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Inequalities in Doctoral Education From the Perspective of Nursing Doctoral Students

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ABSTRACT

Aims: This study aims to identify the inequalities encountered during the nursing doctoral process and propose potential solutions.

Design: This study was conducted as qualitative and descriptive research.

Methods: The study was conducted between January and February 2025 with 18 students who were pursuing doctoral education in nursing and working as nurses in Türkiye. Data were collected through face-to-face interviews using an introductory information form and a semi-structured interview guide. The data were analysed using an inductive content analysis method.

Findings: Four main themes emerged from the study: Challenges: Dancing at Two Weddings at the Same Time, Academic Competition and Inequalities, Glass Ceilings in Hospitals and Solution Strategies for Inequalities.

Conclusion: The study highlighted the inequalities experienced by students who were simultaneously continuing their doctoral education while working as nurses in the same clinical setting.

Implications for Profession and/or Patient Care: Faculty members providing doctoral education could organise meetings to help students overcome the challenges they face during their educational process. Nurse managers, on the other hand, should organise regular meetings where nurses can share the difficulties they encounter and offer suggestions for improving their units.

Reporting Method: The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used for reporting the study.

Patient Contribution: No patient or public contribution.

1 | Introduction

In recent years, there has been a notable increase in the number of nurses pursuing doctoral education. It has been emphasised that the number of nurses with doctoral degrees must rise to better address future challenges such as knowledge production, human resource needs and healthcare system management (Rekha 2020). The increase in the number of nurses pursuing doctoral education can make significant contributions, such as improving clinical nursing education, enriching the body of knowledge, strengthening nursing's status as a research discipline, and enhancing the capacity to secure grants for advanced research projects (Sharabani et al. 2023).

Globally, various doctoral programs are offered for nurses (Taylor and Terhaar 2018). In the United States (US), there are two main pathways to achieving a doctoral degree in nursing: the Doctor of Philosophy (PhD), which focuses on training

Summary

- What problem did the study address?
  - It is crucial to understand the challenges and inequalities students face to increase the number of nurses with doctoral degrees in nursing and encourage individuals to pursue the doctoral process.
- What were the main findings?
  - The main findings of this study revealed that continuing doctoral education while working as a nurse in a clinical setting causes difficulties for students and exposes them to inequalities and injustices.
- How will the research impact specific groups and environments?
  - The results of the study highlight the challenges and inequalities experienced while practicing nursing during the doctoral process, which may raise awareness among clinical administrators and faculty members.

researchers and scholars, and the Doctor of Nursing Practice (DNP), which emphasises clinical and leadership management (Sharabani et al. 2023).

In Türkiye, doctoral programs in nursing were first established in 1972 and currently consist of the Doctor of Philosophy (PhD). In Türkiye, nurses with doctoral degrees do not have a clinically defined, rewarded or supported career path in the healthcare system. Clinical and academic roles are independent. Doctoral nurses often continue to work with high clinical workloads, and their educational processes are not integrated with this workload. There are no national-level policies or institutional support mechanisms for balancing clinical duties with academic training (Koçyiğit and Yıldırım 2022).

Nurses with a PhD in nursing play a critical role in advancing nursing knowledge, improving health outcomes and training future nurses (Wood et al. 2023). Doctoral studies, beyond delving into a specific theoretical topic and conducting research, represent a process of gaining a new identity and socialisation within the academic world. During this process, students gain independent research experience, adopt academic behavioural patterns and develop advanced academic skills (Sharabani et al. 2023).

In a study, individuals who completed doctoral studies in nursing described their doctoral work as a way of self-actualization, emphasising that their primary motivations were the desire for professional advancement, the responsibility of improving the image of nursing and gaining recognition from colleagues. The barriers encountered during the doctoral process were reported as administrative bureaucracy, a tedious advisor, unsupportive workplaces and socioeconomic burdens (Sharabani et al. 2023).

Only approximately 35% of nurses with doctoral degrees worldwide work in clinical settings (Orton et al. 2022). However, the increasing complexity of patient care and the need for evidence-based approaches to this care have led to a growing body of literature emphasising the importance of research-trained nurses working in clinical settings (Dobrowolska et al. 2021; Orton et al. 2022).

Focusing on inequalities in doctoral education is an important issue that needs to be examined, especially as doctoral student enrollment increases across different regions. This is due to the growing importance of the connections between inequality, success in doctoral education and the vitality of the academic profession (Gopaul 2015). According to the International Council of Nurses (ICN) Code of Ethics, nursing care should respect factors such as age, colour, belief, culture, disability, illness, gender, sexual orientation, nationality, politics, race or social status and should not be limited by these elements (ICN 2021). This underscores the fundamental importance of teaching these values to nursing students as a core aspect of nursing education.

A recent report by the National Academies of Sciences, Engineering and Medicine (2019) stated that talent is equally distributed across all sociocultural groups, but access and opportunities are not equally distributed. A study conducted with students pursuing doctoral degrees in biology in the United States revealed that ethnic minorities and gender were significant sources of inequality during the doctoral process, with white males benefiting more (Dinsmore and Roksa 2023).

No studies have been found regarding inequalities in the doctoral process in nursing. Therefore, this study was conducted descriptively and qualitatively to identify the inequalities experienced during the doctoral process in nursing and to propose potential solutions.

