

EMPIRICAL RESEARCH QUALITATIVE

Clinical Reflections of Doctoral Education in Nursing: A Qualitative Study on the Perspectives of Doctoral Students and Graduates

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ABSTRACT

Aims: This study aims to examine the reflections of doctoral education in nursing on clinical practice, focusing on the perspectives of doctoral students and graduates.

Design: This study was conducted as qualitative research.

Methods: The study was conducted in February 2025 with 14 nurses who were either pursuing or had completed doctoral education in nursing and were 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 were depicted throughout the study: the visibility of doctoral education in clinical practice, the reflection of doctoral education on nursing identity, challenges encountered during the doctoral education process and recommendations to strengthen the reflection of doctoral education in the clinic.

Conclusion: The study highlighted the importance of doctoral education, which has positively contributed to the professional development of nurses and nursing care.

Implications for Profession and/or Patient Care: Collaboration between clinical administrators and faculty members is needed to support the transfer of the gains achieved by doctoral nursing students and graduates during their doctoral education to clinical practice and to overcome the challenges encountered.

Patient or Public Contribution: No Patient or Public Contribution.

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

1 | Introduction

Nurses studying for a doctorate and a doctoral degree play a critical role in the professional development of the nursing profession and the advancement of clinical nursing practice. Beyond ensuring the professional development of nurses, a doctoral degree contributes to the production of scientific knowledge, improves nursing care and ensures the protection

and development of the health of individuals and society (Fisher et al. 2022). Doctoral education in nursing supports the autonomy and leadership role of nurses and encourages them to take part in scientific knowledge production, evidence-based innovative approaches in clinical practice, nursing education and health policies (Hampton et al. 2022; American Association of Colleges of Nursing 2022; Dobrowolska et al. 2021).

What Problem Did the Study Address?

It is imperative to explore the reflections of the doctoral education process of nurses who have a doctoral degree in nursing or are doing a doctorate in nursing in the clinic.

What Were the Main Findings?

It was revealed that doctoral education reflected positively on practices and nursing identity while working as a nurse in the clinic; difficulties were encountered during the doctoral education process, and various suggestions were made to strengthen the reflection of doctoral education in the clinic.

How Will the Research Impact Specific Groups and Environments?

The study's results may raise awareness among clinical managers and faculty members about supporting the transfer of the gains obtained by doctoral nursing students and graduates during their doctoral education to clinical practice.

Although doctoral programs in nursing vary across countries, nursing doctorates are mainly the Doctor of Philosophy (Ph.D.) and the Doctor of Nursing Practice (DNP) (Koçyiğit and Yıldırım 2022): PhDs emphasise research/academia, whereas DNPs focus on advanced clinical practice (Kırıkaleli and Şahin 2019). In Türkiye, doctoral programs in nursing are available only as Ph.D. Therefore, there may be differences in the integration of doctoral education in nursing into clinical practice. Internalisation of nursing philosophy and development of critical thinking skills, along with scientific research activities, are the foundations of doctoral education in nursing. The reflection of this learning process on nursing roles and clinical practice is a transformational learning process.

According to Mezirow's Transformational Learning Theory (Mezirow 1981), critical reflection and exposure to new experiences enable nurses to develop a change-oriented mindset and adapt to evolving circumstances (Mezirow 2003). In addition to encouraging nursing students to examine the pre-existing ideas of professional nurses, all nurses can benefit from examining general institutional policies affecting nursing care and learning how to challenge the status quo and advocate for diverse, vulnerable and marginalised communities (McAllister 2005; Rojo et al. 2023). This theory, along with the development of advanced learning experiences and critical thinking skills in doctoral nursing education, can provide a framework for understanding how doctoral nurses critique current practices and integrate new evidence-based practices into the clinic. Nurses with doctoral degrees develop and disseminate scientific knowledge, evidence-based clinical practices and theories (Dreifuerst et al. 2016). In this respect, nurses with doctoral degrees guide and lead the professional development of the nursing profession (Broome et al. 2023). Doctoral education enables nurses to provide more systematic and practical care in clinical nursing practice (Kim et al. 2022), enhances their knowledge and skills so they can assume greater responsibilities (Orton et al. 2019) and

improves nursing education (Andreassen and Christensen 2018; McNett 2006; McNett et al. 2021).

