

# Occupational Biographical Decisions of U.S. Nursing Professionals for Doing a PhD. – Consequences for the Education in Nursing Science in Germany

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**Abstract** In Germany, nursing science has been developing since the early 1990s. Since then it is possible for nursing professionals (partly with, partly without prior 3-year vocational training) to do a bachelor's or master's degree in nursing science at universities of applied sciences. However, to do a Ph.D. they need to change to a university as in Germany only universities hold the right to award doctorates. But German universities have almost no faculties for nursing science so that the doctorate "unavoidably" needs to be done at the faculties for educational science, sociology or psychology, and usually students will achieve the title Doctor of Philosophy. With nursing professionals in the U.S., the situation is completely different: Their occupational biographies show that they have deliberately decided to do their PhD in adult education and not in nursing science. In this paper, as a first step the situation regarding the education system in Germany and the U.S. will be compared. Then the results of the analysis of the occupational biographical decisions will be presented. The concluding discussion will deal with the question what does the result of the analysis mean for the German education system, respectively, nursing science in Germany.

**Keywords** Adult Education, Nursing Professionals, Nursing Science

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## 1. Introduction

When thinking about the academization of nursing, people in Europe, in particular in Germany, always take a look at the United States as well: One of the reasons is the early start the professionalization of nursing had in the United States. It enabled a whole range of experiences from which we benefit today in Germany. The first US-American degree programs for nursing were offered in the early 20th century; from the 1960s onwards they were established on a broader scale. In contrast, German degree programs in nursing science,

nursing education, and nursing management were introduced as late as from the 1990s onwards - at a time when as much as 91 percent (1988) of all nursing professionals in the US had already obtained university degrees [8]. Today's training and degree programs in Germany are comparable to those in the US: Beyond the state-certified vocational qualifications university degrees in nursing science are also available. The qualification of a Licensed Graduate Practical Nurse (LGPN) in the US, for instance, is comparable to vocational training for a Nursing or Care Assistant (UAP) in Germany. The title of a Registered Nurse (RN) (without academic studies) is equivalent to a German state-certified Nurse. Both countries offer bachelors and master's degrees in nursing science. However, the proportion of the qualification levels achieved by nursing professionals in both countries differ widely: While the United States saw a decline in the number of nursing professionals without a university degree throughout the past decades, Germany is struggling to achieve an academization rate of 10 percent. Another key difference is the working environment of the graduates: While the work of graduated nursing professionals in the US also includes bedside care, many graduates in Germany aspire to a leading or teaching position in order to evade the precarious working conditions in nursing [7]. A joint survey among graduates from two universities in two German Federal States revealed that only a small part (3.4 percent/11.1 percent) of all graduates subsequently work as caregivers [11]. Another survey among all graduates of nursing science programs in another Federal State showed the following result: "Direct care as a future field of activity for academically trained nursing professionals is hardly or not at all considered by the respondents. They attach little attention to aspects of basic care as a field for the expansion of the job profile" [3, translation: A.S.) Therefore at this point we cannot claim that the academization of nursing was completed in Germany; at most we may speak of academic training for positions that involve teaching and managing. So from this type of academization we seem to see only an indirect benefit to the qualification levels of those involved in direct bedside care -

via the meanwhile academically trained teaching and managing staff.

If nursing in Germany is to be raised to a higher professional level, it is necessary to promote not only academization but also the scientification of nursing. That means, it is necessary to establish the research field of nursing science with the aim of generating both object-related and basic theoretical knowledge. In Germany, in the past years scientification has taken place via related sciences - just like in the United States at the early stages of the professionalizing of nursing. In both countries, one of the related sciences is educational science. However, in the United States nursing science has gradually emerged as a field in its own right, which includes the training of own scientific junior staff through nursing professorships. This marks yet another basic difference between the developments in Germany and the United States: Historically grown, only universities (more specifically, qualified university professors) have the right to lead junior scientists to a doctoral degree. But Germany has a second type of university, the universities of Applied Sciences: They were founded from 1968 onwards by converting technical colleges, thereby raising them to a higher quality level. This second type of university has been in existence since 1969, ever since the individual Federal States passed the Laws on the Universities of Applied Sciences. It offers both teaching and research on a scientific basis with a strong application-oriented focus, but it does not hold the right to award doctoral degrees. Today, most study programs in nursing are offered at these Universities of Applied Sciences. At traditional universities you will very rarely find nursing science programs with a right to award doctoral degrees. As a consequence of these circumstances, graduates in nursing science cannot receive consistent training on a nursing science basis, because those who qualify for a doctoral program have to change to a different university, which in turn does not run nursing science programs. For this reason all those who qualify will always have to opt for one of the sciences related to nursing, if they want to obtain a doctoral degree. Along the same line, this implies that in terms of scientification nursing science still depends on other disciplines to generate scientific junior staff for universities; their training, however, has often been "alien" to the program, so to speak.

