionally, students experiencing problems during doctoral study need to practice self-advocacy, addressing concerns and seeking appropriate help in a timely fashion. Support can be sought from other nursing cohorts, cohorts in other disciplines and community groups. Nursing programs should welcome all students; discrimination related to gender, age, religion, socio-economic status or differences in value systems (e.g., decision to delay doctoral education while working and/or providing family support) should not be tolerated.

Disparity in gender related issues presented themselves in the course of this study. All the women in this study had multiple roles (e.g., wife, mother, daughter, employee, student, friend).
All informants were employed while they were doctoral students, yet most informants reported that home and child care issues remained their responsibilities. One informant cited the reluctance of family and friends to use the title “Doctor” after she had earned her Ph.D. This was, perhaps, out of respect or sensitivity for a male family member. We need to question if issues of gender equality have actually progressed when society continues to espouse these behaviors as acceptable.

**Limitations**

Limitations of this study include the age, ethnic and socio-economic homogeneity of the population of women interviewed. The women who participated in this study represented five different states by home location, university where doctoral degrees were earned and place of employment. Eleven of the twelve informants were employed within a 100 mile radius, suggesting that further study should include diverse populations from other geographical regions. This study does not represent males in nursing or doctoral study.

The introduction of Skype or web-based interviews provided a medium for interviews that (generally) allowed both visual and audio representation when in-person interviews were not possible. It was discovered that Skype interviews, while providing increased opportunities for interviews, also came with a variety of technical issues (e.g. freezing of screen or no visual, audio problems, disconnections) that impacted the interview flow and experience.

**Recommendations for Future Research**

No study was found that addressed doctoral education from the perspective of later career females that return to academia. This study provides readers with authentic accounts of older women who earned Ph.D. doctorates in nursing, from the planning stages to the completion of their degrees. Themes were identified that support current research and literature regarding
doctoral students in general. Additionally, several insights from this study provide implications for future research.

Most informants in this study began their careers in their twenties and were responsible for young families during their absences from school. Generally speaking, this group of women did not plan for graduate study until several years later, as life events provided them with increased opportunities or the desire to return for graduate studies. Insights from the data, such as the timing and motivation for return to doctoral study, reflect perspectives that may be indicative of women or comparable age people. Recommendations for further research include repeating this study with similar groups of women to determine if these findings are consistent with other nurses and other disciplines where later career female doctoral students are represented, such as education or the social sciences.

Recommendations for future research include repeating this study with younger female nurses, comparing responses of different generations to discover shared and divergent philosophies. Additionally, all the women in this study identified themselves as Caucasian (European-American). Research (Hassaouneh-Phillips & Beckett, 2003; Gardner, 2008) indicates that nontraditional students and women of color report additional challenges and perceptions of exclusion while in doctoral programs. Data from this study indicated that religious and/or socio-economic differences with perceived exclusion also influenced the experience of doctoral education. Additional research including women from different ethnic and cultural groups is advised to discover the similarities and differences when compared to the women in this study.

While nursing remains a predominantly female profession, the numbers of males that pursue careers in nursing and earn doctoral degrees continues to increase steadily. Most
quantitative studies that address doctoral education include large samples of males. However, little research has been done from the perspective of the male doctoral student in nursing. Additional research to explore the unique perspective of male Ph.D. graduates in nursing and how it relates to the experiences shared by the women in this study is recommended.

The introduction of Skype or web-based interviews provided additional opportunities for interviews when time, distance or other factors did not allow for in-person experiences. Some interviews went smoothly and without incident. Other times, various technological disruptions occurred that interrupted the flow of interviews. The value of Skype and the Internet for interviews that were traditionally done in person or by phone is another area recommended for future study.

One unexpected finding from this study addresses the well-being of these women after doctoral programs. While the completion of a doctoral program may imply closure or success, one third of the informants in this study continued to experience negative feelings after completion of their degrees. One informant described her feelings as “post-traumatic stress disorder.” Another informant contacted the primary investigator almost one year after the initial contact, describing the need for time and healing before she was willing to share her doctoral experience. Further research is recommended to understand why this phenomenon occurs, with comparisons to students who do not complete their degrees (e.g., failure to matriculate, ABDs, and comparisons to those who completed doctorates in other fields).

In conclusion, further research on later career female doctoral students from a feminist perspective is recommended. Feminist theory is compatible with qualitative methodology and presents an understanding of human experience that is women-centered, intending to learn more about this unique and resourceful group of older women. Data is shared in the informants’ own
words, focusing on their concerns and perspectives. Feminist theory compels women (and others) to identify existing disparities and use current and accurate knowledge to improve the lives of women. Data from this study will help others in understanding the culture of later career female Ph.D. recipients. Insights gleaned from this study will provide other doctoral students and nursing doctoral programs with knowledge that can help them welcome and support later career nurses as they complete doctoral studies, continuing their journeys of service and contribution.
References


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107


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*Women’s Studies International Forum, 31*, 219-228.