Nurses with doctoral degrees are in a strategic position in disseminating scientific research results and collaborate with clinicians in integrating evidence-based practices into clinical nursing care (Staffileno et al. 2013). Consistently, nurses with doctoral degrees reported that they perceive their roles as involving responsibility for the development of the profession and being role models for their colleagues (Kim et al. 2022; Orton et al. 2019). On the other hand, nurses with doctoral degrees generally work in academic units and focus on research and nursing education (Orton et al. 2019). Although nurses with doctoral degrees have advanced professional roles, their roles and responsibilities in healthcare delivery and clinical practice are not adequately defined (Beeber et al. 2019; Kim et al. 2022; Orton et al. 2021). This prevents nurses with doctoral degrees from demonstrating their expertise and slows down the progress of clinical nursing practice (Garcia et al. 2025). In Türkiye, nurses with doctoral degrees are employed in academic positions at universities as nurse managers, clinical nurses and educators. There are no specific definitions or policies regarding their roles and positions in clinical settings. Nurses with master's degrees are awarded the title of "specialist nurse," but there is uncertainty regarding the use of "specialist nurse" positions in hospitals, the roles of specialist nurses and the opportunities to work in positions for which they are qualified (Sağlık Bakanlığı 2023).

However, studies on the reflection of doctoral education on clinical nursing practice, the challenges encountered in the process and the benefits are limited (Vosoughi et al. 2022). More in-depth information is needed about how doctoral students and graduates working in clinical settings evaluate the contributions of their educational processes to knowledge and skills, the impact of doctoral education on professional relationships and teamwork, the contributions to patient care quality and the challenges encountered. Furthermore, the challenges experienced by doctoral students/nurses with doctoral degrees in the process of translating their doctoral education into clinical practice and their impact have not been fully explored. This study examines the impact of doctoral education on clinical practice from the perspectives of nursing students and doctoral graduates. This will help understand the necessity of doctoral education in clinical nursing, the role definitions of doctoral nurses and the importance of professional development.

2 | Methods

2.1 | Study Aim

This study aims to examine the reflections of doctoral education in nursing on clinical practice, focusing on the perspectives of doctoral students and graduates.

2.2 | Design

This study employed a qualitative research methodology to explore the reflections of doctoral education in nursing on clinical

TABLE 1 | Semi-structured interview form.

1. How has doctoral education influenced your approach to clinical practice?
 - In what ways have the knowledge and skills you gained during the doctoral process (such as patient care or team management) been reflected in clinical practice?
2. How has your doctoral education provided an advantage in solving problems encountered in the clinical setting?
3. How has your doctoral education affected communication and collaboration with your colleagues in the clinical environment?
4. What challenges did you face in balancing clinical practice with academic work during your doctoral education?
5. Has your doctoral education led to any changes in your role or responsibilities in the clinical setting?
6. What supportive and challenging situations have you experienced in your clinical environment as a doctoral student or graduate?
7. How have your colleagues' or managers' perceptions and expectations changed as a result of your doctoral education?
8. What changes could be made to enhance the contribution of doctoral education to clinical practice?

practice, focusing on the perspectives of doctoral students and graduates. In order to conduct a thorough analysis of the experiences and perspectives of the participants, this study employed a qualitative research approach. Qualitative research is an appropriate strategy for clarifying complex, distinct and experience-specific concepts that quantitative research methods cannot completely capture (Creswell and Creswell 2018). The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used to report the findings of this qualitative study (Tong et al. 2007). The expert opinions were obtained at two stages: prior to the interviews regarding the semi-structured interview questions and after initial coding regarding the themes and subthemes.

2.3 | Study Setting and Recruitment Criteria

Participants were selected via purposive sampling from nurses in Türkiye who were either currently enrolled in or had completed doctoral education. To ensure the acquisition of information-rich data for a comprehensive exploration of the research topic, in alignment with the study's objectives, purposive sampling was utilised for participant identification and selection (Palinkas et al. 2015). Potential participants were initially contacted via email, which included an information package comprising a concise study overview and a return email address for those willing to participate or to discuss any concerns with the researchers. Subsequently, telephone contact was made with individuals who expressed willingness to participate, and Zoom interviews were scheduled at times convenient for the participants. Approximately 20 nurses were invited to participate, and individual interviews were conducted with 15 nurses. Individual in-depth interviews were conducted with all nurses who gave their consent to participate.

The eligibility criteria for participants were as follows: (a) nurses who were currently pursuing or had completed doctoral education, (b) those who were willing to participate in the research and (c) those without hearing or vision impairments that would affect the interview process. The inability to connect to Zoom and the refusal to allow audio recording were established as exclusion criteria.

