Learning from a Lived Experience of a PhD:

A Reflexive Ethnography of Two Journeys

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Abstract

Introduction: Nurses globally have strived to obtain a Doctor of Philosophy Degree (PhD) especially those in academia. Few publications have focused on lived experiences of nurses especially those reporting failed attempts. Thus, this paper presents how lessons learnt from a failed attempt of a PhD in Nursing was used to achieve an outstanding success of a second attempt.

Process and strategies: Using a reflexive ethnographic approach, conclusions reached are that student's pre-entry skills, use of software, mentorship, effective management of family and work enhance the outcome of a PhD study. Other strategies were effective time management, social support, and creating learning and cognitive spaces. A disadvantaged background of a PhD student should not lead to failure. It was reinforced that PhD students require extensive reading and use of rigorous but systematic research processes.

Conclusion: Adequate support is required to help PhD students in Nursing based on the individual's need to enhance a successful outcome. It is recommended that nurses should rise to the challenge of obtaining PhDs and contribute to the body of nursing knowledge.

Keywords: Reflexivity, Experiential learning, Qualitative research, Audit trail, Doctorate

1. Introduction

Higher education is desired in all disciplines to develop knowledge and also contribute to the image of the discipline. Professional disciplines including nursing strive to achieve the highest qualification available. Globally, nursing has developed over the years from the certificate level to the doctoral level which is considered the pinnacle of academic achievement. The Doctor of Philosophy (PhD) process is challenging for many students (Lee, 2009) and some students abandon the journey at a point while others fail their thesis. Previous authors have shed some light on the challenging PhD process such as writing skills (Gazza, Shellenbarger, & Hunker, 2013); emotional and psychological consequences (Wall, 2008); inadequate research funding (Harman, 2003); supervisory demands (Evans, 2007); and managing work and study (Paliktzoglou & Suhonen, 2011). In the midst of all these challenges, many nurses have obtained PhDs and this has provided a lot of benefits for them. For example Heinrich (2005) reported that a PhD provides *'a sense of accomplishment and self-esteem in accomplishing something that very few people ever accomplish'*. A PhD in nursing provides opportunities within academia, leadership, and policy where teaching, research and practice are enhanced (Conti & Visentin, 2015; Tarvid, 2014). The nurse is required to obtain the desired skills during the PhD program so that he/she can work effectively on completion (Nehls, Barber, & Rice, 2015; Tarvid, 2014).

The journey of a PhD, though an individual phenomenon, there could be similar experiences and challenges for students which could serve as a learning resource for potential students or a wake-up call for those already in the program. Publications with individual stories have the potential to impact on others with similar circumstances. Individual stories or autobiographies fall within the broad domain of qualitative research and requires a substantial amount of self-exposure (de Vos, Strydom, Fouché, & Delport, 2011). Life experiences of individuals also fall within the domain of experiential learning; so, nurses who aspire to undertake a PhD should note that the PhD journey is a learning process and all experiences culminate to produce a multi-skilled nurse in the end (Heinrich, 2005). The unique learning during a PhD has succinctly been described as *'an in-depth, intense, emotional, and*

reflective process; ...extremely enriching' (Baptista, 2014). This suggests that the process of reflection is a key component of a PhD journey and serves as a platform to identify learning through experiences.

Although many nurses have obtained PhDs over the years, it is observed that the number prepared is inadequate to meet faculty demands of many Universities across the globe (Edwardson, 2004). Senior academics in nursing are retiring and the number of young nurses with PhDs are inadequate to meet the vacancy created by the senior academics (Smeltzer et al., 2014). To compound the problem, only few Universities in Africa run PhD programs in Nursing. As a result many nurses seek PhDs in nursing in other countries in Africa and abroad. Others can only enrol for PhDs in cognate disciplines, other than nursing in their own countries. Indeed few nurses have PhDs in sub-Saharan Africa including Ghana where less than twenty nurses have PhDs at the time of writing this paper. It is noted that nurses with PhDs are required to move the frontiers of nursing knowledge forward and expand nursing knowledge to meet the dynamic needs of society (Yavuz, 2004).

