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Type	Article
URL	https://knowledge.lancashire.ac.uk/id/eprint/57277/
DOI	https://doi.org/10.1155/hsc/5487129
Date	2025
Citation	Chapman, Hazel M., Worsley, Aidan Richard clive, Williams, Jacqueline, McSherry, Robert and Moran, Victoria Louise (2025) Professional doctorates in health and social care: A qualitative exploration of their impact and outcomes by two northern universities. Health and Social Care in the Community, 2025.
Creators	Chapman, Hazel M., Worsley, Aidan Richard clive, Williams, Jacqueline, McSherry, Robert and Moran, Victoria Louise

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https://doi.org/10.1155/hsc/5487129

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Wiley
Health & Social Care in the Community
Volume 2025, Article ID 5487129, 15 pages
https://doi.org/10.1155/hsc/5487129

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Research Article

Professional Doctorates in Health and Social Care: A Qualitative Exploration of Their Impact and Outcomes by Two Northern Universities

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Received 20 August 2024; Revised 29 September 2025; Accepted 21 October 2025

Academic Editor: Frank Lai

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Aim: To explore the experiences, outcomes and impact identified by current and past students of undertaking a professional doctorate (PD) in health and/or social care on themselves, their employing organisations and their professional domain.
Background: PDs are intended to equip graduates with critical and creative thinking skills and the ability to understand, question and produce evidence relevant to health and social care policy, practice and education. They are costly in terms of time, effort and resources for student and employer, but there is little empirical evidence to support these claims.
Methodology: This modified constructivist grounded theory study used a qualitative methods approach that included both questionnaires (mainly free text answers with a few demographic and numerical questions) and in-depth semistructured interviews. Current ($n = 42$), graduate ($n = 4$) and previous (2) PD students completed the questionnaires. The interviews were conducted online with 12 current students from three different health and/or social care programmes from two universities in England. Descriptive demographic and numerical student experience and outcome data were presented to provide context for the study. The qualitative data from both datasets were analysed using Braun and Clarke's (2022) thematic analysis.
Results/Findings: Ten themes were identified, five relating to individual impact. These included positive outcomes on personal growth and validation, improved ability to deal with complexity, more mixed effects from both challenges and support in academia, as well as some career development opportunities. Frustrations were found by some in their current role. Employers were seen as gaining employees with enhanced assessment skills, making a stronger contribution to organisational development. Doctoral students also brought esteem to employing organisations by virtue of their academic status. Professional impact could be limited by the expectations, support and culture of their employing organisation and in the way doctorates are viewed by the profession. Policy development was evidenced, but it was often a slow process, needing opportunity, mentorship and time to be fully realised.
Conclusions/Recommendations: Participants valued their PD experience and the way it transformed their world view, professional knowledge and confidence. Some students felt conflict between their developing professional self-concept and the support, recognition and scope for development on the part of their employer, although some evidenced career progression. Employers should engage with staff undertaking PDs in order to provide support and optimise organisation benefits. More research is needed to explore the perspectives of employers and professional organisations. It is also necessary to evaluate longer-term outcomes for the postdoctoral professional.

1. Introduction

Since 1984, to accommodate the constantly evolving and changing environments of practice and academia, professional doctorate (PD) programmes in health and social care have evolved in the United Kingdom (UK) to support specific professions, including doctorates in Nursing Practice (DNP), Pharmacy (DPharm), Social Work (DSW) and Health and Social Care (DHS), [1]. These doctoral programmes have been adapted to suit professional groups in order to improve organisational and individual performance [2]. It has been argued that PDs have greater impact on practice than traditional PhDs [3], but there is little evidence to support this claim ([4], p67).

Educators continue to promote the importance of doctoral education for the development of professional practice, policy, education and future research. However, although student outcomes are measured, in terms of progression and achievement, little work has been done internationally on the impact of undertaking a PD in terms of personal practice development, organisational benefits or impact on wider policy and society [5]. Where outcomes have been studied, this has been in the form of skills assessment and measurement [6]. Given the importance of demand from health and social care professionals and their employers in the future provision of PDs, it is important to consider their contribution to the professionals, their employers and wider society [7]. These types of analysis would inform the nature of the PD offering. In their review of research on PDs, Hawkes and Yerrabati [8] concluded that there was a paucity of research on PDs (other than in Doctor of Education programmes) and a lack of exploration of the wider value of PDs.

More insights are needed into the impacts of and outcomes from such programmes on individuals, employing organisations and the professions [5, 6]. Boud [9] suggested that PD graduates created and adapted their work to incorporate new practices and products into the workplace, as well as developing new processes, networks and relationships, and new ideas across their employing organisation. More specifically, a 10-year evaluation of a DNP programme found healthcare process improvements, clinician development, organisational and cultural impacts, as well as improved patient outcomes [10]. Lovell [11] identified the costs to the individual and the organisation if managers do not understand, value or utilise the potential benefits of a doctoral education, which he proposed might include critical thought, engagement with research and development of the evidence base. The current study is designed to address these issues and answer the question, 'What is the impact of undertaking a PD in health and/or social care?' (the aims and objectives of this study are outlined at the end of the Background section). This study is essential in order to offer meaningful insights into the future purpose, design and evaluation of PD programmes in health and social care.

2. Background

It is essential to understand the reasons for students joining a PD programme [12] and whether or not their expectations are realised. Similarly, it is necessary to understand the direct and indirect benefits for employers of such students to enable us to evaluate the true costs, impacts and outcomes for the student, employer and the profession. The Doctorate in Nursing, for example, was developed to enable students to navigate the increasing complexity of healthcare systems, to contribute to healthcare policy and management to the same degree as other health professionals, to prepare nurse educators and to advance levels of practice and complex decision-making [13]. Costs to PD students and their employers are extensive, including the professional's time of approximately 17–21 h a week over 5–7 years, along with the financial costs (of the programme) and reduced workplace productivity. The most significant barrier to completing a PD was found to be its potential impact on work–life balance [14].

Watson, Tempest and Ryan [15] recommend multiple stakeholder engagement (including employers) to develop workplace roles that value research in practice. Their study (2024) highlighted the importance of innovations in curriculum development and design in ensuring a programme meets the needs of the profession, employers, workforce demand and potential students. They propose that 'compassionate listening' and 'care and intention' are needed to develop programmes that are both innovative and fit for purpose and practice [16]. Watson et al. [15] in their questionnaire study of postdoctoral allied health professionals ($n = 71$) found that participants used skills they had gained, including critical analysis and research skills, time management and negotiation, in order to enhance their clinical practice and facilitate change. However, a significant minority noted difficulties in using their doctorate and accessing opportunities within the health service. Similarly, most felt their doctorate was valued by their employers, while 37% were either unsure if their doctorate was valued or were sure it was not, describing that research was not their organisation's core business and their achievements were not recognized. The current study focuses only on PDs for health and social care professionals.