2.4 | Data Collection

In February 2025, semi-structured interviews were conducted with 15 nurses who were pursuing or had completed their doctoral education in nursing (Table 1). The interview questions for the semi-structured interviews included a series of themes and open-ended questions that explored expectations and experiences regarding how doctoral education reflects on clinical practice, how it affects communication and team collaboration and its impact on professional competence. These questions are given in Table 1, which includes the semi-structured interview form. Expert opinions were obtained to ensure the clarity of the questions in the semi-structured interview form. Expert opinion was received from six experts (Areas of expertise: Fundamentals of Nursing (1), Surgical Nursing (2), Psychiatric Nursing (1), Paediatric Nursing (2)). Following expert opinions, no changes were made to the questions.

Interviews were conducted via the user-friendly Zoom platform for the participants' comfort and adaptability. All interviews were audio-recorded with the participants' permission and lasted 36 min on average. Interviews were conducted during time slots when participants were at home, in a private room or in an environment where they could speak freely. This allowed participants to express themselves without feeling obligated. All interviews were skilfully conducted by the same researcher (the last author), a lecturer with a doctoral degree in paediatric nursing who had completed a research methodology course.

After each interview, transcripts were made and the researchers performed the coding. When no new codes emerged during the final interview, it was determined that data saturation had occurred. Data saturation was determined by the following criteria: no new themes or conceptual insights related to the research questions emerging from the data and adequate coverage of meaning diversity (Guest et al. 2006).

2.5 | Ethics

Our study adhered to the highest ethical standards. We obtained ethical approval from a University Social and Human Sciences

Ethics Committee (Decision no: 2025/03/04), and the study protocol was provided to participants who gave their informed consent. Participants were assured of the confidentiality of the interviews and their anonymity in the reporting. They were explicitly informed of their right to withdraw from the study at any time.

2.6 | Analysis

The research was conducted in accordance with Braun and Clarke's six-phase framework of thematic analysis, and the data were analysed using thematic analysis (Braun and Clarke 2021). According to Braun and Clarke (2006), two researchers independently conducted the data analysis following a six-step process. In the first step, the audio recordings were carefully listened to, allowing the researchers to become familiar with the data. In the second step, both researchers repeatedly read the transcribed texts and systematically generated codes. In the third step, key points within the participants' statements were identified, meanings were derived, and the codes were grouped to search for themes. In the fourth step, the themes were reviewed by examining the coded extracts and assessing the coherence between the codes and the themes. In the fifth step, the researchers defined and named the themes by analysing each theme in terms of its specific characteristics. In the sixth step, the fundamental structure of the experiences was determined, and in the final step, participant approval was obtained. Subsequently, two experts with experience in qualitative research, clinical nursing practice and mentoring doctoral students reviewed the main themes and sub-themes to provide expert feedback. These experts examined the compatibility of participant statements with codes, subthemes and themes. After receiving feedback from experts, the researchers discussed and reached a consensus on the code, subthemes and themes.

2.7 | Rigour

The trustworthiness of the scientific data was reported based on four criteria: credibility, transferability, dependability and confirmability (Colorafi and Evans 2016). To ensure credibility, the data obtained from the interviews were independently coded by the researchers (N.C., Y.S.), and themes and sub-themes were developed. The sampling and data collection processes were explained in detail and supported with direct quotations to achieve transferability. A semi-structured interview form was used in the study, and all interviews were conducted by the same researcher, ensuring dependability. The interviews were recorded and archived. Confirmability was ensured by including direct quotations from the participants' statements.

3 | Results

The average age of the students participating in the study was 32.5 ± 5.25 years, 42.9% were married, 92.9% had an income equal to their expenses, the average length of nursing practice was 8.2 ± 4.5 years and 42.9% had a PhD in Paediatric Nursing (Table 2). Transcripts were made from the interviews conducted

with the students in the study, and 4 themes and 11 sub-themes were created (Table 3).

3.1 | Theme 1: The Visibility of Doctoral Education in the Clinic

The theme of "The Visibility of Doctoral Education in the Clinic" was examined under the sub-themes of "Influencing Peers", "Reflection in Practice" and "Increase in Problem-Solving and Critical Thinking Skills". Nurses emphasised that being a doctoral student contributed to making their personal and professional differences more visible compared to their peers in the workplace.

3.1.1 | Sub-Theme: Influencing Peers

Nurses pursuing doctoral education reported that they gained visibility in the clinical setting through knowledge transfer and influencing their peers. Participants indicated that they began to take on a mentoring role by sharing the knowledge and perspective they acquired during their doctoral studies with their colleagues. However, they also emphasised that this knowledge transfer could not bring about fundamental change in the clinic through individual initiatives alone.