Nurses over the years have not adequately shared their life experiences during their PhD especially nurses from Africa. There is also paucity of literature on failed PhD attempts and this paper seeks to fill this gap. The paper also seeks to expound on the myriad of life events and circumstances that a PhD student may encounter; and also project the process of renewal of the mind, so that such a student could succeed on a second attempt. Thus, the two journeys of the author, towards the attainment of a PhD, are described in this paper.

2. Methods

This study is an ethnographic reflexivity where the 'self' is the object and instrument of study. In this approach, the individual employs the principles of introspection and retrospection to gain further insight and clarity on key life events. Awareness of the self and focus on specific life events enhances separation of other aspects of the self that concurrently impact on the self. The awareness comprising introspection and retrospection ensures that a specific story is generated and is complete and systematic (de Vos et al., 2011).

Also, ethnography allows documentary review; so, an audit trail of the PhD journeys of the author was used to triangulate the stories of the 'two journeys'. Data from the audit trail was used as verbatim quotes to give more contexts to the stories (de Vos et al., 2011). Audit trail also adds to the credibility of this approach to research since the quotations could be verified. Ethnography deals with context; so, the author provided her academic background prior to the PhD to afford meaningful interpretation of key events.

In ethnographic reflexivity, there is partial anonymity because the 'self' is closely related to significant others who may be known even if specific names are not stated. In this regard, such significant others of this author read and approved the content of this paper and effort was made to ensure anonymity as much as possible. Hence, specific names of significant others of the author such as family, supervisors, and academic mentors have been omitted (Hammersley & Atkinson, 2007). Apart from the ethical issues associated with significant others, the reading and approval by significant others ensures the author does not present false information or a self-serving story. Significant others may also give input in areas where the author has omitted some aspects of the story (Hammersley & Atkinson, 2007).

3. My Story Focusing on Academics

The section is presented focusing on the 'I' and reference is made to significant others (known as actors) that relate directly to the key events described. Also, verbatim quotes and direct quotation from text from audit trail data are used to substantiate narratives. Main actors or significant others in this paper include my family, supervisors and academic mentors. Chronologic accounts of events are given commencing from the very genesis of my academic journey to provide context to the experiences described.

3.1 Background – from humble beginnings

Born to parents who were small scale farmers in a rural community in the Eastern Region of Ghana, I started my academic life in a deprived school from class one to middle school form three (primary to junior high – 9th grade) where I passed the common entrance to secondary school (senior high school). The rural community was not connected to the national grid (still not connected at the time of writing this paper). I travelled many miles to attend school and had to cross a river to and from school with a lot of exposure to the risk of drowning. At the time, many girls and even some boys did not attend school regularly, some dropped out, and others were not enrolled. The overall performance of pupils was not encouraging. Possibly, the perils of walking long distances to school, financial difficulties (for feeding and purchasing school items), lack of motivation and mentorship could have contributed to poor academic performance. At this stage, I was determined to continue my academic life, no matter the challenges. I remember reading with a lantern deep into the night and writing on the floor because there was no note pad. I was

always determined to be among the first three pupils of my class. Consequently I won a scholarship scheme for farmers for my secondary education where I read science. The scheme paid only the tuition fees.

I was a day student from form one to five and I went to the boarding house in the sixth form. It was not easy being a day student and reading Science at the time because where I lived was far from the school and I had to walk to school. Being a day student was because of financial constraints – the scholarship was only for my fees. Qualifying for the sixth form and being in the boarding house was a relief. However, available financial support was not enough to attend extra classes, which was necessary to prepare for the advanced level exams. I could therefore not qualify for the University but rather went to nursing training after my national service (compulsory for this level at the time). I acquired adequate moral and academic disciplines during the seven years of secondary education. The academic environment was challenging and behaviour was closely monitored since it was a mixed-sex school. This prevented waywardness that is characteristic of many young adults. I must emphasize that although nursing was not my initial career choice, I fell in love with the nursing profession and I have never regretted being a nurse.