1.1 | Theoretical Framework

This study draws inspiration from Pierre Bourdieu's theory of field, capital and habitus to offer a theoretical perspective on how structural inequalities within academic and clinical fields shape the experiences of doctoral nursing students. Bourdieu (1986) conceptualises higher education as a field with values and behavioural imperatives. According to him, society consists of different 'fields' (e.g., academia and clinical practice), each with its own unique rules, power relations and types of capital. According to Bourdieu, fields are structured social spaces whose characteristics depend on their position within the field and can be analysed independently of the characteristics of their inhabitants. These structured fields compete for dominance, and the characteristics of the structures within the field depend on their position within that field (Padmalochanan 2025; Bourdieu 1986).

Individuals in academia compete for resources such as academic recognition, research opportunities and mentorship—in other words, academic capital (Padmalochanan 2025). While individuals already in the field have easier access to this type of capital, doctoral students working in clinical settings are deprived of these opportunities, placing them at a symbolic disadvantage. Furthermore, the habitus that shapes an individual's life experiences and determines their behavioural tendencies can cause clinical nurses to experience dissonance with the implicit expectations and norms of the academic field. This can

increase feelings of exclusion, inadequacy and lack of belonging (Gopaul 2015). This theoretical framework reveals how the mismatch between clinical and academic habitus, along with inequalities in the distribution of capital, reproduces structural inequalities in doctoral education.

1.2 | Aim

This study aims to examine in-depth the inequalities experienced during the doctoral process in nursing and to propose potential solutions.

2 | Methods

2.1 | Type of the Study

The study was conducted qualitatively and descriptively to explore the participants' experiences and perspectives in depth. This approach enabled us to gain a comprehensive understanding of the inequalities encountered by nursing students during their doctoral education. A qualitative approach is recommended for examining the details of an event in depth (Williams and Moser 2019).

2.2 | Study Settings

2.2.1 | The Inclusion Criteria

The inclusion criteria of the study were as follows: (1) being a nurse currently enrolled in a nursing doctoral program in Turkey, (2) volunteering to participate in the study, and (3) not having any hearing or visual impairments that could interfere with the interview process. Nurses were recruited from various regions of Turkey and were employed in a range of healthcare institutions, including public hospitals and university hospitals. Only those enrolled in nursing-specific PhD programs were included in the study.

2.2.2 | Sampling Strategy

In qualitative research, common sampling strategies include purposive approaches such as criterion-based sampling, as well as snowball sampling. Data are typically collected through semi-structured individual interviews or focus group discussions, and analysed using content or thematic analysis (Creswell and Creswell 2018).

Participants were selected using criterion-based purposive sampling which was based on the above inclusion criteria, to ensure diversity in terms of doctoral education, clinical experience, academic stage and working environment, and snowball sampling was additionally used to include a total of 18 nurses pursuing a doctoral degree. Snowball or chain sampling is a method that enables new information-rich situations to emerge by asking individuals whom they would recommend for further interviews. Based on this method, participants in this study were asked, 'Whom would you suggest we interview regarding the topic of this research?' to reach additional participants (Flick 2022).

As this is a qualitative study, no specific sample size was predetermined, as indicated in the literature (Kyngäs et al. 2019). Therefore, data completeness was considered to have been reached when data repetition began. The study was completed with 18 nurses once data completeness was achieved.

2.3 | Data Collection and Instruments

The data for the study were collected in February 2025 using the Introductory Characteristics Form and a Semi-Structured Interview Form, both developed by the researchers based on the literature (Table 1) (Shorey and Wong 2021; Dobrowolska et al. 2021). The Introductory Characteristics Form includes questions about the nurse's age, gender and years of professional experience. The Semi-Structured Interview Form contains seven open-ended questions addressing exposure to inequalities during the doctoral education process, the types of inequalities encountered and proposed solutions to these inequalities. Semi-structured interview questions were developed considering Bourdieu's concepts of field, habitus, capital and symbolic violence. For example, questions regarding challenges and inequalities experienced during doctoral studies were linked to power relations and the distribution of capital in academia. Questions regarding gender inequalities were informed by the concepts of habitus and symbolic disadvantage. Questions regarding work-academic life balance reflected conflicts between different fields. Finally, questions on possible strategies to overcome inequalities enabled participants to discuss how they mobilise and transform different forms of capital. In developing

TABLE 1 | Questions.

What difficulties have you encountered during your doctoral education?
Have you encountered or witnessed any inequalities during your doctoral education? What are these inequalities?
Have you experienced gender inequality during your doctoral education? What are these inequalities?
What inequalities have you experienced in your professional life during your doctoral education? How have these inequalities affected your professional life?
What inequalities have you experienced in your academic life during your doctoral education? How have these inequalities affected your academic life?
What strategies could be developed to overcome these inequalities?

the questions, a conceptual framework related to the topic was first established, followed by the creation of the questions. After the Semi-Structured Interview Form was developed, feedback was obtained from two academics who are experts in the field and experienced in qualitative research, outside of the research team, and the questions were finalised accordingly.

With the participants' consent, audio recordings were made during the interviews. The interview environment was quiet and free from noise and other distractions, providing a space where both the researcher and participant could comfortably converse. The interviews lasted an average of 20–30 min. Any unclear questions and answers were repeated. Throughout the interviews, the questions were asked in the same order, with additional clarifications provided as needed. The researcher asked follow-up questions such as 'Can you provide more details?' or 'Can you explain this further?' to obtain more detailed information from the participants. Each participant was interviewed once.