This situation has been explained by the fact that, despite some nurses sharing information, team members continued with their old habits: "I shared the information I had acquired with my colleagues at the clinic, but in terms of its applicability, my colleagues did not want to abandon their old habits" (P1). Similarly, one participant, who stated that the doctoral programme broadened their perspective, indicated that they began sharing these learnings with their colleagues: "My perspective broadened, and I began explaining what I learned in the doctoral programme to my colleagues" (P7).

Participants also emphasised that doctoral education enabled them to take on an advisory role by keeping abreast of current research: "Because we follow new research, we can act as advisors on updates" (P8). This experience contributed to bridging the gap between academic knowledge and clinical practice. However, it was also noted that in clinics with large numbers of staff, individual knowledge transfer alone is not sufficient for fundamental changes: "I have a very large team... practice changes are not made based on the information provided by a single nurse" (P13).

3.1.2 | Sub-Theme: Reflection in Practice

Nurses emphasised that doctoral education has a direct positive impact on clinical practice. The advanced education they received broadened their perspectives, increased their knowledge base, boosted their confidence in performing procedures and contributed to more assured clinical decision-making. Furthermore, nurses have substantiated these positive reflections with practical examples such as high-level evidence-based practices and providing holistic care. This demonstrates that doctoral education not only imparts theoretical knowledge but

TABLE 2 | Descriptive characteristics of nursing students.

Participant	Age	Gender	Marital status	Socioeconomic status	PhD graduation (years)	Nursing experience (years)	Healthcare settings	Work unit	Department of doctoral study
1	31	Female	Single	Income equals expenses	Continue	6	Governmental hospital	Neonatal ICU	Paediatric Health and Diseases Nursing
2	28	Female	Single	Income equals expenses	Continue	5	Governmental hospital	Intensive Care Unit (ICU)	Internal Diseases Nursing
3	28	Male	Married	Income equals expenses	Continue	5	Governmental hospital	Operating Room	Surgical Diseases Nursing
4	38	Female	Married	Income equals expenses	3 years	14	Governmental hospital	Provincial Health Directorate	Obstetrics, Women's Health and Diseases Nursing
5	26	Female	Single	Income equals expenses	Continue	4	Governmental hospital	Intensive Care Unit (ICU)	Internal Diseases Nursing
7	40	Male	Married	Income equals expenses	4 years	15	Governmental hospital	Psychiatry	Psychiatric and Mental Health Nursing
9	31	Female	Married	Income equals expenses	Continue	7	Governmental hospital	Paediatrics	Paediatric Health and Diseases Nursing
10	35	Female	Married	Income equals expenses	2 years	13	Governmental hospital	District Health Directorate	Paediatric Health and Diseases Nursing
11	29	Female	Single	Income equals expenses	Continue	5	Governmental hospital	Paediatric Intensive Care Unit (PICU)	Internal Diseases Nursing
12	28	Female	Single	Income equals expenses	Continue	3	Governmental hospital	Emergency	Psychiatric and Mental Health Nursing
13	44	Female	Married	Income exceeds expenses	6 years	17	Governmental hospital	Quality Coordination	Paediatric Health and Diseases Nursing
14	31	Female	Married	Income equals expenses	Continue	9	Governmental hospital	Intensive Care Unit (ICU)	Surgical Diseases Nursing
16	35	Female	Single	Income equals expenses	2 years	12	University hospital	Paediatric Oncology	Paediatric Health and Diseases Nursing

(Continues)

TABLE 2 | (Continued)

Participant	Age	Gender	Marital status	Socioeconomic status	PhD graduation (years)	Nursing experience (years)	Healthcare settings	Work unit	Department of doctoral study
17	34	Female	Married	Income equals expenses	Continue	12	Governmental hospital	Intensive Care Unit (ICU)	Obstetrics, Women's Health and Diseases Nursing
18	35	Female	Single	Income equals expenses	Continue	7	Governmental hospital	Paediatrics	Paediatric Health and Diseases Nursing

Note: All participants had pursued or were pursuing a Doctor of Philosophy (PhD) degree.

also provides a valuable set of skills that can be transferred into practice. Thus, it has enabled them to adopt high-level evidence-based practices and improve the quality of care. One participant expressed this impact as follows: “It made me more conscious in clinical practice and gave me more confidence in procedures” (P2).

Participants also emphasised that they contributed to the spread of evidence-based practices by sharing the knowledge and skills they gained through their doctoral education with their colleagues: “By sharing the knowledge and skills I acquired through my doctoral education with my colleagues, I contributed to evidence-based practices” (P10).