After one year in nursing school, I realized that I could combine advanced level courses in Arts with my nursing program. So, I enrolled in private remedial school while in my second year of training. Looking back, I remembered being tired and sleepy in my nursing classes, so I would stand at the back of the class, just to ensure that I did not sleep. I exerted maximum effort in both programs and in the third year qualified for the University. I passed my licensure examination in nursing with distinction. It was a period of very hard work, learning with others, and ensuring that I was not distracted in any way.

A year after qualification, I was offered a full-time study leave to undertake a Bachelor of Arts degree program in nursing, which I completed with first class honours in nursing and psychology. In the final year of the undergraduate program, I had my first child and my mother moved in with me to support me. I subsequently joined the University of Ghana as a senior nurse technician in 2001 and assisted in clinical work and organized tutorials for students. During the process, I enrolled for a part-time Master of Philosophy (MPhil) in Nursing for three years (2003-2006) with a scholarship from Unilever Ghana Limited which helped me to a large extent to complete within the three years. During the program, I got pregnant and had my second child just after completing the MPhil program in January 2007. I was subsequently appointed a lecturer at the School of Nursing and my young faculty status brought on board a scholarship from The Ghana Educational Trust Fund (GETFund) to pursue a Doctor of Philosophy degree in the United Kingdom (UK). My reaction to this opportunity was mixed because of my baby and the opportunity for my career progression. So, I deferred the admission for six months to wean my child before commencing the program. The rest of this section focuses on my PhD journeys, the lessons learned and the outcomes thereof.

3.2 PhD Journey one

I was offered a Master of Philosophy/PhD admission at a University in the UK. I commenced the program in August, 2007 on full-time study leave from the University of Ghana. I left my seven month old baby and a seven year old child in the care of my mother and house helps. It is worth noting that my mother's support in child care was significant in my life and the children were emotionally attached to her. At the time, my mother was a diabetic and her medication and medical care was an added cost in addition to weaning food for a seven month old baby. The stipend was inadequate to pay for accommodation, transport and other costs of living in the UK. Coupled with this, the quarterly payment of the stipend was very irregular. Hence I spent a significant time raising some money to support my spouse meet the increased financial demands of the family. I therefore worked at various nursing homes mostly during the night and weekends as a carer.

The first year included a compulsory research course and other specific training programs such as use of softwares including EndNote, NVivo and Statistical Package for the Social Sciences (SPSS). I attended all these and also worked on my proposal. I was punctual and attended all supervisory meetings. The length of proposal for submission to the faculty review committee was four pages. The proposal was approved by both the ethics and the research review committees of the University. I passed the research course and I thought I was on track to commence data collection. Almost towards the end of the first year, the unexpected started to happen while still in the UK.

Firstly, I lost my senior brother tragically and had to work extra hours to raise some money to support the funeral. A week after the funeral rites, I lost my mother. Both died suddenly without any prior hospitalization and debilitating illness. In the midst of acute grief, I had to arrange and return to Ghana as soon as practicable to attend to my children. A key consideration was that my husband was with me in the UK at the time and so the children had no parental support at this tragic time. This event occurred at the point when I should have expanded on my proposal to establish clear epistemological and ontological issues in my study. I was blind to these aspects of my study. I

returned home and took three months off my PhD to organize my mother's funeral and also organize my life especially in the area of child care.

After the three months elapsed, I started data collection without adequate philosophical and theoretical grounding of the project. In hindsight, I did not know what these issues were at the time. As a result, the data collection and analysis were muddled; and, my writing was said to be *'very variable in quality'*. These were resonated in a supervisory feedback:

> *'...there is little evidence that you have an in-depth knowledge of the literature and we should not need to direct you to the literature concerning basic principles at this stage of your study. Your written work has been very variable in quality, which is perplexing'.* (Journey 1 Supervisor)

All the same, I was asked to submit a progress report and return to the UK to defend for a possible transfer to PhD studentship. The defence was not successful and the examiner suggested another review after six months.