2.4 | Data Analysis

Qualitative data were analysed using inductive content analysis (Kyngäs et al. 2019). This method of analysis allows for the systematic and unbiased explanation of events that are not fully understood (Vears and Gillam 2022). Data analysis was conducted by two researchers (Y.S.E., N.C.) The analysis process was carried out in three main stages: preparation, organisation and abstraction.

2.4.1 | Preparation Phase

The audio recordings obtained from the interviews were transcribed verbatim by the researchers, and the participants' statements were faithfully conveyed. The transcribed data totaled 13 pages. The researchers (Y.S.E., N.C.) read the transcripts multiple times to integrate the data and gain familiarity with the units of meaning. The unit of analysis was determined to be meaningful statements related to inequalities experienced during the nursing doctoral process.

2.4.2 | Organisation Phase

Open coding was conducted at this stage. The researchers manually marked significant statements in the transcripts and assigned them initial codes. The coding process was conducted independently, followed by comparison to ensure consensus on the codes. Codes with similar content were grouped together into subcategories, which were then grouped under broader themes. For example, the phrases 'unfair treatment,' 'unfair competition,' and 'negative discrimination' were combined under the theme 'Academic Competition and Inequality.'

The resulting themes were subsequently reinterpreted in relation to Bourdieu's concepts of field, habitus, capital and symbolic disadvantage. This approach allowed the findings to be grounded in participants' direct experiences while also being contextualised within a sociological theoretical framework.

2.4.3 | Abstraction Phase

The resulting themes and subthemes were analysed to create a structure that holistically reflects the participants' experiences. The themes were linked to the research purpose and questions and underlying patterns reflecting the essence of the data were identified. The themes were supported by direct quotes from the participants (Kyngäs et al. 2019).

The reporting of the study was conducted following the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines.

2.5 | Reliability

The reliability of the data was ensured based on the strategies outlined by Jiggins Colorafi and Evans (2016). These strategies included credibility, transferability, confirmability and consistency. Confirmability was ensured by directly including the participants' statements in the research report. Reliability was established by conducting all interviews with the same researcher. To ensure credibility, a trust-based relationship was established with the participants at the beginning of the interviews, and they were encouraged to freely express their thoughts through in-depth discussions. Additionally, the extent to which the identified conceptual themes and subthemes represented the defined categories was evaluated through expert opinions. The validity and reliability of the obtained themes were confirmed by consulting two experts outside of the research team, experienced in qualitative research. After the expert evaluations, unnecessary repetitions were removed, relevant content was reorganised, and the final structure of the themes was established. Summaries of the interviews were shared with the participants to validate the meanings and clarify the results.

In terms of transferability and applicability, the generalizability of the results to different contexts and their applicability to a broader population was addressed. In qualitative research, transferability refers to the extent to which the findings are applicable to other groups or settings (Sullivan-Bolyai and Bova 2021). In this study, contextual factors and sampling methods were explained in detail, allowing readers to assess the extent to which the findings align with their own situations. Additionally, the sampling method, participant characteristics and the research implementation process were presented in detail, strengthening the transferability and evaluability of the study.

2.6 | Reflexivity

In qualitative research, ensuring rigour and quality is one of the primary responsibilities of researchers. In this context, reflexivity is considered the gold standard in enhancing the credibility of the study (Olmos-Vega et al. 2023). Qualitative researchers

use reflexivity to explain how their subjectivity has influenced the study and to make the research process more transparent (Dodgson 2019).

The research team conducting this study consists of four academic researchers. The first researcher is an associate professor in the field of surgical nursing and has extensive qualitative research experience. The second and third researchers are associate professors in paediatric nursing and have experience in both nursing practice and qualitative research. The fourth researcher (S.S.) holds a doctoral degree in paediatric nursing, conducts the interviews, and has published studies in qualitative research. S.S. has conducted interviews in several qualitative studies.

The researchers' academic positions in the nursing field helped them build a trusting relationship with the participants and facilitated an effective communication process. Furthermore, their academic and professional experience enriched the data analysis and interpretation stages of the research, offering valuable insights.

2.7 | Ethical Statement

The research was conducted in accordance with the Helsinki Declaration. Approval for the study was obtained from the Ethics Committee of Kırşehir University (2025/03/18). Informed consent was obtained both orally and in writing from the individuals who agreed to participate in the study. To protect the privacy of the participants, their names were kept confidential, and each participant was assigned a code (P1, P2, P3...).

3 | Results

More than half of the participants ($n = 13$) were aged 30 and above, and the majority ($n = 14$) reported that their income was equal to their expenses. Fifteen participants had five or more years of nursing experience, six were working as nurses in the field of paediatrics, and seven were pursuing a doctoral education in paediatric nursing (Table 2).

The transcripts of the recordings obtained from the interviews with the students were analysed, leading to the identification of four main themes and thirteen subthemes (Table 3).

3.1 | Theme 1: Challenges: Dancing at Two Weddings at the Same Time

In this theme, participants discussed the various challenges of pursuing doctoral education while working in the clinical field. The metaphor of 'Dancing at Two Weddings at the Same Time' powerfully captures the conflict of these dual roles.

In this context, the theme 'Challenges: Dancing at Two Weddings at the Same Time' was examined with the sub-themes 'Challenges Arising from the Educational Process', 'Systemic Challenges,' and 'Challenges Stemming from Individual Characteristics.'