In addition, it has been noted that doctoral education strengthens a holistic perspective and enables the development of a multifaceted approach to caring for children: “... every child is unique, and I believe I can approach that child by considering their needs in a much more holistic manner, that is, considering every aspect” (P12).

Finally, it was stated that doctoral education was also decisive in understanding the importance of application styles that enhance quality in line with international standards: “... I had the opportunity to see how the same application ... was carried out using the application style recommended by internationally recognised sources” (P13).

3.1.3 | Sub-Theme: Increase in Problem-Solving and Critical Thinking Skills

Nurses reported that their doctoral education contributed to conducting problem-solving processes in the clinic more systematically. In this context, they emphasised that they began to pay more attention to ethical principles when solving problems they encountered: “I kept ethical situations more in mind when solving problems, and I acted according to the procedures” (P4).

Participants also stated that doctoral education strengthened their critical thinking skills: “After my doctorate, I think my critical thinking skills became much more active” (P12). This statement shows that education not only imparts knowledge but also creates a profound transformation in the way of thinking.

Finally, it has been noted that doctoral education fosters the ability to approach problems in a more solution-oriented manner: “When I encounter problems in the clinic, I am able to approach them in a more solution-oriented way than before” (P13). This indicates that nurses have developed more flexible and effective problem-solving strategies in their clinical decision-making processes.

3.2 | Theme 2: The Reflection of Pursuing a Doctorate on Nursing Identity

Participants in the theme of the reflection of doctoral studies on nursing identity discussed the impact of the competencies they gained through their doctoral education on their nursing practice in their working lives. In this context, this theme

TABLE 3 | Themes and subthemes.

Themes	Subthemes	Operational definitions
The visibility of doctoral education in the clinic	Influencing peers	The doctoral-educated nurse shares her/his knowledge and experience with her/his clinical colleagues and contributes to their professional development.
	Reflection in practice	Reflecting theoretical knowledge into daily clinical practice and improving the quality of care.
	Increase in problem-solving and critical thinking skills	Increased capacity to develop evidence-based and analytical solutions to clinical problems.
The reflection of pursuing a doctorate on nursing identity	Leadership	Assuming leadership roles in clinical and academic environments, taking an active role in team management and decision-making processes.
	Empowerment in nursing roles	Strengthening the sense of autonomy, competence and confidence in nursing roles.
Difficulties encountered during doctoral education	Challenges in academic life	Difficulties arising from academic burdens such as research, publication, thesis process and time management.
	Challenges in working life	Difficulties in balancing clinical and academic responsibilities.
Recommendations to strengthen the reflection of doctoral education in clinical practice	Policy development	Developing institutional policies that will enable doctorally educated nurses to be more visible and effective in clinical practice.
	Academia-hospital collaboration	Developing cooperation models between universities and hospitals and strengthening knowledge transfer.
	Use of reward and incentive systems	Establishing reward and incentive systems to make visible the contributions of doctoral-educated nurses in the clinic.

was evaluated by creating the sub-themes of “Leadership” and “Empowerment in nursing roles”.

3.2.1 | Sub-Theme: Leadership

Nurses stated that they share the knowledge they have gained through their doctoral education with their colleagues and are therefore often seen as advisors. Participants also indicated that they encourage their colleagues to participate in research and join professional associations. This demonstrates that nurses with doctoral education strengthen team communication and enhance collaboration by sharing academic innovations with the team. Therefore, doctoral education appears to support nurses' leadership skills.

One participant described this effect as follows: “When I see something I like, I post it in the WhatsApp group and tell them to read it, or I encourage them to get involved in research. I encourage them to join associations” (P12). Similarly, a nurse who stated that she was seen as a source of information thanks to her doctoral education expressed her colleagues' trust in her with

the following words: “Like, ‘What do you know about this subject?... You can tell me your source ... You can tell me how to access the information’ and I have colleagues who trust me in this sense” (P13).

3.2.2 | Sub-Theme: Empowerment in Nursing Roles

Nurses undertaking doctoral education have stated that, thanks to the increase in their knowledge and skills, they have become a source of confidence for their colleagues in the clinical setting. Participants indicated that they provide guidance to their team members, particularly by keeping abreast of current scientific developments, thereby assuming educational roles.