Educators need an evidence-based approach to curriculum development. They have a responsibility to evaluate and communicate the outcomes that can be expected from the PD, making its design transparent and effective in achieving those goals. Employers need information on the potential costs and benefits of supporting staff to undertake the PD. Professionals need a realistic guide as to what can be gained from undertaking a PD. This was the starting point for our study.

The research question of 'What is the impact of undertaking a PD in health and/or social care?' was broken down into the following:

2.1. Aims. This study aims to explore the impacts of and outcomes from undertaking a PD programme in health and social care on four levels: the PD student, their employing organisation, the wider profession and society. The study also aims to identify relevant insights for PD curriculum development.

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2.2. Objectives. To explore the PD students' experiences of undertaking a PD in health and/or social care and their perceptions on the outcomes and impact from those experiences on the following:

- Themselves.
- Their employers (within the primary, secondary or tertiary health and social care sectors and related education institutions).
- Their profession.
- Society.

3. Methodology

3.1. Study Design. This qualitative study used a modified constructivist grounded theory approach [17] to collect data from current and past students of PDs in health and social care, exploring their experiences on the impact of undertaking their programme on themselves, their employing organisation and their professional arena. Meanings were coconstructed between the participants (practising professionals undertaking a PD in health and/or social care) and the researchers (delivering health and/or social care PD programmes in Higher Education). The modifications included a focus on experiences and outcomes for students and their employers rather than a more general analysis of their experiences on the programme. In addition, two authors iteratively analysed the interview transcripts, while one iteratively analysed the questionnaire responses. Then, all authors came together to triangulate the categories to produce the final themes.

The methodology was adapted to meet the pragmatic aims of the research for a number of reasons:

a. The world of PDs in health and social care is relatively small amongst both professional academics and practitioners and mainly understood by those involved
b. The researchers and students viewed themselves as coresearchers aiming to improve policy, practice and education in their field, highlighting the importance of the symbolic interactionist approach inherent within this methodology
c. The researchers were positioned within the real world of PDs, sharing a common understanding of the student experience and the challenges of managing professional and academic roles concurrently
d. The researchers were all immersed in leading and delivering PDs. They used their knowledge and understanding of the worlds of health and social care and of doctoral studies, to complete the whole research process
e. Although it was a relatively small sample in terms of theory development, few studies on this topic have access to large numbers due to the limited number of PD students in health and social care. The purposive recruitment and relatively homogeneous nature of the participants and the ability to recruit from four programmes (questionnaire $n = 48$ and interview $n = 12$) allowed the use of a partially deductive approach develop and refine the POPE model [5]. Nonetheless, themes were grounded in data and used to abduct into theory, forming a basis for future research
f. By using this pre-existing structure of levels of impact, the researchers designed the questionnaires and interview questions, undertook the interviews, analysed the data and interpreted their meaning. Research assistants did not take part in any of these critical elements of the research. The researchers are all health and/or social care academics who teach on doctoral programmes, while the participants are all doctoral students. Thus, there is a shared world view around the experiences, value and expectations of doctoral studies. This enhanced the understanding of the data but also meant there were some pre-existing views and expectations around student experiences. The open-ended nature of the survey and interview questions (combined with researchers interviewing participants from programmes that they were independent from) mitigated bias [18].

In team discussions during design, data collection and data analysis, different viewpoints were debated, common ground agreed upon and the primacy of the participant voice upheld. Quotations are generally representative of the overall data unless represented as outlying from the main viewpoints and have been used to present as rich and deep a picture of the participant voice as possible within this paper. Although programmes and settings vary, it is hoped that other studies will emphasise the theoretical transferability of these findings across a number of health and social care PDs to encourage theory development.

3.1.1. Participants and Sampling. Purposive sampling (recruiting participants from recognised PD in health and/or social care programmes and those who responded to email requests and invitations for interviews) was used. Participants included students from three PD programmes (in health, community health and social care and one that combined health and social care) at two universities in England. Some students were professionals who were currently working in universities, but most were practising professionals drawn from nursing, physiotherapy, public health, occupational therapy, social work and other related health and social care disciplines (see Figure 1). Past students ($n = 20$) were emailed by graduate offices, but only two responded. The majority of the participants were current students ($n = 130$) who received the link by email sent out to programme distribution lists by programme administrators, with a participant information sheet. The email requests were resent to all potential participants 4 weeks after the initial distribution, to increase participation. A consent form was completed at the beginning of the questionnaire. Out of 150 possible participants overall, 48 completed an online questionnaire (a response rate of 32%), of whom 12 agreed to take part in semistructured, online interviews. They were sent a participant information sheet and consent form by email, which they completed and returned.

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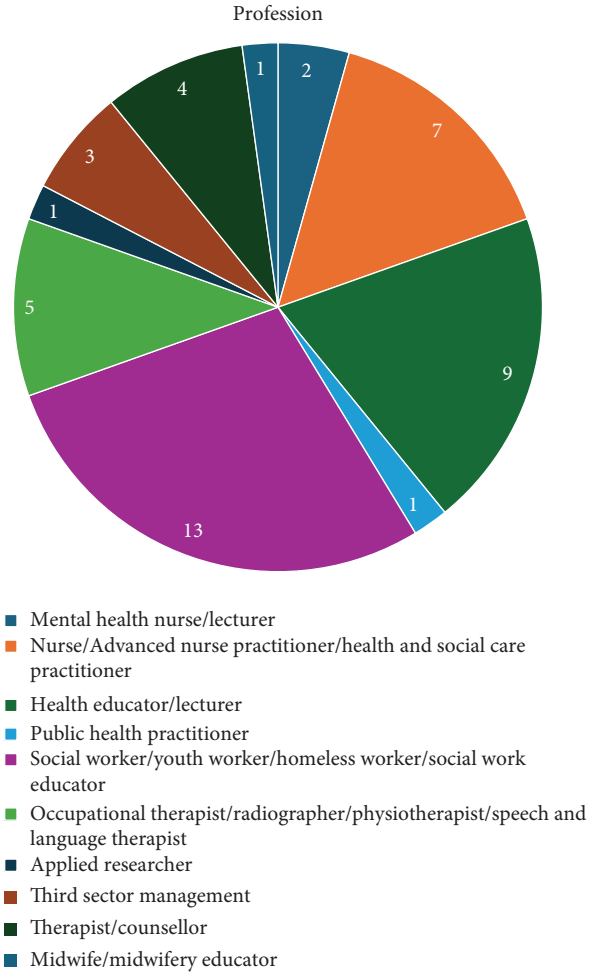

Figure 1: Participants by profession.