The day of the defence was a land mark of my journey and my lowest peak in my trajectory. In a very depressed state from the viva, a friend who was almost done with his PhD in another University called and we met for a discussion. He helped me identify the gaps in my work and directed me to relevant materials that helped me to rejuvenate my work. I really worked hard to up-scale my work and meet the standards required; but, it was too late to change the negative impressions I had created about my ability to complete a PhD. I was kept on an MPhil registration pending another review after six months. The summary of the reviewer of my work at this stage was as follows:

> *'In summary, the papers show some good skill in using and presenting qualitative data and to a good academic standard. However, there needs to be more theoretical reflection and research development that will facilitate the collection of more focused data in phase 2'.* (Journey 1 Reviewer)

After a rigorous process of working on the theoretical and philosophical aspects of my study, I came back to Ghana to continue the second phase of my data collection. During the week of my return, I lost my father and had to take some time off to help lay him to rest. Amidst the moaning, I also became pregnant. However, I tried to continue with my study as best as I could. At a point when I was due for a caesarean section, I deferred for another nine months and reported back to work at the University of Ghana. It is important to note that I took my maternity leave at this stage and stayed at home for three months after which I returned to my regular schedule at the University. At this time, I received a letter withdrawing my scholarship. This was another low point in my PhD journey. I went through some form of grieving. I was very sad. However, it was also a period of deep reflections of my journey so far and a self-assessment.

3.3 Lessons from journey one

The major lesson was about the consequences of not devoting adequate time for the study. My inability to read extensively and address the theoretical and philosophical aspects of my work compromised my progress. I also personalized feedback on my work and felt that my supervisors were not fair. I realized that the feedback was on the work and not about my personality although I wrote it. I had to create a lot of cognitive space to think about my data in more depth and also acquire the necessary skills to present data in a meaningful format. So, I had to improve my writing and analysis skills. I saw the need to use contemporary softwares such as EndNote and NVivo. More importantly, I saw the need for self-learning or self-teaching and seeking external support on specific skill or content areas of the study. I realized the need to critique my work and address such deficiencies. Also, it is important to release my emotions as necessary. With these realizations I made some decisions on the way forward.

3.4 Decisions

I decided to withdraw my studentship after the period of deferment principally because I had lost my scholarship and did not have the resources to pay the international fees on my own. I also decided that I would use the lessons learnt in 'journey one' to enhance a second attempt. I decided that I was not going to cause *financial loss* to the state or be a disgrace to my family, profession, University, and all the people who believed in me. I also decided that I was not going to shed any more tears from the entire experiences in 'journey one'. With this mind-set, I took a personal loan and enrolled in another University in South Africa (University of the Western Cape –UWC). I noted that the minimum requirement for submission for a PhD is two years and I resolved to complete my study within this period and indeed from 2011 to 2013, I graduated with my PhD.

3.5 Journey two and strategies adopted

I worked with my supervisor to re-focus my study after explaining all that I had achieved during 'journey one'. Although the topic was changed, the substantive area and key methodology was not changed (post-operative pain and ethnography). Therefore, some of the previous theoretical work was relevant. I spent six weeks at the University at a point to finalize and defend my proposal and submit for Senate research committee and ethics committee review. I obtained approval from the two committees as well the Ghana Health Service ethics committee. It is important to note that I was given a part-time study leave for 'journey two' so I had to work and study concurrently. I therefore negotiated with my supervisor to work from Ghana as much as possible. Thus, I adopted the following strategies to enhance my journey.

I always had a positive thought that I was going to make it and that gave me a lot of inner drive to push myself even when I was tired. I engaged a nanny to help with child care and a driver to help in the children's schooling and field work. I employed a research assistant for transcription of my interviews. I found a working space to enable me concentrate on my study. I made use of all the lessons learnt from 'journey one' such as teaching myself, critiquing my work, investing in software and using them effectively, ensure that my work was edited and reflected upon before submission and not personalising feedback. One such feedback was:

> *'I have read this up to here. What is still missing is the detailed description of the step by step process after your data collection leading to the framework development. Is this a desk development or it will engage other people in the development. Therefore you may have to go and read about similar process in research books. I can forsee your study taking on about 3-4 phases.'* (Journey 2 Supervisor)

Indeed after this feedback, I exerted a lot of effort to address this gap. Thus, when I finally discovered the step-by-step processes of developing a clinical guideline, it was a landmark of my 'journey two' and I *'knew'* I had achieved a significant progress in my PhD journey. It was as if *'a scale has fallen off my eyes'*. I felt some sense of achievement at that point.