A nurse described the situation as follows: “Because we keep up with the latest research, we can act as consultants on updates” (P8). Similarly, another nurse, expressing that their level of knowledge gave their colleagues confidence, emphasised the contribution of doctoral education to strengthening their role, stating, “They said we are very knowledgeable, and they conveyed that we gave them more confidence during shifts” (P4).

They also stated that doctoral education strengthened their advocacy roles. One participant described a situation where they prioritised the best interests of the child as follows: “We always defended the best interests of the child... I’m not someone who just says ‘let the doctor handle it’ and steps aside, for example, and I think this aspect of me has developed considerably. I’m more present. I don’t even leave to go where I need to go if it’s in the child’s best interests...” (P12).

3.3 | Theme 3: Difficulties Encountered During Doctoral Education

In the theme of difficulties encountered during doctoral education, nursing students discussed the challenges that being a doctoral student working as a nurse in a clinic poses in terms of both working life and academic life. As a result of these findings, the theme of ‘Challenges experienced during doctoral education’ was examined by creating the sub-themes ‘Challenges in academic life’ and ‘Challenges in working life’.

3.3.1 | Sub-Theme: Challenges in Academic Life

Nurses pursuing doctoral education have indicated that they encounter various difficulties while conducting their academic work. Participants stated that they experienced difficulties particularly in obtaining and conducting research permits and faced problems with time management in balancing work and class hours.

A nurse described the difficulties encountered in obtaining ethics committee approvals and clinical authorisation processes as follows: “I have trouble obtaining ethics committee approvals... or I have trouble obtaining permission from the clinical head” (P1). Another participant noted that the incompatibility of academic and clinical time leads to fatigue: “It can be very tiring because there is not enough time for both clinical and school work” (P2). Furthermore, the difficulty of allocating extra time to collect research data was expressed as follows: “We cannot allocate time to academic work, or it is difficult to allocate extra time to come to the hospital outside of extra shifts to collect data for our studies” (P4). These findings indicate that participants experience difficulties in their academic life due to time management and bureaucratic obstacles they encounter.

3.3.2 | Sub-Theme: Challenges in Working Life

Nurses undertaking doctoral education have indicated that they experience difficulties in balancing their education with their workload in their professional lives. Participants encounter problems such as time constraints, fatigue and sleep deprivation due to intensive programmes and long working hours; in addition, they may experience conflicts with colleagues due to clashes between their education and shift schedules. For example, one nurse stated that she received negative reactions from colleagues due to the impact of her doctoral education on her shift schedule: “Generally, things are challenging; I received a

lot of comments that the education was unnecessary, that I was unnecessarily complicating the shift schedule, and it was even said that I had no right to do so. It was said that doctoral education was not covered by the right to education” (P2). Another nurse stated that this situation extended to bullying and that she was pressured by her colleagues: “You are being bullied. School isn’t over, the roster isn’t working because of you, you may have chosen to study, but I don’t want to come to your shift” (P12). These findings provide evidence of the difficulties participants face in their working lives and the problems they experience in their relationships with colleagues due to heavy workloads and programme conflicts.

3.4 | Theme 4: Recommendations to Strengthen the Reflection of Doctoral Education in Clinical Practice

In this theme, strategies proposed by nurses actively working in the clinic to strengthen the reflection of the competencies they gained during their doctoral education in the clinic were evaluated. In this context, recommendations to strengthen the reflection of doctoral education in the clinic were formulated and evaluated under the sub-themes of “Policy development”, “Academia-hospital collaboration” and “Use of reward and incentive systems”.

3.4.1 | Sub-Theme: Policy Development

Participants emphasised that nurses with different levels of education should not be evaluated on an equal footing. Considering that nurses with doctoral education have higher levels of knowledge and competence, it was stated that professional status and career opportunities should be organised to reflect these differences. Nurses also drew attention to the importance of the government and relevant institutions developing policies according to educational level.

Participants emphasised that nurses with different levels of education should not be evaluated on an equal footing. Considering that nurses with doctoral education have higher knowledge and competence, it was stated that professional status and career opportunities should be regulated to reflect these differences. Nurses also highlighted the importance of the government and relevant institutions developing policies according to educational level.

For example, one participant stated that a specialist nursing staff should be established: “A specialist nursing staff should be provided” (P3). Another nurse emphasised that nurses with doctorates and those with high school diplomas should not be evaluated on the same basis, stating that government policies should take these differences into account: “Those with doctorates and those who are nurses with high school diplomas should not be evaluated on the same basis by the administration or even the government, simply under the title of nurse” (P6). These findings reveal nurses’ expectations for the clarification of professional status and policies based on their educational level.