3.1.2. Data Collection

3.1.2.1. Online Questionnaire. The online questionnaire, the Professional Doctorate Impact Questionnaire (PDIQ), was based on McSherry et al.'s [5] 'Personal, organisational, professional, employment' (POPE) framework for assessing the impact and outcomes from PDs. The PDIQ consisted of 33 questions (see Table 1 for key questions and Appendix 1 for full questionnaire), including open-ended questions about their reasons for undertaking a PD and any impact they were aware of on themselves or others. This included perceptions of quality and support from the universities and employers. Several questions also asked for feelings of satisfaction or support on a scale of 0–10. Demographic data were captured. The PDIQ was piloted on 19 respondents. No issues or overlaps were identified and no modifications were made.

3.1.2.2. Interviews. A pragmatic decision was made to request students to opt-in to the interview study as part of the PDIQ. The free text questionnaire responses highlighted aspects of the data that were incomplete or lacking in context, particularly in relation to the objectives of the research. For example, the PDIQ data showed that students had different indicators of success or achievement, dependent upon their goals and circumstances. They also had very diverse professional roles, so it was sometimes difficult to identify exactly what contributions they made to their work setting and profession. Therefore, based on the findings of the PDIQ, the interview questions were designed to elicit more detailed examples of the risks, benefits and outcomes of undertaking the PD, for themselves, their employing organisation and their professional discipline (see Table 2).

Questionnaire participants were asked to provide contact details if they were willing to take part in a follow-up interview. Twelve participants did so, with four students being interviewed online, at a mutually agreed time, from each of the three programmes across the two universities. Three researchers (Chapman Hazel M./Williams Jacqueline/Worsley Aidan) each interviewed four participants undertaking a programme that they did not run or teach on. It was theorised that, by not knowing the interviewer, the participant could be more open. The interviews lasted between 45 and 80 min each. Interviewers followed a semistructured interview schedule, with prompts to encourage detailed responses, allowing them to follow-up on interesting responses.

3.1.3. Data Analysis. All information was treated in strictest confidence by the research team. Any analyses and reports were written to avoid identifying characteristics of participants or place. An initial demographic analysis was carried out from the PDIQ responses ($n = 48$) in order to gain insight into the attributes of doctoral students in health and social care. Descriptive analyses were conducted to identify frequencies by age, gender and profession, providing a basic overview of the participant sample. Findings from the PDIQ and the interviews were separately thematically analysed, using Braun and Clarke's [19] reflexive thematic analysis method. All researchers immersed themselves in the data from both datasets (PDIQ and interviews.) A focused approach was applied, where the PDIQ data were searched for costs and benefits to the student, the employing organisation and to profession (by Chapman Hazel M.), using an iterative approach to search for new codes within previously coded datasets to ensure that none were missed. Although this may seem contradictory to the usual inductive development of grounded theory, the approach adopted functioned mostly as an organisational tool that helped to align our findings with the extant research and policy drivers. Personal reflections and frequent meetings of the research team ensured that a cyclical approach to data analysis and an iterative comparison of codes and categories were used to develop the final themes. Memo writing and reflective notes were used to inform these discussions. Two researchers (JW and Worsley Aidan) replicated this process for the interview data, resulting in a focused interrogation of the participants' responses. Initial in vivo themes were identified and then combined to construct meaningful themes from each dataset.

A full-team data analysis and theme construction day-long meeting was held for two reasons: to enable the authors to discuss and debate their findings in order to agree a consensus around the categories and themes and to triangulate the findings from the PDIQ free-text analysis and the

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Table 1: Key questions from the Professional Doctorate Impact Questionnaire (PDIQ).

What were your reasons for choosing a professional doctorate rather than any other doctoral programme?
What were your personal goals in or reasons for undertaking this professional doctorate?
At this stage in your doctorate, what have you achieved in relation to these personal goals?
Have you noticed any impact on your personal values, beliefs or attitudes?
What were your professional reasons or goals for undertaking this professional doctorate?
Has undertaking this doctorate had an impact on your career or other professional development, and if so, in what ways? Please elaborate whether or not you anticipated this impact at the beginning of the programme.
How do you think the team or organisation that you work within has been affected by you undertaking this doctorate? Please give as much detail as possible.
In what ways have you been able to use the skills and knowledge gained from this professional doctorate in your work setting?
Have you noticed any changes in your skills, abilities or opportunities to transfer knowledge or communicate to public and professional audiences? Please give details and examples where applicable.
Do you think that you have had an impact on practice, policy or knowledge within your own or related professional sphere? Please give examples.
What aspects of your doctoral experience are beneficial and worthy of note?

Table 2: Interview schedule.

Work impact (4, 5, 8)
These questions are going to ask about the professional/ work side of your studies—a later section will ask about the personal impacts.
To what extent has your organisation supported you to do this programme?
What do you see as the main benefits and effects of the Professional doctorate, from your organisation's perspective?
Do you feel that the Prof Doc meets the needs of the employment market, if so how and if not why not?
How do you think your research will affect practice in your team?
Are there ways you have considered where your work might influence policy, education and practice in the future?
Are there any ways in which you can (or already have) engage the public, patients and service users in your future work?
What impact do you think you and your work could have in the future?
Personal impact (2, 3, 6, 9)
These questions are going to ask about the personal impacts of the professional doctorate programme.
Thinking about your personal experiences—how have you managed the demands of the programme?
What elements have you found personally most helpful?
Are there any elements of your time on the programme that you thought were stressful? Tell us about that.
On a scale of 1–10, how much has undertaking the doctoral programme developed your critical thinking skills? Why do you think this is?
Would you say that changes have been made either personally or professionally in light of engaging with the Prof Doc
What is next for you after the Prof Doc?

interview data analysis. No software packages were used. This process was completed using the traditional hand-annotated and highlighted transcripts/questionnaires and through McSherry Rob collating the coconstructed categories and themes into a tabular format that aligned the themes with the personal, organisational and professional levels of analysis.

The themes were derived from the original data to answer the research question of 'What is the impact of undertaking a PD in health and/or social care?' Thus, although a general inductive approach was used, a focused analysis was employed to ensure findings were of relevance to the research question. Consequently, semantic codes were combined as themes linked to impacts around the individual, the organisation and the profession. In addition, the analysis found some ideas for programme development that might enhance their impact. All of the data were reviewed by four authors (Worsley Aidan, Williams Jacqueline, Chapman Hazel M. and McSherry Rob) and then a mind map was coproduced and used as the basis for the model.