## 2. Aims

Against this background of differences regarding the professionalizing of nursing in the United States and Germany, during the preparation of a lecture and research tour to the United States in 2012 it became known that several former caregivers had decided to pursue a doctoral program in adult education. These decisions affecting the professional biography seemed quite unusual at first, at least from a German perspective, since in the United States the

option to pursue a doctoral degree in the nursing field is available. American peers helped to establish contact with these former caregivers and they were asked to participate in an interview. Thus, among other topics, the research was guided by the question of why these persons would choose to obtain their next academic level in a discipline related to nursing?

Answering this question was embedded in the project "Biography - Illness - Learning. The perspective of physicians and nursing professionals" (managed by: Astrid Seltrecht). This project was about the relevance of biography in *two ways*: firstly, the relevance of own occupational biographical experiences and decisions of the (former) nursing professionals (as will be shown, among others, in this essay), secondly the relevance of the patients' biography for the professional activities of the nursing staff. The background of this latest question is that nursing professionals are expected to consider the biography of the individuals they are nursing in their professional work [12, 13, 14, 15]. The consideration of the biographical category on the part of nursing targeted in these areas is empirically supported not least by the relevance of previous biographical experiences in disease processing on the part of the diseased individuals. Studies with individuals that had acquired breast cancer or had suffered a heart attack show, for example, how previous biographical experiences affect the processing of disease [16, 17, 18, 19, 20].

## 3. Materials and Methods

In order to answer the first question of why former nursing professionals in the US opted for a doctoral degree in the field of adult education, five episodic interviews [2] were conducted. Given the duration of the research tour in the US and the need of contact partners establishing the respective contacts with the interview partners, five interviews with women could be carried out, the analysis of which already show important results.

Episodic interviews were chosen in order to obtain narratives on specific decision situations, but also to elicit argumentations which explicitly reveal rationales for decision making [1]. Finally, the study collected semantic knowledge from the respondents in the context of further sub questions of the research project " *Biography - Illness - Learning. The perspective of physicians and nursing staff*", which also provided the framework for the five interviews mentioned here. The primary focus of the study was narratives on specific decision situations and semantic knowledge – particularly the narratives will always reveal the sociodemographic characteristics. As this essay focuses on two main categories and the individual cases as such are no longer at the center, the professional biographies and sociodemographic characteristics will not be described.

**Table 1.** Data Collection

Pseudonym	Health Profession	Doctorate
Anna Adams	Volunteer activities in the health care field	EdD in Education
Betty Brown	Master in Nursing	PhD in Education
Carol Connor	Master in Nursing	PhD in Education
Diana Dean	Bachelor in Respiratory, Master in Vocational Education	PhD in Education
Emma Edward	Bachelor in Nursing, Master in Nursing Administration	PhD in Human Development

In a first step of data evaluation, the text structure and the contents presented were examined using the analysis of communication patterns in describing facts [5, 6]; that is, the interview transcripts were searched for formal markers and evaluated in terms of narrative, descriptive or argumentative sections. In order to answer the question of why the former nursing professionals opted for a doctoral degree in the field of adult education, an argumentation analysis was the most relevant approach. To this purpose the interview transcripts were searched in order to reveal the argumentative basic structure, taking particular account of the individual types of compulsion (cf. figure 1)[1, 10].

In a second step and based on the completed structural description, the open coding of the Grounded Theory method [11] was applied.

<p><u>The basic activities of arguing according to Schütze [10]; Dellori [1]</u></p> <ul style="list-style-type: none"> <li>• Make a statement</li> <li>• Specify the statement</li> <li>• Give reasons                     <ul style="list-style-type: none"> <li>○ Compulsion to abstract and subsume</li> <li>○ Compulsion to differentiate and respecify</li> <li>○ Compulsion to consider and assess</li> <li>○ Compulsion to explicate, point out consistencies and draw conclusions</li> </ul> </li> <li>• Give evidence                     <ul style="list-style-type: none"> <li>○ Compulsion to document</li> <li>○ Compulsion to link the evidence with the statement to be evidenced</li> </ul> </li> <li>• Doubt</li> <li>• Dispute</li> <li>• Formulate a conclusion</li> </ul>
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**Figure 1.** Basic Activities of Arguing

## 4. Results

The evaluation of the interview transcripts reveals two main categories: *"Doctoral degree as an expression of a 'lived' lifelong learning"* and *"Doctoral degree as a scientific adaptation of skills."* Both categories shall be addressed in detail here.