Appendix A

Interview Guide

I. **Grand Tour Question**: Tell me about your experience as a Ph.D. student in nursing, from the time you planned to return to school until the successful completion of the Ph.D. program.
   1. What did you consider to be your options, goals and dreams when pursuing a doctoral degree? (Why did you decide to get your Ph.D. in Nursing?)
   2. Can you describe the life events or circumstances that influenced your decision to pursue a doctoral degree? (Why did you decide to return to school at that point in your life?)
   3. Can you describe what factors you attribute to your successful completion of the Ph.D. program?

II. **Follow-up Questions**:
   1. Can you describe what you considered to be obstacles or deterrents in your pursuit of a doctoral degree?
      a. How were you able to overcome those obstacles?
      b. Can you describe obstacles or deterrents that continued to influence your doctoral education experience?
   2. How did your relationships and/or roles with important others influence your decision to pursue a doctoral degree?
      a. Family (wife, mother/grandmother, child of aging parents)
      b. Homemaker
      c. Professional/Employee
      d. Mentors
      e. Peers/fellow students
   3. Can you describe the plans and actions that were necessary to make the attainment of a doctoral degree possible for you?
   4. Can you describe “if” and “how” this experience has changed your life?
   5. Please describe if this experience is what you anticipated? How was it similar or different?
   6. What advice would you give to other women considering the pursuit of a Ph.D. in nursing?

III. **Closing Question**:
    Is there anything else you would like to tell me about your experiences completing your doctorate?
Appendix B

Newspaper Recruitment Ad

University of Cincinnati Ph.D. student needs participants for study that meet the following criteria: 35 yrs of age or older, female Registered Nurses who have completed their Ph.D. degree(s) in Nursing programs in 2007, 2008, 2009, or 2010. Study requires in-person or web-based interactive interviews to explore educational experiences. Sixty to ninety minute commitment for interview plus follow-up. Email gailaped@aol.com or call 571.334.4335 Details about the study may be found here http://gailpederson.wordpress.com/about-the-study.
Appendix C

Introductory Letter

My name is Gail A. Pederson and I am a doctoral candidate from the College of Nursing at the University of Cincinnati. I am conducting a doctoral research study on the perceptions of later career (35 years and older) female doctorally prepared nurses who were awarded their Ph.D. doctorate in nursing in 2007, 2008, 2009, or 2010. I am enlisting the help of women who would be willing to discuss their experiences during doctoral study. The goal is to better understand the nature of the experiences of this group of women and to identify the experiences and factors which enabled them to complete their Ph.D. degree in nursing. For this initial study, participants will be limited to women for whom English is a first language.

Participation in this study will require either an in-person interview or an interactive web-based format interview (e.g., Skype) at times and a locale that are convenient to the interviewee. Skype and other interactive web based formats allow users to make voice calls or conduct video conferencing over the Internet. Each interview will take approximately 60 to 90 minutes.

The information obtained from these interviews will be kept confidential and will be recorded using a confidential subject number only. At no time will your name or any other identifying information be recorded in the published study. A transcriptionist will be allowed to hear the recordings; she will be required to sign a confidentiality statement to protect your privacy. Participation in this study is completely voluntary. You are free to withdraw from the study at any time. You will be given a twenty dollar VISA gift card upon completion of the initial interview for your time and participation in the study.

If either you or someone you know meets the inclusion criteria for this study and might be interested in participating, please contact me at gailaped@aol.com or call me collect at (571) 334-4335. I would be happy to provide additional information or answer any questions you may have. Thank you for considering participation in this study.

Sincerely,

Gail A. Pederson, RN, MSN. CPNP

Doctoral Candidate in Nursing, University of Cincinnati

Cell Telephone: (571) 334-4335

Email: gailaped@aol.com

Details about the study may be found here http://gailpederson.wordpress.com/about-the-study.
CONFIDENTIALITY AGREEMENT

The material presented on audio-recordings I received from the principal investigator for the research study titled “Experiences Which Enable Later Career Female Nurses to Complete Their Ph.D. Degrees in Nursing” are confidential recordings of interviews. By signing this agreement, I agree to maintain confidentiality concerning anything I may hear, including names that may be verbalized within the interviews. I will not discuss the nature of these recordings nor any results with anyone other than the researcher, Gail A. Pederson. I agree to destroy any recordings in my possession subsequent to completing the transcriptions for which I was hired.

[Signature]
Transcriptionist

8-23-2010
Date

[Signature]
Witness

3/23/2010
Date
Appendix E

Demographic Sheet

Subject #: __________________________  Date of Interview: __________________________
Age: ______
Age When Ph.D. Program Started: ______  Age When Ph.D. Program Completed: ______
Marital Status:
Married _____ Divorced _____ Significant Other _____ Separated _____
Employment Status:
Full time ______ Part-time (hours/week) ______
Unemployed/On leave ______
Occupation: __________________________________
Source of Income: _____________________________
Family: (i.e., parents, siblings, children, grandchildren)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
If children, what are their ages?
____________________________________________________________________________
____________________________________________________________________________
Race / Ethnicity (Optional):
____________________________________________________________________________
Appendix F

Adult Consent Form for Research

University of Cincinnati

Department: Nursing

Principal Investigator: Gail A. Pederson, R.N., M.S.N.