3.1.4. Ethical Considerations. Ethical permission was granted by both Higher Education Institutions following full ethical review at the first author's (Chapman Hazel M.) University (RESC0722-1108). All information was treated in strictest confidence by the research team, following data protection regulation and governance [20]. All original data, transcripts and analyses were stored on University-firewalled systems and password-protected computers. The questionnaires were already anonymised, and the interview transcripts had all names and identifying information removed. This, combined with the distribution of the questionnaire link by an administrator, enhanced the trustworthiness and freedom from coercion or bias of student participation and responses. Additionally, only students who volunteered to give their identifiable information were interviewed, and a researcher who did not previously know the students carried out the interviews, to reduce the risk of bias and power dynamics on the data collected.

4. Results

4.1. Demographic and Quantitative Results. Most students were aged between 25 and 64, with just over a quarter of students (13) in the 35–44 age group and 1 nonresponse (see Figure 2). A total of 38 of the 48 participants described themselves as female; ten described themselves as male.

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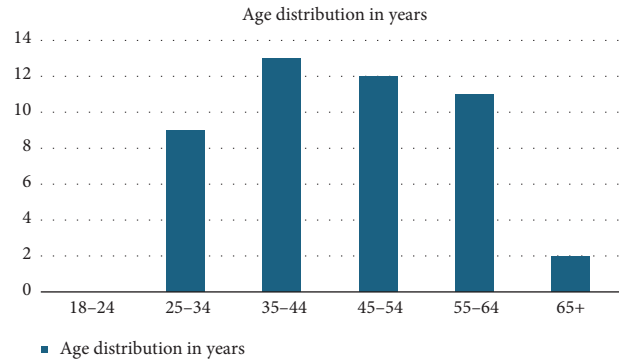

FIGURE 2: Age distribution.

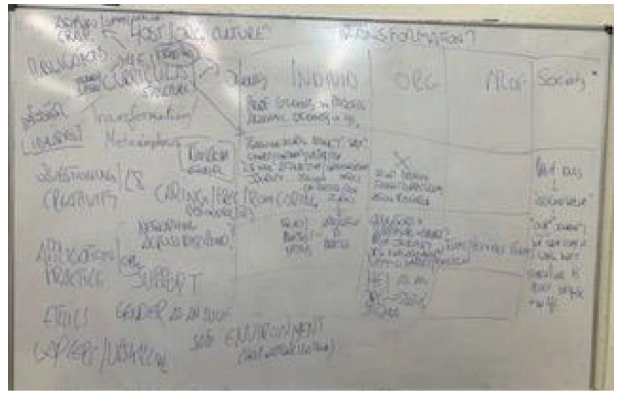

FIGURE 3: The mind mapping process (incomplete).

By profession, social workers and social work educators made up 13 of the 46 participants who answered this question (28%), while nurses (7) and health educators (9), including mental health (2), added up to 18 of the participants (39%). There was only one public health practitioner (2%), but there were 5 allied health professionals (11%), 4 therapists (9%), 3 third sector managers (working in nonprofit organisations within the health and social care sectors) (7%), one applied researcher (2%) and one midwifery educator(2%) (see Figure 1).

At the time of data collection, only 2 (4%) participants had completed their doctorate, while 4 (8%) had exited the programme before completion and 42 (88%) were current doctoral students. A total of 46 of the 48 (96%) participants were part-time students undertaking professional work. With 20 out of the 48 (42%) participants finding their programme team (academics and administrators who delivered the PD) 100% supportive and 40 (84%) with a satisfaction rating of 7 or more out of 10, the feeling of support from the programme team was overwhelmingly positive. By contrast, the level of support from employers was more variable and generally less positive, with only 8 (17%) participants finding their employers 100% supportive, with a much wider spread of experiences. The development of critical thinking was seen as a key outcome of the PD by all participants, rating it high on the Likert scale. These results were reflected in the qualitative findings.

4.2. Qualitative Results. Following the process outlined in the data analysis (3.1.3) above, the group created a mind map of the themes that they had identified from their analyses of both sets of data combined and then sorted them into level of impact (individual, employing organisation and profession) to answer the research question of 'What is the impact of undertaking a PD in health and/or social care?' (see Figure 3).

This structure has been replicated in the reporting of the findings, with the levels of impact as the overarching themes, but all containing subthemes (see Table 3).

4.2.1. Impact of PDs on the Individual

4.2.1.1. Personal Growth. Participants identified different ways in which undertaking a PD enhanced their personal development, including positive emotional responses:

> *To stretch myself intellectually and personally. I enjoy study and the company of likeminded others (P9),*

And their breadth of understanding:

> *There's no such things as kind of black and white, that's the thing everything can be grey particularly in social care, there's always different perspectives and ways of thinking about things (P2),*

And the importance of how critical awareness may challenge theory and enhance service delivery:

> *The Prof Doc focuses on actually improving practice, rather the proving or disproving theory (P16),*

And:

> *To add to the very limited evidence base in my field of practice and model to colleagues the importance of contributing (P34).*

There was a particular focus on supporting marginalised groups, with students citing examples such as:

> *My goal was to develop my understanding of a topic I feel passionate about. I wanted to tell people about a marginalised group and their lived experience (P11).*

4.2.1.2. Professional Validation. There was also a suggestion that the doctorate validated professional experiential learning, enabling them to synthesise theory and practice, clearly articulated by one student:

> *. . .to commit to my ongoing learning and development at a point in my career where I can apply extensive clinical knowledge and experience (> 20 years) whilst embracing that I still have so much to learn and so many questions (P34),*

And:

> *I wanted to validate my career with a PhD (P34).*

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Table 3: Thematic analysis.

Themes	Individual	Employing organisation	Profession
Subthemes	Personal growth	Enhanced assessment skills	'Slow burn'
	Professional validation	Stronger contribution to organisational development (whether welcomed or not)	Policy development
	Ability to deal with complexity	Perceived as a positive reflection of the organisation	
	Support and challenges for PD students working as academics		
	Career development/frustration in current role		

4.2.2. Ability to Deal With Complexity. Participants identified that some of the skills they gained from their PD programmes (which included active participation, reflection and collaborative inquiry) were particularly useful for them as practitioners. They were able to connect these learnt skills and use them to develop mastery of complex situations within practice. For example, one PD student noted:

> *. . . you are a source of knowledge and power as well. So, you know, most of the things you can do, you can prescribe, you can assess, you plan the treatment, you can communicate, you can give big bad news because that's what is needed in front, and you have experience 10 or 12 years of experience . . .. So, I think that is happening at this level. (P7)*

The findings from the quantitative data, highlighting the value of the development of critical thinking within the PD programme were strongly related, in the qualitative data, to the critical application of professional theory to practice.