3.4.2 | Sub-Theme: Academic-Hospital Collaboration

Participants emphasised the need for strong collaboration between academia and hospitals to ensure that doctoral education is effectively reflected in clinical practice. One nurse highlighted the importance of nurses with academic qualifications being involved in decision-making processes in hospitals, stating, “Academia and hospitals must collaborate. A nurse with academic staff should make decisions in the hospital” (P3). Another nurse stated the necessity of coordinating academic knowledge with hospital practices as follows: “The work results achieved in nursing must be in cooperation with hospital practices” (P6). These statements show that the participants considered both collaboration and the involvement of nurses from academia in decision-making processes in the hospital environment to be critical for the integration of academic knowledge and clinical practice.

3.4.3 | Sub-Theme: Use of Reward and Incentive Systems

Participants highlighted the importance of an award and incentive system for nurses pursuing doctoral degrees to ensure that doctoral education is more effectively reflected in clinical practice. One nurse summarised this approach by stating, “An incentive system should be introduced for nurses” (P3). Participants also emphasised that individuals with doctoral degrees should not be evaluated on the same level as nurses with only a high school diploma, thus pointing to the importance of recognising and rewarding academic endeavour: “A person with a doctorate should not be evaluated on the same level as a nurse with only a high school diploma, even by the administration or the government, simply under the title of nurse” (P6). These findings show that nurses consider it important to establish incentive mechanisms to recognise the value of doctoral education and strengthen its reflection in clinical practice.

4 | Discussion

This study examined the effects of the doctoral education process on the clinical practices of doctoral nursing students and graduates working in clinical settings with their perspectives and experiences. The current study found that doctoral nursing students and graduates improved their understanding of patient care management, gained an understanding of using research and evidence-based practices in the clinic, and increased their leadership skills. These factors were evaluated under the themes of the visibility of doctoral education in the clinic and the reflection of doctoral education on nursing identity. Wilkes and Mohan (2008) found that obtaining a doctoral degree positively impacted patient care directly or indirectly in the clinical field, particularly in patient management, evidence-based practice and informing the health professions and health policy. This supports the need for well-educated research nurses with well-developed leadership skills and the ability to effectively structure nursing practice and healthcare delivery in the clinical field (Oostveen et al. 2017). It’s recognised that the contribution that well-educated nurses can make in providing cost-effective health care (AACN 2022). Accordingly, nurses with doctoral degrees who have developed clinical roles can be considered

effective leaders with the necessary research knowledge and skills to identify and solve daily clinical problems.

Doctoral degrees are vital for developing and professionalising nursing in clinical practice and theoretical nursing knowledge (Cheraghi et al. 2014; Henshaw et al. 2025). Doctoral education in nursing leads to the development of the discipline by advancing nursing practice, improving the quality of health care, shaping health policy and positively impacting the health of all people (American Association of Colleges of Nursing 2006; Broome et al. 2023). In this study, doctoral nursing students and graduates stated that receiving doctoral education improved their patient care philosophy, increased their holistic care and evidence-based care approaches, improved their leadership, consultancy to teammates, problem-solving and critical thinking skills, positively reflecting their nursing identities. These findings can also be interpreted through Mezirow’s Theory of Transformational Learning. Problems that are faced in doctoral studies result in critical reflection and adaptation, resulting in problem-solving, leadership and professional identity changes. Furthermore, doctoral nurses’ incorporation of evidence-based practices into nursing care and the internalisation of holistic and advocacy approaches align with Mezirow’s theory. Thus, doctoral nurses can contribute to a comprehensive institutional and cultural transformation in clinical nursing practice beyond their professional development through transformative learning processes. In the study of Aygul and Senyuva (2024), nurses stated that they reflected the knowledge and skills they gained from postgraduate education in their therapeutic and advanced nursing roles. In another study, nurses stated that they focused more on evidence-based nursing, were more conscious about providing consultancy and assistance to colleagues, and applied clinical research (Andreassen and Christensen 2018). Another scoping study on the roles of doctoral nurses in clinical settings found that doctoral nurses are like practice influencers for colleagues and clinical leaders and clinical teachers for students (Dobrowolska et al. 2021). It has been stated in the literature that nurses with PhDs are necessary in clinical settings to improve healthcare outcomes, strengthen leadership in nursing practice, develop more effective study designs and improve the quality of care (Aiken et al. 2017; Sørensen et al. 2019; Jonker and Fisher 2018; Dobrowolska et al. 2021). It is stated that the quality of nursing care increases as the education level of nurses increases (Sadeghnezhad and Ghanei Allhosseini 2020).