### 4.1. "Doctoral Degree as an Expression of 'a Lived' Lifelong Learning"

The phenomenon of "lifelong learning" is - at least in Germany - very much promoted by education policy, resulting in the fact that empirical studies in Germany show that the term lifelong learning is an "absolute metaphor" [1], meaning that the term is used to show how learning *should* take place.

In contrast to that, the five women who were interviewed have quite a different way of talking about their learning processes; they always make reference to their biographical context. This statement shall be made clearer by citing specific parts of the interviews: To Anna Adams, education presents a potent means, which is still efficient even when medicine fails to cure certain illnesses - for instance, when people learn through educational work how to deal carefully with infectious diseases so that the existing medical problem will not extend any further. "So I wanted my education techniques to be good, because we don't have a vaccine to prevent it or cure it, once someone has it. Education was all we had to fight with." (Anna Adams) Here, lifelong learning is a result of social responsibility with the intention of using personal learning processes to make a positive impact on others.

Carol Connor, too, takes upon herself the efforts of a doctoral program in order to live up to her occupational and social responsibility towards others. To her, the barriers of lifelong learning are defined by the natural limitations of life itself. She hopes to live to learn everything that is necessary for herself and her work: "I'm evolving. I never know. I hope I get this all done before I die. I just had a birthday, so I am going: Oh my gosh!. Luckily everybody in my family lives to be about ninety-nine .. (laughs). I got a lot of work to do."

For Diana Dean, education is about the learning as such, which she perceives as rewarding: "I just couldn't get enough of school, so I'm a student again." At another point she emphasizes: "So I thought: I need to learn more about

things that I don't feel like I know enough about. And I certainly don't know enough about the whole research process, so I look forward to learning more about that. And being more a critical reviewer of research that is out there too." Here, the completion of the doctoral program seems to be a learning and educational process in Humboldt's sense [5]. A similar case is that of Emma Edward who justifies her decision for a doctoral program with her love for learning: "And I love to learn, I love being a student." Betty Brown, however, could not make an independent decision about her career at the initial stages of her work history; rather, the nursing profession was more or less predetermined by her family. Arrived at a more mature age, she now sees her chance to develop into the direction she chose herself by continuing to learn.

#### 4.2. "Doctoral Degree as a Scientific Adaptation of Skills"

In Germany, there is mainly the professional adaptation of vocational skills, which means that professional knowledge and skills are brushed up and that personal knowledge and skills are adapted to new occupational requirements. For all five women, dealing with their research topics at a scientific level as well as completing the doctoral program presents a "scientific adaptation of skills." Having changed to a new area of responsibility and having gathered comprehensive practical experience, for instance by training students, they want to work scientifically on research objects and topics and at the same time acquire theoretical background knowledge. This will enable them to evaluate phenomena occurring in their practical work and possibly take a positive influence by making an informed decision about educational measures. Here is an example of what Betty Brown reports: "I worked in nursing for many many years and even when I went to teaching, I still always did patient care. So wasn't my care, that I really left nursing, but my focus was the students and not the patient. (...) But when I looked at... ahm ... doing the next, the next step, I was, I wanted to know how to build a curriculum that would, that I could wrestle with these kinds of questions." Diana Dean takes a similar approach when justifying her decision for a doctoral degree in adult education: "Ok, now I am teaching adults, I should really know what I am doing. Or be better informed about what works and what doesn't work, rather than just trial and error, like I think this works and it seems to work but really? Does it work? Um, so I guess that is how I took that next step." And also Emma Edward justifies her decision with the fact that it fits with her current job: "I enjoyed learning and all of the course work I did was very appropriate to the work I do and so I, it was a real, it was the right move for me."

For all women, the doctoral program means to continue a lifelong learning process which, on the one hand, helps with the formation of their own subjectivity, but, on the other hand, addresses the current challenges of their professional work and continues their individual professionalization.

## 5. Discussion

The above statements of each interviewed woman show that their decisions in favor of a doctoral program were consistent in terms of their biography, in particular in terms of their occupational biography: While from an external point of view the change may appear to be a rupture, they themselves consider it a continuation of their own development. Moreover, by completing the doctoral program they acquire scientific knowledge and skills which are considered necessary for their daily practical work in a professional setting. What is very distinct in all women is their strong focus on their individual target groups; it means they work according to a professional ethos of particular importance in nursing and in education since professional work is always carried out with reference to a particular case.

However, these brief insights into the data material also reveal significant research desiderata: Can country-specific differences be made out concerning the understanding of what lifelong learning is thought to be? How can the relationship between lifelong learning and occupational education be described and what share do the specific requirements of nursing have in this context? A more in-depth comparison of countries is necessary for the professionalization of both nursing and education science in Germany. Such a comparison may reveal institutional conditions that accommodate a way of understanding "lived" lifelong learning that would be beneficial to the individual professionalization of each professional nurse - and could promote the collective professionalization of nursing beyond the individual case.

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