4.2.3. Support and Challenges for PD Students Working as Academics. The experience of undertaking a PD for students who were also members of academic staff highlighted some advantages and disadvantages from their organisational role. Networking was particularly evident when PD students worked in academia, where their research was directly related to daily work issues and concerns. Some of this group of students highlighted different types of support, such as learning resources, time and colleagues as critical friends and sources of encouragement. This aligned with their work, and some found fitting studies into their own workload was relatively seamless:

> *Working and networking and getting to know lots of different people and you know going to conferences, presenting at conferences and finding a bit of a niche in terms of research focus. (P2)*

Some, however, found the demands of being a professional academic were not always aligned with their doctoral endeavours, with no allowances made in their workload:

> *The lack of support was the main reason I did not complete. All staff can take 35 days study time/year however, there was no recognition or negotiation of workload to allow this to happen. (P34)*

Consequences for academics who do not complete the PD can be personally and professionally damaging:

> *After withdrawing from the doctorate I suffered from depression associated with feelings of failure. I associate this totally with the lack of support I received from my employer. (P11)*

Participants were aware that, by undertaking a PD, they were opening themselves up to potential criticism and feelings of inadequacy due to both internal and external judgement, which had the potential to undermine their confidence, both academically and professionally:

> *I do have that sense. . . a little bit of impostor syndrome. (P2)*

4.2.3.1. Career Development/Frustration in Current Role. Some participants used their role as a PD student to apply for new roles and build their careers, while others undertook the research in order to improve services from within their current organisation and role. On the whole, participants focused more on how they could develop their own knowledge in order to make informed organisational change. Sometimes, this resulted in a sense of dissonance when, having armed themselves with new insights and greater confidence in their perspectives, they were still not heard:

> *. . .but it was very passionate about neurodiversity from my perspective and wanting to really change the way that that was acknowledged and viewed and interpreted. This passion, this like just absolute need in order to make people more aware of what neurodiversity is, what's our dyslexia? Shouldn't just be poo-pooed, but should be taken with a little bit more . . . gravitas . . . taken more seriously. (P8)*

Several of the PD students indicated completion of a doctorate was to influence career pathways and professional development as one international student commented.

> *In my country, there are very limited opportunities outside of clinical practice, and a doctorate can help access these very limited career opportunities. (P36)*

Several found the programme enabled them to develop their career as well as their roles:

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I have been successful in two promotions since commencing the Doctorate. In my practice, I share my learning and understanding with colleagues. I contribute to service redesign with my acquired knowledge at the forefront. (P33)

And:

The professional doctorate has made it possible for me to not only apply for new and exciting roles but has more importantly made me feel capable of doing so. My knowledge base, passion and confidence have grown which is completely unexpected at this stage. I had hoped that this would be the case, but I am unsure how much faith I had in the process or possibility of this in the beginning (P23)

Some students achieved promotion and greater opportunities to grow their role:

I fought for a promotion last year and have been invited to collaborate on external projects in the last year or so. I don't think I appreciate how much I would learn at each stage and that I may be invited to take part in different projects, even before the end of the doctorate. (21)

However, students were not only interested in promotion. Several questionnaire responses highlighted other benefits of the programme. These included the strong links between the research and professional practice:

. . ..close relevance and impact to clinical practice, i.e., impact is not dependent on the final outcome - a PhD. There is application early, including in appraisal of the evidence and considering ethics and bias, (P34)

Also, the nature of programme delivery:

Being able to do the doctorate part-time is essential - taking 3 years out full-time would have left me feeling clinically out of touch. (P34)

The data showed that some PD students aimed to stay in their current career and make changes to practice by driving innovation and growth internally rather than to enhance their careers.

For example, one student wanted to:

. . .give a voice to people with learning disabilities. . .to be creative and contribute to [the] research evidence base. (P9)

Many PD students were not at the start of their careers, seeking the qualification to augment their wide-ranging experience and to have the value of their experience recognised. This illustrated a further consideration regarding identity and the dichotomy between the student's personal and their organisational identity, which was initiated by many of the issues surrounding the lack of their organisation's acknowledgement of and support for their developing skills (see 4.2.4):

There has also been some division and stress caused by the HR department refusing to support any study leave or flexible working to support my studies. (P9)

And:

Within the team there is little support from senior colleagues as nobody else in the department has completed study to this advanced level. (P10)

A clear link between organisation verification and maturity in a sense of personal identity was only evidenced in by a few students, with several identifying a disconnect between their doctoral ambitions and their employing organisation:

The organisation is committed to enhancing the student experience, but when you are a student within the organisation, but also a member of staff, this commitment does not seem to apply in equal measure to that of students who are not staff members, which creates an inequity within the programme. (P22)

It was recognised amongst PD students that whilst the PD enhanced their professional development, it amplified the stressors of a demanding professional position and emotional and financial demands on them and their families. There was a delicate balance to be achieved in these multiple roles, but overall PD students seemed to negotiate these well. In fact, many of the students' indicated families were particularly supportive in the acknowledgement of their commitment to studies.

. . . my mum and dad are my biggest fans . . .. My mum who's 86 . . . said. . . I'm staying alive because I want to see you graduate. (P40)

The data suggest that PD students have a significant drive for development of their own and others' practice. Significant challenges were overcome to pursue their dreams of gaining that PD, but organisational awareness and acceptance remained of some significant concern.

4.2.4. Impact of PDs on the Organisation. PD students identified impacts from the new knowledge and skills they brought to the organisation, which were commensurate with their personal development:

As a result of doing this course. . . I feel differently about everything, I read things differently. When I listen to things on the radio, listen to podcasts, it's well just like I've learned a different language . . . Yeah, it just there was a seismic shift in how I kind of approach things really. (P8)

Other benefits to the organisation included the upskilling of other staff and delivering research-informed practice:

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My team are benefiting from my knowledge and skills as I learn them and pass them on. They benefit from a happier, more fulfilled colleague. The organisation has benefited from an AHP research forum which I have co-founded since starting this course. (P10)

Contributing to the organisation's reputation, using enhanced communication and delivering research-informed practice:

I think this has benefitted the team. I advocate for evidence-based practice which is not something that happened prior to me being in post. (P10)

One participant summarised this contribution to decision-making, explaining it was:

. . . now a thought process, interacting with people, listening to other people. . .. challenging other people. Feeling able to ask things while you're in a room. (P7)

4.2.4.1. Enhanced Assessment Skills. Benefits to the organisation were apparent in terms of mandating quality within the organisation, essentially through the education and support of high-quality staff. As one PD student indicated:

It has improved how we complete our assessments. Social workers are more aware of exploring religion/ spirituality. Before they felt it is not part of their role. They are now a bit comfortable to talk about religion/ spirituality. During COVID, many citizens turned to religion/ spirituality and social care workers acknowledged this. (P42)

And:

. . .my view was to then take that data and take that research and then get to as many different team meeting. . . speak to upper management as much as possible and almost reposition myself within the organisation as somebody that's bringing something of high value and quality. (P3)