3.1.1 | Sub-Theme: Challenges Arising From the Educational Process

In this sub-theme, participants highlighted the challenges that arise from the education process while working in the clinical field during their doctoral studies. These challenges include the intensity of courses in doctoral education, difficulty accessing articles, the challenges of conducting research and going through the publication process, the negative impact of not being able to attend seminars due to workload, and difficulties related to transportation and accommodation at their educational institutions.

The intensity of the courses and the demands of the academic process also presented another source of difficulty for the participants.

> The PHD period was intense; I was the only student and struggled to keep up.
>
> (P5)

> I faced difficulties during the article and publication process.
>
> (P14)

Physical fatigue, time management difficulties, and academic load negatively impacted both their academic success and their personal well-being.

> I was commuting from a different city. Sometimes, I was late for classes. I also encountered difficulties with accommodation.
>
> (P13)

3.1.2 | Sub-Theme: Systemic Challenges

In this sub-theme, participants have expressed that they face systemic challenges while working in the clinical field and pursuing doctoral education, such as difficulties in balancing their course and work schedules, the confusion caused by mismatches between academia and the clinical field, and the increased responsibilities of being the only student in seminars.

> Balancing my workplace and school process, sleeplessness, and the mismatch between academia and the field.
>
> (P6)

> ...For example, I have to work 24-hour shifts in order to attend school, so for a year, I have been taking 24-hour shifts every Monday and then going to school right after. I believe these 24-hour working conditions are inhumane. There is no time to rest. I know I go to school without sleep, and because of this, my performance at school inevitably suffers.
>
> (P18)

TABLE 2 | Descriptive characteristics of nursing students.

Participant	Age	Gender	Marital status	Socioeconomic status	Nursing experience (years)	Healthcare settings	Work unit	Department of doctoral study
1	31	Female	Single	Income equals expenses	6	Public hospital	Neonatal ICU	Paediatric Health and Diseases Nursing
2	28	Female	Single	Income equals expenses	5	Public hospital	Intensive Care Unit (ICU)	Internal Diseases Nursing
3	28	Male	Married	Income equals expenses	5	Public hospital	Operating Room	Surgical Diseases Nursing
4	38	Female	Married	Income equals expenses	14	Public hospital	Provincial Health Directorate	Obstetrics, Women's Health and Diseases Nursing
5	32	Female	Single	Income less than expenses	10	Public hospital	Neonatal ICU	Paediatric Health and Diseases Nursing
6	30	Female	Married	Income exceeds expenses	6	Public hospital	Gynaecology	Obstetrics, Women's Health and Diseases Nursing
7	40	Male	Married	Income equals expenses	15	Public hospital	Psychiatry	Psychiatric and Mental Health Nursing
8	29	Female	Married	Income equals expenses	7	Public hospital	Paediatrics	Public Health Nursing
9	31	Female	Married	Income equals expenses	7	Public hospital	Paediatrics	Paediatric Health and Diseases Nursing
10	35	Female	Married	Income equals expenses	13	Public hospital	District Health Directorate	Paediatric Health and Diseases Nursing
11	29	Female	Single	Income equals expenses	5	Public hospital	Postpartum	Obstetrics, Women's Health and Diseases Nursing
12	28	Female	Single	Income equals expenses	3	Public hospital	Emergency	Psychiatric and Mental Health Nursing
13	44	Female	Married	Income exceeds expenses	17	Public hospital	Quality Coordination	Paediatric Health and Diseases Nursing
14	31	Female	Married	Income equals expenses	9	Public hospital	Intensive Care Unit (ICU)	Surgical Diseases Nursing
15	38	Female	Married	Income exceeds expenses	10	Public hospital	General Surgery	Surgical Diseases Nursing
16	35	Female	Single	Income equals expenses	12	University hospital	Paediatric Oncology	Paediatric Health and Diseases Nursing
17	34	Female	Married	Income equals expenses	12	Public hospital	Intensive Care Unit (ICU)	Obstetrics, Women's Health and Diseases Nursing
18	35	Female	Single	Income equals expenses	7	Public hospital	Paediatrics	Paediatric Health and Diseases Nursing

TABLE 3 | Themes and subthemes.

Themes	Subthemes	Operational definitions
Challenges: Dancing at Two Weddings at the Same Time	Challenges Arising from the Educational Process	Performance decline due to transportation difficulties and time constraints; being present in a different field
	Systemic Challenges	Difficulty in balancing school and work schedules and discomfort caused by the gap between theory and practice
	Challenges Stemming from Individual Characteristics	Coping difficulties arising from excessive responsibilities
Academic Competition and Inequalities	The Lack of Recognition	Not being given equal opportunities in courses and research projects and not being evaluated objectively in educational processes
	Unfair Competition	Not sharing the same workload as peers in academia and having excessive responsibilities
	Negative Discrimination	Being excluded and belittled by instructors
The Glass Ceilings in the Hospital	Earning less than deserved	Disregard for merit in institutional policies and the lack of financial and/or moral compensation for doctoral education
	Punishment	Working more weekly hours compared to colleagues and having work shifts scheduled on class days
	Peer bullying	Being subjected to psychological and verbal bullying by coworkers
	Being blocked	Being prevented from advancing in position at the hospital and having obstacles placed in attending classes for doctoral education
Solution Strategies for Inequalities	Regulation of Regulations Containing the Right to Education/Legal Regulations	The necessity of legal regulations to facilitate the participation of working nurses in doctoral education
	Integration of Clinical and Academic Work	Collaboration between clinical settings and academia to increase awareness of the challenges experienced by the other group and to reduce the gap between theory and practice
	Understanding	Faculty members and clinical chiefs approaching with awareness of the heavy burden of pursuing doctoral education while working

These statements suggest that participants were caught between two realms, not only in time and energy, but also in space. The simultaneous demands of clinical and academic work resulted in burnout, feelings of inadequacy and confusion about belonging.