The increasing complexity of nursing practice and the decision-making level in implementing new healthcare approaches require advanced training of healthcare practitioners, especially nurses (Meleis 1994). Although doctoral education allows new horizons, Turkey’s current political and professional nursing culture does not emphasise and encourage the importance of doctoral education for nurses working in the clinic. In this study, doctoral nursing students and graduates stated that they worked very intensively during their doctoral education, that their working hours were very long, that they were sleepless and tired after intense shifts, that they had to go to class or study, and that having the title of doctor did not have an equivalent in the clinic. In other studies, it has been reported that doctoral nurses use their titles on their own, have expectations for improved employment, that financial burden and an unsupportive working environment interfere with the doctoral process, and

that pressure and workload from people around them interfere with their work (Sharabani et al. 2023; Kim et al. 2022; Moradi et al. 2025).

Bates et al. (2019), emphasised that providing financial support for nurses' participation in research and doctoral education is important for advancing evidence-based practice, improving patient care outcomes, and strengthening the integration of research into nursing leadership and organisational decision-making (Bates et al. 2019). For this, postgraduate education of nurses should be supported, and nurses with a doctorate should show their presence in the clinic. In this study, doctoral nurses made various suggestions to strengthen the reflection of doctoral education in the clinic. Collaboration between academia and the hospital, nurses with academic staff taking managerial positions in the hospital, ensuring the promotion of doctoral graduate nurses and establishing policies on these issues are among these suggestions. In Andreassen and Christensen's (2018) study, interviewees emphasised the importance of positioning nurses with doctoral degrees at the clinic's and academia's nexus. The fact that the duties of nurses with doctoral degrees in clinical settings are unclear and the same as those of nurses with bachelor's degrees hinders efforts to improve the quality of care (Garcia et al. 2025).

While the present study concentrated on clinical practice, it is essential to recognise that doctoral education also plays a critical role in shaping professional values, professional identity and leadership in educational and professional contexts. Doctoral programs in nursing are shown to strengthen professional values and facilitate the emergence of a leadership-oriented professional identity. Future investigations should integrate these dimensions to provide a more holistic understanding of doctoral education outcomes.

4.1 | Strengths and Limitations

To our knowledge, no study in Türkiye has revealed the reflection of doctoral education on doctoral nursing students and graduates who work as nurses in clinics. Our study is original in this respect.

The current study has some limitations. These include the fact that the semi-structured interview only focused on particular questions and that the reflection of doctoral education on the clinic will vary according to each country's policy. In addition, the sample population included participants from only three universities in Türkiye. Therefore, the results cannot be generalised. Another limitation of the study is the gender imbalance among the participants, with the majority being female. Since the experiences and perspectives of male participants may differ from those of female participants, the generalisability of the study findings to all nurses may not be appropriate.

4.2 | Implications for Future Research and Practice

In this study, in-depth information was obtained about how doctoral nursing students and graduates working in the clinic

evaluate the contributions of the education processes to knowledge and skills, the effect of doctoral education on professional relations and teamwork, its contributions to the quality of patient care and the difficulties encountered. How doctoral education is perceived in the clinical environment and the scope and limits of its reflections on practice are revealed. In addition, the research results show that nurses with doctoral education are a source of power for patients, their relatives and their teammates in the clinics where they work. Doctoral education has positively contributed to the professional development of nurses and nursing care. In this context, to evaluate the importance of the contributions of doctoral nursing students and graduates to clinical care, their effects on patient outcomes must be better understood. Due to the limited number of doctoral nursing students and graduates working in the clinic, it may be difficult to obtain definitive conclusions about the outcomes. Therefore, it is thought that more research is needed on the effects of patient care provided by doctoral nursing students and graduates and the improvement of nursing quality. As a state policy, more support and advocacy should be provided for doctoral education among nurses. All of these can lead to an increase in patient safety and the quality of care provided, as well as an improvement in the quality of life of nurses. This can affect all levels of the healthcare organisation and make nursing attractive.

Author Contributions

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE*): (1) substantial contributions to conception and design, acquisition of data or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content. Y.S.E. contributed to conception, data collection, design, critically revised the article, writing, editing of the manuscript, and final approval of the manuscript. Y.S. contributed to conception, design, critically revised the article, writing, editing of the manuscript, and final approval of the manuscript. N.C. contributed to data analysis, review and final approval of the manuscript. S.S. contributed to data collection, review and final approval of the manuscript.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Peer Review

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Data S1:** jan70432-sup-0001-DataS1.pdf.