Some PD students even found that their knowledge-based analysis was valued by their employers:

I am often asked for my contribution to data analysis as the team appreciate my ability to not only discuss findings but to talk about them within the wider context they are situated. For example, a commissioning colleague spoke of CQC ratings - I was able to draw on academic papers I read to explain why we need to look at other factors. (P10)

For students who had collected data, even before they had completed their thesis they were able to use their findings to influence policy:

More informed discussions with commissioners and service providers regarding current pathways based on increased knowledge of the impact of hospital culture on patient recovery (P11)

4.2.4.2. Stronger Contribution to Organisational Development (Whether Welcomed or Not). It was evident from the responses that most PD students desired to stay in their current career and make that positive change there; their primary motivation was to enhance their organisation and service user experience. Some did this through engagement with management processes, digital innovation and academic publications. The data suggest a distinct contradiction to these prescribed attributes from the student's viewpoint and the narrow perceptions of the organisation. Some students identified that their employers acted with limited understanding and indeed acknowledgement of the skills the doctoral student had to offer the organisation, beyond marketing opportunities:

I have been able to support frontline staff and . . ..service users. . .. with knowledge and understanding of my interest area. This is and has been above and beyond the expectation of my working role and duties and therefore is a convenient nicety for the team with regards to my specific interest/expertise, but is undervalued and underutilised. (P23)

Even where their specialist knowledge was acknowledged, it was not always listened to. In response to the question 'Do you think that you have had an impact on practice, policy or knowledge within your own or related professional sphere?' One respondent felt their contribution was valuable but not valued:

I serve on committees involved in policy development, so my topic has been directly relevant, although it can be a case of being a lone voice in the wind. (P36)

The notable variance to this was that some social worker education professionals felt more supported in terms of time, finance and the ability to work on shared information. Alluding to a strategy from HE to engage with the community in knowledge exchange and in doing so, demonstrating they are contributing as part of a financial capture and public investment:

'My managers are kinda pretty tolerant . . .. They let me go into the field every Wednesday morning.' (P5)

4.2.4.3. Perceived as a Positive Reflection of the Organisation. Participants reported that their employers were keen to point out that they had an employee who was undertaking a doctorate, suggesting it was a positive reflection of the organisation. However, this social value was not always backed with resources or opportunities. There was significant negativity around the way organisations supported students or acknowledge the benefits of their programme. As one PD student commented:

I started having conversations with people in terms of what the organisation was looking at and if there was any opportunities for me to do research that would be based within my organisation. Absolutely nothing whatsoever

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from anybody, ... So, there was all this conversation and wherever I go anywhere I'm introduced to. . . "Oh and this is X and she's doing a Prof Doc". So, I'm sort of touted. . ., and each time they do, I look at them and I think, "You don't even know what it's about and you've not even spoken to me in the 18 months since we had a conversation about it". (P3)

In essence, several of the PD students were being used in a performative way to show others organisational perceived support, or for recruitment, but the actual support they received was cosmetic. As one PD student speaking about her organisation indicated.

It would feed into all of their agenda for them, but nobody seems to be joining those dots up and seeing that there will be some use for it. (P3)

These findings contradicted the participants' perception of their personal development, with some respondents citing 'professional jealousy' as the reason.

4.2.5. Impact of PDs on the Profession. It was challenging to evaluate impact on the profession in the medium or long term, given the time it takes to achieve this and the early career researcher stage of the participants. This led to some consideration in responses of what impact meant and, therefore, how to recognise it.

I think it's very challenging yet to understand how we are going to perform as a professional doctorate within this wider role. (P7)

In addition, some students could not imagine themselves being able to contribute to policy development:

. . . there's a fear there. There's an anxiety there of not being good enough. (P8)

4.2.5.1. 'Slow Burn'. PD students were realistic in their goals in terms of policy and practice transformation and did not expect momentous changes in the short term:

I think it would be a day-to-day impact (P7)

However, they outlined the short-term effects the course had on their profession in respect to increasing standards, greater research engagement and supporting professional credibility.

There was hope for a future long-term impact in terms of enhancing professional diversity. As one PD student outlined:

In my mind's eye, with the direction I'm going, I wanna change the way that the UK prison system support their neurodiverse staff. So, I have ambitions to start my journey where I'm gonna be positioned in the next two weeks or so. But then to 12 months, two years, three years from now, I'd wanna be having at least a national impact on that research being carried out. . .. at different sites across the country. (P8)

4.2.5.2. Policy Development. Interestingly, one student's presentations from their thesis, prior to undertaking the viva, resulted in a major policy review within both the employing organisation and several health Trusts, with the potential for changing national policy on the pathway for survivors of nonstroke brain injury. They explained that they used the initial integrative review, from the taught part of the programme, to:

present to [the] urgent care and PPI (patient and public involvement) group why the stroke rehab ward needed to move out of the acute trust". (P4)

They were confident that their final thesis would make a difference to policy and practice:

Yes, definitely it will impact, ...it will get acknowledged and it will become a NICE guidelines, where: no, you have to do this. I think that's where I can see the progress would eventually come. (P11)

Moreover, one participant identified their impact on:

ensuring policy provides equality of healthcare for target population. (P34)

A slightly different policy impact was identified as:

. . .developing Standard Operating Procedures within the team, leading on policies and updates, developing strategies such as the new training strategy for safeguarding. (P14)

5. Discussion

This study aimed to explore the perceived impacts of and outcomes from undertaking a PD programme in health and social care. This was achieved by exploring the experiences, outcomes and impact identified by current and past students of undertaking a PD in health and/or social care. Levels of analysis encompassed the impact on themselves, their employing organisation (within the primary, secondary or tertiary health and social care sectors and related education institutions) and their professional domain. The demographic profile of participants, which is consistent with our recruitment data, indicated a preponderance of people who identified as female ($n = 48$) compared with male ($n = 10$). This may be an indicator of several factors:

- Women nurses (a significant proportion of this study cohort, with theoretical transferability to related professions) report having to work harder and overcome systemic barriers in order to attain leadership roles [21]. Therefore, it is possible that more women apply for PDs in order to realise their career goals and ambitions

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- Women may feel the need for external validation in the face of gender inequalities in their profession. The qualification may assist in providing a point of difference between acting within the expectations of female professionals OR modelling postheroic leadership, purposively and effectively [22].
- Health and social care professionals are historically mostly female.

The broad age and profession distribution suggests accessibility to PD programmes across the lifespan and professions. It would seem that the scope and purpose of these programmes, in promoting diversity in professional development, research and learning is being achieved.