3.1.3 | Sub-Theme: Challenges Stemming From Individual Characteristics

This subtheme demonstrates the pressure placed on nurses by their multiple roles in social, familial, professional and academic settings. Participants expressed feelings of fatigue and burnout resulting from simultaneously fulfilling multiple important roles. For example, the statement, 'Taking on the roles of mother, wife, student, and nurse all at once' (P17), clearly reveals the diversity and magnitude of the multiple responsibilities placed on an individual.

The intensity of feelings of inadequacy and failure manifests itself through both emotional and physical symptoms. The statement, 'At some points, I couldn't cope with the feeling of inadequacy, and I even had hives from stress.' (P5) demonstrates that anxiety about academic failure has negative effects on both mental and physical health.

3.2 | Theme 2: Academic Competition and Inequalities

In the theme of academic competition and inequalities, participants have addressed the inequalities they experienced in comparison to doctoral students who have an academic position during their doctoral training process. In this context, this theme has been evaluated by creating sub-themes: 'Denial of rights,' 'Unfair competition' and 'Negative discrimination.'

Within this theme, the findings reveal how academic capital (Bourdieu 1986) functions as a form of symbolic power that privileges those who hold institutional positions. Doctoral students working in academia appear to have greater access to academic networks, institutional knowledge and the 'rules of the game,' enabling them to progress through the doctoral process with relative ease. Students working in clinics experience a symbolic disadvantage in accessing these opportunities.

3.2.1 | Sub-Theme: Denial of Rights

In this sub-theme, participants have expressed that instructors did not treat them equally compared to doctoral students with academic positions, did not evaluate them objectively, did not act impartially in academic appointments, and gave them lower grades in courses and exams. These experiences led them to feel that their efforts were in vain, and these findings are discussed under the sub-theme of denial of rights.

> Despite providing a very good paper in the competency exam, I was only given a grade that just allowed me to pass. I think I was treated unfairly, and I have often faced unfairness in the courses I put effort into.
>
> (P8)

3.2.2 | Sub-Theme: Unfair Competition

In this subtheme, nurses mentioned that working in the clinical field and preparing for doctoral courses increased their workload and that they did not share the same burdens as their peers in the academic staff. They stated having an academic position provides an advantage. They emphasised doctoral students who hold academic positions have an easier time adapting to course responsibilities compared to them, as they know the instructors and come from the same academic background, which causes unfair competition. Additionally, nurses believe that the lack of a requirement for clinical field experience in academic staff announcements leads to inequality.

The participants see the neglect of field-related knowledge in academia as a structural inequality. This can also be interpreted as a stance against the theory-practice disconnect in practice-based disciplines (e.g., nursing).

> I believe that having someone in academia without field experience is inequality. Nursing without practicing in the field is seen as an alternative to academia. I wish there were a requirement for field experience in recruitment.
>
> (P5)

> There is inequality between those who are in academia and those doing a PhD while working in clinical practice.
>
> (P11)

The issue of limited access to resources is one example of institutional exclusion experienced by students with restricted access to academic capital. Students working in clinical settings often have more limited access to academic libraries, databases or academic advising.

> I had difficulty accessing academic resources. I couldn't acquire enough sources.
>
> (P7)

> Yes, I am very skilled in the clinic, but when it comes to research or academia, they are more active and effective than I am. I feel like I am falling behind compared to those who are academics.
>
> (P18)

This statement can be explained by Bourdieu's concepts of 'field' and 'capital.' Students who possess a high level of 'practical capital' in the clinical field find that 'cultural and academic capital' is decisive in the academic field. This difference leaves them feeling inadequate, which highlights the difficulty of capital transformation across fields.

3.2.3 | Sub-Theme: Negative Discrimination

In this sub-theme, participants reported behaviours indicating that they were subjected to negative discrimination by their professors. They stated professors gave priority to students with academic positions for research responsibilities, they were excluded from research projects, and because they were clinical nurses, they were treated as 'not one of us' and were belittled.

The recurring phrase 'not being one of us' makes visible the symbolic boundaries drawn between academic and clinical domains and reveals how institutional affiliation—or exclusion from this affiliation—profoundly impacts experiences during the doctoral process.

> Research assistant friends can be more involved in the research process, while someone from the field seems to be left out. This is my general opinion, and I think this based on observing my friends. For example, one professor said to me when we first met, "You're not one of us because you work in the clinic."
>
> (P5)

> I had a personal experience. In one of our classes, I was taking notes on everything the professor said, and when we got to the statistics section, I was writing everything step by step to avoid any problems. Some of my classmates saw me taking notes and asked, "Are you a nurse?" I replied "Yes" in surprise. They said, "I can tell by the way you're writing everything down." (in a mocking tone)
>
> (P17)

The feeling of 'not being on the same level' directly reflects the impact of structural inequalities on individual psychology.