The strategies I adopted also included giving regular report on my work, devoting a lot of time to the work and staying away from all social activities such as funerals, weddings or any other social engagement that would take me away from my study, unless when absolutely necessary. I worked from Monday to Sunday (day and night) and adopted different means of communicating with my supervisor such as email, Skype, telephone to *'catch his attention'* as much as possible to obtain feedback on my submissions. I was cognizant of the fact that he had many students and had many commitments both locally and internationally. Thus, at a presentation at the School of Nursing (UWC) before my graduation, my supervisor said:

> *'I don't know how she did it but Lydia was the only student who managed to catch my attention'* (Journey 2 Supervisor)

I made efforts to get other feedback on my work both locally and internationally but these did not supersede that of my supervisor. Thus, I did not always wait for feedback; at critical points where I needed feedback before progressing, I used all means to get such a feedback so I could continue. At a point, I was very confident in my work and I *'knew'* that I was on the right track. For example, when I got to the phase of a systematic review, I felt I was on top of my game than my supervisor expected. I also took advantage of research training for PhD students at UWC (post-graduate enrolment and throughput program [PET]) and at the University of Ghana (building stronger university program [BSU]) to enhance my research skills.

Part-time study strategies included effective time management, preparing lecture material in advance, negotiating for extra hours to complete the course content early, negotiating for early morning lectures so I could have the rest of the day to focus on my work, involve graduate students in my lectures, instituting student consultation by appointment and peer mentorship. I was able to discharge all my official responsibilities and also work on my PhD without any hindrances. However, following an outstanding progress report submitted to the University of Ghana after the first year, the human resource directorate wrote a query to me to explain my work load at the School of Nursing (University of Ghana). This was responded to with evidence from my teaching and supervision of students' research and other assigned duties. Thus, when I submitted my terminal report and my certificate at the end of the second year, there were no further issues.

It is significant to note that my spouse and family gave me the needed emotional support and allowed me the cognitive space to concentrate on my study. However, I made time for them as needed within the constraints of my work and study. I had a lot of prayer support and a supportive friend who helped me to de-stress from time to time. I was very resilient and kept the fire burning and pushing myself until I graduated.

Also, I was offered a scholarship by the Centre for Teaching and Learning Scholarship (CENTALS) at UWC which refunded my program fees. However, my funding for fieldwork delayed and because I completed before it was processed, I lost my grant of 30,000 Rands perhaps because I completed *'too quickly'*. Faculty and students at UWC were surprised about how I was able to complete within the minimum stipulated two years. Thus I made a presentation to share my two journeys to allay any doubts or misconceptions about my achievements.

3.6 Outcome of the 'two Journeys'

The outcome is succinctly confirmed in the verbatim quotes from three examiners of my thesis which indicated evidence of hard work, dedication and commitment invested in the two journeys:

> *'The dissertation was extremely well written, extremely well organized and logically and internally consistent'.* (Examiner 1)

> *'Evidence of originality, hard work and scholarship is seen in the produced thesis. The researcher has demonstrated excellent skills in data collection and analysis thereof. Only a skilled person can be capable of concurrently analysing data in the manner that she did'.* (Examiner 2)

> *'What is distinct about the study is that she went beyond medico and social perspectives, but cultural in the African context using ethnographic methods to develop the clinical guidelines. This is what is called home brewed cultural responsive intervention, which, we lack in this continent because we transplant several interventions from "others".'* (Examiner 3)

My PhD study has so far generated seven publications in peer-reviewed credible international journals which further show the extensiveness and the credibility of work done. I am deeply indebted to all my supervisors in the two journeys because without their critical comments, I would not have unearthed my full potentials. Again, all those who gave me one academic mentorship, guidance and feedback or the other, I am very grateful to all of you and happy that my stories are linked to all of you.