Faculty Advisor: Linda LaCharity, R.N., Ph.D.

Title of Study: Experiences Which Enable Later Career Female Nurses to Complete Their Ph.D. Degrees in Nursing

Introduction:
You are being asked to take part in a research study. Please read this paper carefully and ask questions about anything that you do not understand.

Who is doing this research study?
The person in charge of this research study is Gail A. Pederson, R.N., M.S.N. of the University of Cincinnati (UC) Department of Nursing. She is being guided in this research by Dr. Linda LaCharity, R.N., Ph.D. (Dissertation Advisor). Additional research team members and subject matter experts will be involved throughout the study as required.

What is the purpose of this research study?
The purpose of this research study is to explore and document the experiences that enabled later career female nurses to complete their Ph.D. degrees in Nursing.

Who will be in this research study?
About five to twenty people will take part in this study. You may be in this study if you are a female registered nurse (R.N.) who is 35 years of age or older and completed a Ph.D. degree in a nursing program in 2007, 2008, 2009, or 2010. Participants must have English as a primary language. Participants must be willing to participate in an audio-recorded interview in person or via an interactive web-based format (e.g., Skype).
What will you be asked to do in this research study, and how long will it take?

Participation in this study will require either an in-person interview or an interactive web-based format interview (e.g., Skype) at times and a locale that are convenient to the interviewee. Skype and other interactive web based formats allow users to make voice calls or conduct video conferencing over the Internet. Each interview will take approximately 60 to 90 minutes. You may be contacted at a later time by phone or e-mail to clarify or verify information from the interview. You will be asked to complete a demographic sheet.

Are there any risks to being in this research study?

It is not expected that you will be exposed to any risk by being in this research study. Some participants may experience discomfort or feelings of self-consciousness during an audio-recorded interview. If you become uncomfortable with the interview process, the interview can be paused, terminated or rescheduled. Loss of confidentiality is a potential risk for study participation. To mitigate any risk of confidentiality, each participant will be identified only by a code number.

Are there any benefits from being in this research study?

Participants will receive no direct benefit from participation in the study, but may receive personal benefits from the experience. Self-disclosure, especially when discussing the completion of a challenging educational experience, may prove to be not only cathartic, but also empowering by allowing participants to share their experience with others.

Will you have to pay anything to be in this research study?

You will not have to pay anything to take part in this study.

What will you get because of being in this research study?

You will be given a $20 VISA gift card upon completion of the initial interview for your time and participation in the study.

Do you have choices about taking part in this research study?

Participation in this study is voluntary and participants can withdraw at any time without penalty.
How will your research information be kept confidential?

Each participant will be identified by a code number. If the name of an individual or university or any other obviously identifying information is stated during the interview process, the name will be deleted during the audit of the transcription to protect confidentiality. A master list of participants will be contained in a locked file that is separate from the audiotapes. Research data will be kept on a password-protected computer.

Your information will be kept in a locked file cabinet in the investigator's office. The data from this research study may be published; but you will not be identified by name or other identifying characteristics.

Agents of the University of Cincinnati may inspect study records for audit or quality assurance purposes.

What are your legal rights in this research study?

Nothing in this consent form waives any legal rights you may have. This consent form also does not release the investigator, the institution, or its agents from liability for negligence.

What if you have questions about this research study?

If you have any questions or concerns about this research study, you should contact Gail A. Pederson, R.N., M.S.N. at gailaped@aol.com or call her collect at (571) 334-4335. Or, you may contact Dr. Linda LaCharity, R.N., Ph.D. (Dissertation Advisor) at (513) 558-6906.

The UC Institutional Review Board – Social and Behavioral Sciences (IRB-S) reviews all non-medical research projects that involve human participants to be sure the rights and welfare of participants are protected.

If you have questions about your rights as a participant or complaints about the study, you may contact the Chairperson of the UC IRB-S at (513) 558-5784. Or, you may call the UC Research Compliance Hotline at (800) 889-1547, or write to the IRB-S, 300 University Hall, ML 0567, 51 Goodman Drive, Cincinnati, OH 45221-0567, or email the IRB office at irb@ucmail.uc.edu.

Do you HAVE to take part in this research study?

No one has to be in this research study. Refusing to take part will NOT cause any penalty or loss of benefits that you would otherwise have. You may start and then change your mind and stop at any time. To stop being in the study, you should tell Gail A. Pederson at gailaped@aol.com or call (571) 334-4335.
Agreement:

I have read this information and have received answers to any questions I asked. I give my consent to participate in this research study. I will receive a copy of this signed and dated consent form to keep.

Participant Name (please print) ____________________________________________________

Participant Signature _____________________________________________________________ Date __________

Signature of Person Obtaining Consent _____________________________________________ Date __________