> Bullying also exists, I think, between those who are academics and those who are in the clinic. I don't think we're treated the same. Unfortunately, we're not at the same level.
>
> (P18)

3.3 | Theme 3: The Glass Ceilings in the Hospital

In the theme of 'The Glass Ceilings in the Hospital,' nurses addressed the inequalities they experienced in their professional lives compared to their fellow nurses during their doctoral education process. Based on these findings, the theme of The Glass Ceilings in the Hospital was examined through the subthemes of 'Earning Less than Deserved', 'Punishment', 'Peer Bullying' and 'Being Blocked'.

3.3.1 | Sub-Theme: Not Getting the Reward for One's Effort

In the subtheme of 'Not getting the reward for one's effort', nurses highlighted the inequalities arising from the diversity in educational levels among nurses working in the country's healthcare system. In this context, they expressed concerns that, despite holding a master's degree and pursuing a doctorate, they share the same employment rights as nurses who graduated from vocational health high schools. They also noted that obtaining a doctoral degree holds little value in the clinical field.

> The fact that my education is not prioritized in my professional life and that I am seen at the same level as nurses who graduated from vocational high schools.
>
> (P14)

> I believe the greatest existing inequality is that obtaining a doctoral degree holds no significance for nurses working in hospitals.
>
> (P16)

Participants stated that academic advancement is rendered invisible in the clinical setting and that their professional position is fixed despite their educational background. This demonstrates that knowledge-based advancement in healthcare is not encouraged and that symbolic capital is not sufficiently validated in the clinical setting.

3.3.2 | Sub-Theme: Punishment

Nurses were punished by their clinical supervisors for pursuing a doctoral education. Throughout their doctoral studies, nurses reported having longer working hours compared to their colleagues in the clinic and that their shifts were scheduled to coincide with their class schedules. Individuals who want to exercise their right to education are systematically worn down by being faced with more intense shifts, and this leads to burnout.

> My shift schedules were much more intense than everyone else's. This situation led me to burnout.
>
> (P6)

> A shift was scheduled on the day I had class.
>
> (P9)

3.3.3 | Sub-Theme: Peer Bullying

This sub-theme reveals how nurses are subjected to subtle and overt forms of peer bullying in the clinical setting due to their doctoral pursuits. In this context, their coworkers expressed discomfort about work schedules being adjusted for those pursuing doctoral education and about nurses reading articles in the clinic. They reported these concerns to clinical supervisors and also reflected their dissatisfaction through verbal and behavioural actions toward nurses.

> I listened to my colleagues complaining about how my education status did not affect them and questioning why they had to work more on my school days... Since I had moved to a different city, I was sometimes late, which caused problems with my coworkers.
>
> (P17)

> My article reading was reported as a complaint by my colleagues.
>
> (P9)

> My coworkers do not understand what we do because they lack knowledge about doctoral education, which leads to a loss of motivation.
>
> (P11)

When these examples are evaluated within the framework of Bourdieu's field theory, it is noteworthy that the clinical field values its own specific forms of capital (such as seniority-based experience and practical knowledge) while perceiving academic capital as a threat. This reflects the inter-field conflict and a form of symbolic violence.

3.3.4 | Sub-Theme: Being Blocked

In this sub-theme, nurses expressed that their career progression was being hindered. While legally, nurses with a master's and/or doctoral degree have the right to become clinical supervisors, merit was not prioritised in clinical promotions, and nurses' career advancement was blocked. Additionally, nurses mentioned that their clinical supervisors adjusted work schedules to overlap with their class schedules, making

it difficult for them to attend school and hindering their educational rights.

> I had difficulties adjusting my shifts. When my supervisor said it wasn't his responsibility to adjust them, I had to argue.
>
> (P1)

The clinical setting perceives the advancement of educated nurses as a threat and therefore creates a structural 'glass ceiling.' For example, I was asked to be the paediatric emergency supervisor by my clinic chief, but my responsible nurse set obstacles for me, and I received feedback from the management saying, 'You go to school 2 or 3 days a week, you cannot be in charge this way.' (P18).

3.4 | Theme 4: Solution Strategies for Inequalities

This theme identifies various strategies suggested by nurses regarding the inequalities they experienced during their education process. In this context, a theme called 'Strategies for Inequality Solutions' has been created, and this theme has been evaluated by forming the sub-themes 'Regulation of Regulations Containing the Right to Education/Legal Regulations', 'Integration of Clinical and Academic Work' and 'Understanding'.

These proposed solutions aim to reduce inequalities between clinical and academic capital and eliminate the symbolic disadvantage of doctoral students.

3.4.1 | Sub-Theme: Regulation of Regulations Containing the Right to Education/Legal Regulations

In this sub-theme, nurses mentioned that doctoral education does not create any privileges in the clinic, and on the contrary, they are indirectly punished. In line with this, nurses have proposed various solution strategies, such as the establishment of regulations related to educational rights and legal regulations to encourage doctoral graduates in the clinic.

> It might be beneficial to create a guideline to ensure that educational rights apply to doctoral and master's programs as well, or to avoid complications in adjusting the duty schedules.
>
> (P1)

> By making legal regulations (such as working hours, incentive payments and differential allowances), nurses can be encouraged to pursue master's and doctoral education.
>
> (P5)

These proposals call for the restructuring of the institutional structure to support nurses' access to academic capital. From Bourdieu's perspective, this demand constitutes an intervention into the dominant power structures and rule systems within the 'field.' This is because the field's existing rules (e.g., no bonuses for nurses with doctorates) prevent individuals with clinical backgrounds from generating and receiving academic capital. Therefore, the participants' demands for legal regulation constitute a restructuring of the field against its existing capital regime.