4. Discussion

Some of the experiences are similar to those reported by previous authors such as writing difficulties, funding challenges, managing work with studies, and receiving support. Academic writing is a key requirement of a PhD and it has been observed that PhD students have different levels of writing skills on commencement of their program (Gazza et al., 2013). Infact nurses should improve their academic writing skills even before they begin their PhD journeys to ensure a better outcome. Effective academic writing is closely linked to extensive reading. Therefore nurses should cultivate the habit of reading and develop the skill of extracting relevant information from the readings. This will help them write at the level expected during the PhD. Nursing PhD students with funding problems could make personal investments or apply to other sources for funding (Nagy, Kovács, & Németh, 2014; Nehls et al., 2015). Where considerable time is rather spent working for money, the PhD journey may delay or lead to negative outcome. Funding inadequacies are reported by international students who have scholarships but do not have enough funds for their research (Harman, 2003).

Most PhD students manage work with studentship and some enrol for part-time programs. The strategies adopted by the author are similar to those reported by previous authors such as receiving support for household chores (Wall, 2008); dedication and commitment to the PhD, effective time management and effective communication with supervisor (Lee, 2009; Paliktzoglou & Suhonen, 2011); and self-directed learning (Ahmad & Majid, 2014).

The story of 'journey one' may be seen in a positive light where the author recounts skills learnt and self-realizations from the process of reflexivity. Thus, the multifaceted maturation through a PhD is a complex whole and perhaps a 'negative experience' could rather be a significant component of an individual's PhD. Thus nursing PhD students should not be quick to interpret specific events as negative. Indeed, the author with hindsight considers the 'journey one' as the most significant part of her PhD in view of the several lessons and skills learnt from the experiences which the author is humbled to share. Also, the humble beginnings of the author and the academic feat achieved shows that nurses can be successful in a PhD program no matter their background although it is noted that those with initial academic excellence achieve the pinnacle of academia (Wai, 2014).

Again, the specific events of 'journey two' such as effective supervisory relationship and receiving funding are important. Nursing institutions should seek funding to support PhD students so that they can focus and complete within the time expected (Comiskey et al., 2015; Nagy et al., 2014). The administrators of such funds must also work to ensure that students' funds are paid within the time expected. Again, students must make personal efforts to strike an effective relationship with their supervisors to enhance the PhD process (Engler, Austin, & Grady, 2014).

However, as the study progresses, students must demonstrate ownership of their work and build confidence (Baptista, 2014; Ezzahra, Islam, & Mohamed, 2015).

Nurses working and undertaking a PhD should also discharge their responsibilities as expected and still make time for their study. The query received by the author showed that employers expect that the student works. Students must also keep audit trail of their work so that the necessary evidence can be generated for any queries. Again, nurses who undertake PhDs are to publish in peer-review journals. Such publications would contribute to nursing knowledge and also demonstrate the rigour of the research undertaken.

The two journeys described in this paper showed that a failed attempt of PhD does not mean that the student should give up. It was shown that PhD students could effectively employ experiential learning to enhance the outcome of their study. Although this paper is derived from the experiences of one nurse, it is possible that nurses with similar challenges could learn from this author to surmount their challenges. Future studies could involve PhD students at different stages of their study and faculty supervising PhD students; to afford further understanding of this domain.

5. Conclusion

Nurse academics are required to obtain a PhD and although the process can be daunting, the nurse must employ appropriate techniques to achieve the desired goal. Individual differences exist and different stories may be told; however, the requirements of a PhD and skills to be acquired are similar across countries and institutions. Therefore, nurses must be cognizant of this and strive to achieve the required skills at the end of the program. The author recommends an effective academic mentorship program to assist nursing doctoral students acquire the skills expected of PhDs. This implies that senior nurse academics should avail themselves for such support services for PhD students.

Acknowledgement

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