The collective findings from the PDIQ and semi-structured interviews identified some impacts and outcomes from undertaking a PD in health and social care. McSherry et al.'s [5] framework was used to structure the findings, clearly demonstrating its credibility as an analytical tool for evaluating PDs. The framework facilitated a focused critique of each level of analysis, from the individual to the employing organisation and the profession. This enhanced the relevance and significance of the findings from this study for a broad range of research consumers with interests in different types of impact and outcomes. The real-world application of research from different levels of analysis can highlight opportunities and challenges for multiple stakeholders by providing a comprehensive perspective on the strengths and limitations of undertaking PDs in health and social care.

The novelty of the research findings is two-fold:

a. They reinforce the importance of exploring impact and outcomes using confirmed categories and levels of analysis (individual, employing organisation, and profession).
b. The participant responses provide detailed narrative evidence of how these impacts and outcomes might arise—the complex pathways by which the individual, the organisation and the profession develop improved approaches, systems and policies as a consequence of undertaking a PD.

This discussion reflects the structure of the thematic analysis categories constructed from the data.

5.1. Impact on the Individual. From the individual perspective, students highlighted their personal growth, their sense of validation as a professional, their improved ability to deal with complexity and some of the ways in which they felt supported and challenged in their academic endeavours. There was alignment with Mckenzie's [24] finding of enhanced resilience in health and social care PD graduates. The most unexpected findings at this level of analysis were some of the consequences for their career development, frustration in their role and the sense that many expressed of simply wanting to improve the working of their current organisation. Relatively few studies have explored the motivations of students in the pursuit of a PD [23, 24], but Lundgren-Resenterra and Kahn [26] also found the motivation and outcome of personal growth and development to be important to PD in education students. This was gained in terms of mastery of the literature to support their practice and the use of personal and collective reflexivity to bring about change in their professional working environment. Some participants in the current study were positive about the difference that their PD had made to their practice, in terms of engaging more with decision-making processes, service improvement, policy development and multi-professional working. The latter may have been aided by a sense of equivalence with professionals in other disciplines.

While the data in the current study suggest that most PD students do have an internal metacognitive map in terms of what and how they are to achieve from their PD, there was variability into how their acquired skills, knowledge and research credentials could help them to achieve it. Conceptualising themselves as doctoral practitioners was, for some, being impeded by awareness of their 'imposter syndrome,' leading them to downplay the impact of some of their highly meaningful and ambitious studies. While it is important not to label or categorise participants' feelings of insecurity within a deficit model, it is important to explore concepts that they use to express their lived experience. In this context, the term impostor syndrome was retained, with some caution needed in its application to the field. Feenstra [27] uses impostor syndrome to mean that individuals 'feel as if they ended up in esteemed roles and positions not because of their competencies but because of some oversight or stroke of luck' ([27], p1). This is the interpretation used in our analysis. This can result in a lack of self-efficacy, which inhibits the potential for service improvement, collaborative research into policy, practice and education and reduces the potential impact from the PD qualification. At the least, there may be some time lag between achievement of the qualification and performative outcomes such as advocacy for, and the development of policy change, sharing of evidence-informed approaches to practice and engagement in managerial processes. While some of the participants in the current study shared their new skills and knowledge with their professional teams, for some, the PD was seen by their employing organisation as a personal achievement or aligned to status rather than a useful asset.

As Haslam and Ellemers [28] explained, to identify with the organisation, one must first have an identity as a member. While PD students in the current study identified with a professional group (hosted in an organisation), they were also trying to integrate their newly developed research skills and attributes within their organisational role. As suggested by Ashforth et al. [29], this is necessary in achieving a sense of individual conviction, and in doing so, thereby a willingness to devote effort to the organisation. Some PD students achieved a sense of identity [30] by being seen and valued as professional researchers within the employing organisation, enhancing their self-efficacy in this role. Others felt that their new skills and knowledge were under-used, and only referred to when it provided kudos for the organisation. This led to turbulence in the individual/organisational relationship, often apparently

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leading to a lack of individual self-confidence and self-esteem. There was a consequent lack of definition, in terms of their career and personal goals, and decreased ability to communicate that definition within their work lives. It may explain why some students felt so disjointed from their organisation, with the lack of verification of purpose affecting the development of a psychologically healthy work environment. The contrast between their expectations of the impact of a PD on their professional lives and their actual experiences led some PD students to be critical of their organisations. They felt their value as an active researcher with practice development skills was poorly understood or undervalued by their managers. This was despite the acknowledgement that the ethos of any PD programme is to prepare students to create a positive impact on, and potentially transform, their chosen field.

5.2. Impact on the Employing Organisation. In addition to individual development, doctoral training should meet the employment market's needs [31]. Despite the motivation for the development of PDs being to more closely meet the needs of employers than traditional PhDs [32], the data suggest that participants' line managers and the PD students/graduates held different perspectives on what could be achieved within the organisation and the role that the PD student could play in policy analysis, strategic planning and change. Even health and social care academics undertaking PDs felt perceived as personally ambitious rather than a valuable human resource. The consequences of this included insufficient study leave or the expectation that they would continue to carry the same workload in less time. We noted earlier the symbiotic relationship between individual and organisation, and our findings indicate this is often not harmonious. Indeed, it often presents strands of conflict, whether through issues of managerial (lack of) support, professional jealousy or securing change. Some elements of this might be in dissonance between organisation, individual and profession, with competing attitudes, values or goals [33]. This can be rooted in scarce resources or a lack of clarity of responsibility [34]. Thus, how the PD student relates to their manager and peers as they progress is often unusual territory that may need support to navigate. It might well be a relatively novel experience for a team to include a PD candidate, and the 'authority responsibility relationship' might require attention. Any weak organisational structures for these roles and tasks will almost inevitably lead to conflict [35]. The complexity of professional practice is familiar territory in many areas, for example, in ethical complexity [36]. More broadly, however, it embraces a 'chaos' of complexity, navigated on a daily basis [37]. The ambiguities of professional practice sit uneasily in the technical–rational processes of organisations. One suggestion to address this is a concomitant 'space' for more discursive practices to examine these complexities and uncertainties. These allow organisations to 'embrace' them and rethink their understanding of 'knowledge making' [38]. This is certainly an aspect of praxis that PD students are well prepared to engage in.

The data showed wide variance in participants' impact on their employing organisation. Many participants were at a relatively early stage in their PD journey and were only realising their impact in terms of contributions in meetings and in supporting their colleagues' practice. However, some of those at a later stage were beginning to influence policy at a higher level and in a more widespread manner. The characteristics of the participants who were influencing policy, improving service quality across the organisation and engaging with senior executives within their employing organisation were the key. There was a single-minded determination to enhance care for a specific group of people and a deep understanding of the topic they were engaging with. Additionally, they were organised and focused on their studies, maintaining their motivation throughout. They read widely but with a purpose, and they engaged fully with the research culture. Most importantly, their original aim in undertaking the programme was to bring about change. The participants who wanted to develop their own practice or validate their experience may not have planned how they would use their research to effect change and therefore create impact.