3.4.2 | Sub-Theme: Integration of Clinical and Academic Work

Nurses have expressed that the integration of clinical practice and academia could reduce the issues related to the inequalities they face in the clinical and educational processes.

> The overlap of the field and academia/professors being aware of the field is crucial for solving inequalities.
>
> (P6)

> The school and hospital can work together in an integrated way, training can be provided to prioritize education above everything else, and hospital integration for practical application can be implemented.
>
> (P14)

These arguments suggest that a sharp boundary exists between academic and clinical fields, reinforcing inequalities. In this context, the integration proposal is not merely a practical solution but a strategy for balancing intra-field capital inequality.

3.4.3 | Sub-Theme: Understanding

In this sub-theme, nurses expressed that they were not objectively evaluated, were belittled, experienced negative discrimination, and were subjected to bullying by professors. They suggested that, as a solution, faculty members should be understanding and positive.

> Professors should be more understanding and positive towards students. Only qualified individuals should become professors.
>
> (P8)

> One of my professors said during class, "The person who comes from their office upstairs is not the same as the one who finishes their shift, changes cities, and comes here. I realize the difference in dedication." It was so comforting to hear that. It was wonderful to realize that we were understood.
>
> (P17)

These quotes reveal how academic faculty members' perceptions and approaches toward clinical students are decisive in the production of inequality. The academic field can accept certain types of habitus and capital as 'natural' and exclude

others. In this context, 'being understood' is not merely an emotional need but a desire to restore symbolic balance within the field.

4 | Discussion

The presence of doctoral-degree nurses conducting research is of vital importance due to the need for quality nursing practices, nursing education and science. The shortcomings of nurse educators have been a topic of discussion for a long time, and various options have been discussed to increase the number of nurses with doctoral degrees (Dobrowolska et al. 2021).

Identifying and resolving inequalities in the doctoral education process can help overcome the challenges faced during the doctoral journey. This may also serve as an encouragement for individuals to pursue a doctoral degree. In the first theme, students emphasised the difficulty of balancing doctoral education with clinical responsibilities and family life, citing time constraints and institutional inflexibility. One study indicated that the financial burden and a non-supportive working environment were obstacles to the doctoral process (Sharabani et al. 2023). Another study highlighted that a lack of information on academic writing and finding project sites was one of the difficulties experienced in the doctoral process in nursing (Wright et al. 2022). These experiences point to more than logistical challenges—they reflect the structural incompatibility between the academic and clinical fields. Drawing on Bourdieu's concept of 'field,' the students' accounts reveal how each field values different forms of capital: while the clinical field rewards practical experience and hands-on efficiency, the academic field privileges cultural and symbolic capital such as research activity, visibility and scholarly discourse. The difficulty in navigating both simultaneously illustrates the challenge of capital conversion between fields. This misalignment fosters feelings of inadequacy and exclusion, underscoring how institutional structures reproduce inequality, even among highly motivated professionals (Padmalochanan 2025; Bourdieu 1986).

Discrimination relates to the treatment of individuals or groups by deviating from the principle of equality, which means that equal individuals should receive equal treatment. Equality is also important concerning discrimination, as this term refers to justice and providing the same opportunities to everyone. In the theme of academic competition and inequalities, students reported experiencing unfair treatment compared to doctoral candidates with academic backgrounds. They indicated that professors tended to give higher grades to students from their own academic circles and prioritised them for research responsibilities during classes. Additionally, students working extra shifts in clinical settings felt they did not share the same workload as their academic peers, which contributed to feelings of unfair competition and negative discrimination. This dynamic reflects Bourdieu's concept of symbolic capital, where recognition, legitimacy, and institutional connections confer advantages within the academic field. Those possessing greater symbolic capital—such as academic affiliations and visibility—are more likely to receive support and opportunities, reproducing structural inequalities between clinical and academic doctoral students (Padmalochanan 2025; Bourdieu 1986).

A study conducted in Australia among nurses highlights gender inequality in the academic workforce; male participants received fewer teaching loads and were supported with more research assignments compared to female participants (East et al. 2024). Similar structural inequalities are also observed in fields outside of nursing. For example, Dinsmore and Roksa (2023) demonstrated that among doctoral students in the field of biology, there are significant differences in advisor relationships and access to resources based on ethnicity and gender (Dinsmore and Roksa 2023). In our study, students did not emphasise gender inequality. It is believed that the core inequality they highlighted was pursuing doctoral education while working as a nurse. Existing evidence shows that most students with doctoral degrees expect to work in educational environments (Bai et al. 2018). A study conducted by the European Nursing Science Academy reported that 69% of summer school participants from 21 different countries worked in universities or university colleges, while 37% held positions in shared or other roles. Only a quarter of the participants primarily worked in the healthcare sector and were involved in clinical/patient care (Hanssen and Olsen 2018).

In the theme of 'Glass Ceilings in Hospitals,' nursing doctoral students highlighted significant inequalities in their professional lives, including a lack of recognition, penalties for pursuing doctoral education, peer bullying and career progression obstacles. In Turkey, nurses with master's or doctoral degrees hold the same positions, titles and salaries as bachelor's degree holders, with administrative roles (e.g., head nurse) officially restricted to postgraduate-educated nurses (Nursing Regulation 2010). However, students reported that merit is often overlooked in clinical promotions, contributing to feelings of frustration and underappreciation. The lack of recognition of the knowledge and competencies of doctoral nurses in the clinical setting can be explained by the invalidation of 'cultural capital' in the clinical setting. Findings suggest that doctoral nurses without institutional academic positions are disadvantaged in terms of academic capital, consistent with Bourdieu's conceptualization of unequal access to resources in a given field. Knowledge valued in academia does not find symbolic resonance in the clinic, reflecting the conflict between fields. Nurses with a doctoral degree continue to face limited career opportunities in clinical settings, and thus often have to pursue academic positions in universities (Dobrowolska et al. 2021). Similarly, studies report that the lack of human resource policies, fair compensation, financial security and clear career paths are ongoing concerns for clinical nurses (Thamm et al. 2025).

Addressing these systemic inequalities requires institutional reforms that recognise and integrate the unique competencies of doctoral nurses within clinical settings. Such changes could include creating defined career paths for doctoral-prepared nurses, adjusting compensation to reflect advanced qualifications, and fostering collaboration between academic and clinical fields to facilitate capital exchange and professional growth. Workplace bullying, also known as horizontal violence, lateral violence or non-compliance with rules of civility, involves enduring constant aggression, mistreatment and disrespect from subordinates, colleagues or superiors (Shorey and Wong 2021). Nursing students reported that their clinical supervisors did not adjust their work schedules to accommodate their class schedules, and when

adjustments were made, they were subjected to bullying by other nurses in the clinic. They also mentioned that their practice of reading articles was criticised. Similarly, in a qualitative systematic review, nurses reported that managers deprived them of career opportunities by failing to recognise their abilities, deliberately postponing their promotions and refusing to send them for training or advancement courses (Shorey and Wong 2021).

Inequality, diversity and belonging challenges in nursing education directly impact the creation of healthy and effective learning environments, which are fundamental to quality education. Participants' lack of sense of belonging in the academic environment stems not simply from a lack of knowledge or skills, but also from falling outside the implicit cultural norms of the academic field. In line with the findings of the present study, Holley and Gardner (2012) highlighted that first-generation doctoral students in the fields of education and social sciences face significant challenges in accessing the implicit norms, cultural capital and institutional resources that are critical for academic achievement. This situation has been identified in the literature as a fundamental dimension of inequalities related to academic socialisation processes (Gopaul 2015). In this context, the lack of visibility of doctoral nurses in academic communities can be considered a consequence of structural exclusion.

In the theme of addressing inequalities during the doctoral education process, students have suggested regulatory adjustments, legal reforms related to educational rights, integration of clinical and academic settings, and the importance of understanding. Students emphasised that making doctoral education more visible through legal regulations, establishing PhD positions in clinical settings, and adjusting salaries accordingly could boost motivation. They also highlighted that allowing academics to work in clinical settings could enhance integration. Furthermore, it was recommended that professors conducting doctoral courses should avoid discrimination between students working in clinical settings and those who are academics, and adopt a more positive approach.

An ideal clinical service requires nurses who can read and interpret research, implement new evidence-based interventions and drive service improvements, as well as nurses who can lead research by securing competitive research grants and working as independent researchers (East et al. 2024). Therefore, the integration of clinical and academic settings, along with the idea that PhD nurses should receive a salary differential compared to undergraduate nurses, is believed to be a motivating factor for pursuing doctoral education.

5 | Strengths and Limitations

There is a lack of studies in the literature addressing the inequalities experienced by nurses who are simultaneously pursuing doctoral education and working as nurses in clinical settings. In this respect, our study provides a significant and original contribution to the literature.

Our study has several limitations. Among these limitations, one is that the semi-structured interview focused only on specific questions, whereas a broader perspective on inequalities during the doctoral process could have provided more detailed and comprehensive data. Additionally, the research was conducted with individuals who are currently pursuing doctoral education and working as nurses in clinical settings in Türkiye, which means that the findings cannot be generalised.

6 | Implications for Future Research and Practice

Faculty members providing doctoral education could organise meetings with academic students who also work as nurses in clinical settings to address the challenges of the educational process, discuss ways to overcome these difficulties and explore how to facilitate the process for students working as nurses in clinical environments. Similarly, to enhance courtesy and team support in the clinic, nurse managers should organise regular unit meetings where nurses can share the challenges they face, raise workplace issues, and propose strategies and suggestions to improve the unit.

As a state policy, there is a need to provide more support and advocacy for post-doctoral education among nurses, and for graduates to be assigned positions in the clinic based on their education and specialisation. Furthermore, improvements in the pay systems for nurses are necessary.

7 | Conclusion

This study not only reveals the structural inequalities faced by doctoral students working in clinical settings but also highlights the importance of integrating academic and clinical environments. The findings suggest the need to reconceptualise doctoral education for working professionals, particularly in disciplines such as nursing, where professional identity is intertwined with clinical practice. Future research should examine interdisciplinary and interinstitutional strategies for integrating clinical expertise into academic structures. Furthermore, the redistribution of symbolic and institutional capital to ensure equal participation in academic life should be a priority for researchers and policymakers. Lasting and sustainable change will be possible through systemic transformations that recognise the legitimacy of different professional paths in doctoral education and eliminate the structural barriers that reproduce academic exclusion.

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Data Availability Statement

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