As Lester [39] concurred, 'The idea of the researching professional was less important per se than that of the practitioner leading high level development and change.' Individuals who were supported in their studies from the beginning of the PD journey, with agreed study leave, had an advantage in terms of time and feelings of worth. Moreover, those who felt supported were more likely to grow their current role and contribute to their employing organisation. PD graduates are more likely to have an impact on innovative organisations where the professional and employer share agreed goals [9]. Students who were not supported but were starting to have an impact within their workplace were more likely to have moved to a different employing organisation. This accords with the evidence that PD students are motivated by applying their learning in the workplace [40]. However, it is important not to apply the concept of shared goals too narrowly—PD students need autonomy to develop their own research question in order to maintain motivation [41]. Rather, they should seek to discuss and share their research with managers and colleagues with the mutual aim of service improvement.

For organisational change to occur, Lewin posited the need for organisational unfreezing, changing and refreezing (1947). Here, unfreezing is characterised by a change of preparedness, behaviours and assumptions that might no longer be applicable—all of which might be stress-inducing. The transition to a new state might build on such dissatisfaction—before the change becomes permanent, i.e., refreezes [42]. If the PD student and the organisation are out-of-step, the result will be disharmony between the two. Although many highlighted their desire to remain with their current organisation, the data do suggest that a significant number of PD students either gained promotion with their current employer or moved on to other roles elsewhere. Given the importance of networking with local employing organisations for universities with health and social care programmes, the provision of the PD in health and social

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care is a key aspect of their strategic growth and enhances relationships between the university and the community [43] but might be strengthened through pre-, peri- and postdoctoral mentorship and learning relating to entrepreneurial and leadership skills to promote positive change.

5.3. Impact on the Profession. Given the very early career researcher status of most of the participants, any insights into professional impact were limited, evidenced mainly by effects on other professionals with whom they worked or networked, despite one or two more profound impacts at national policy level. The process of professional research was certainly demanding for the participants, in terms of learning new knowledge bases, designing original and ethical research projects and carrying them out in the real world. However, the burgeoning community of PD students and graduates in the North West of England are finding support from each other in this liminality between their professional and academic words, building towards a critical mass of reflexive, creative, skilled and knowledgeable research professionals in health and/or social care. The PD is uniquely placed to create this community of applied researchers in a geographical and professional location, due to its nature of recruiting cohorts who support each other and develop their research communication and dissemination skills together. This growth of a community of critical thinkers within organisations and professions is essential for sustained quality improvement [44]. It should be noted, however, that even though tangible effects are desired, traditional means of communicating new knowledge and insights, such as academic publication in reputable journals and conference reporting, are an essential indicator of quality and remain foundational to the development of health and/or social care professions.

5.4. Limitations. There is some theoretical incongruence between a full inductive approach and the decision to organise the subthemes from the data analysis beneath the headings of the level of impact being on the person, the employing organisation or the profession. However, it was a pragmatic decision, based on the need to answer a real-world question. This helps to set priorities for the design and delivery of future advanced programmes for health and social care professionals.

Findings will be influenced by the self-selection bias of participants. As with any small-scale qualitative study, those who choose not to participate may have less strong opinions, or they may be unwilling to engage with the research for other reasons. It is difficult to draw clear inferences from data on previous students, as only two past students participated. These were a much smaller subset of the total sample and are less likely to engage in research having left the universities. Moreover, the variance in time spent on the programme meant that perspectives could be mixed due to the delay between taking on the role of the researcher in theory and then practice. It is not possible, therefore, to assert that findings are generalisable overall, particularly in relation to past students. Rather, we seek theoretical transferability from the majority of the sample (current students). However, this has limited the data on the impact of doctoral studies on the profession and wider society since it often takes some time for these to become apparent. Further study of this group is needed in the future.

5.5. Recommendations. The findings indicate that the PD is both positive in supporting individual professionals in developing their career, as well as aligning with creative organisational growth and change through relevant research and innovation.

In terms of the PD curriculum, our data suggest we reconsider the typical emphasis on research methodologies to develop problem-solving, thinking professionals with the ability to embrace higher-level perceptiveness of practice. Not only must the PD student navigate these complexities but do so whilst achieving organisational change. PD programmes need to strengthen the links between research and leadership. Self-efficacy, which is necessary for change leadership, is fostered by achievement. These findings suggest a number of changes could be made to existing curricula, including the following:

- An early focus on in-depth subject knowledge and literature reviewing skills: this would add to the existing professional cognitive scaffolding. It contrasts with the temporarily destabilising early focus on the philosophy of social science and methodological paradigms. These are important but could be delayed until students feel their academic mastery is equivalent to their professional effectiveness.
- Preparation of PD examiners to understand the emphasis placed on professional and organisational evidence-based development of policy, education and practice as the primary research outcome: although the PD espouses practice impact and policy change as a goal, the requirements of a doctoral thesis, and the ways in which it is examined, lead to a focus on methodological rigour and a unique contribution to knowledge. It is important to maintain this quality of assessment and to give weighting to the relevance and potential impact of the research upon health and social care.

To optimise the organisational and professional impact from a PD, the findings recommend either of the following:

- An agreement between the employer and the employee about what they hope to achieve from undertaking their PD.
- A doctoral student who is willing to find a role through which they can effect change.

Ideally, employer–employee discussions should take place prior to admission onto a PD programme, but given the existential nature of reality, this is not always the case.

The findings suggest the University's role is to:

- Promote the potential that a PD has for organisational, policy-wide and professional change.

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- To advise applicants on the importance of aligning their goals with their employer's and to gain formal support for their PD studies.
- To inform applicants that a PD's main purpose is in training them to undertake research for practice development.
- Incorporate change management and the use of career planning tools (such as Vitae) into the curriculum to build impact into the PD programme.
- Build a greater emphasis on networking, dissemination and policy change into the curriculum.
- Develop postdoctoral mentorship provision.

6. Conclusion

There is very little empirical evidence in the literature that explores the impact of PD students or graduates. This study suggests that the students gain personal growth, subject and research knowledge and skills, an ease with complexity and greater confidence in their practice. Personal costs include demands on time and some loss of confidence during the transitional process from professional to doctoral student. These can be exacerbated without the support of the employing organisation in terms of study leave and valuing of newly gained research skills. Some participants reported a greater effect on practice and policy, but they were further on in their studies, working with their employers and had planned their research to effect change. Evidence of impact on their profession was limited to a small number of participants, in terms of highlighting practice issues, foregrounding the aims of their profession and relating them to ways of working, as well as negotiating different care pathways and approaches. Participants' accounts varied but indicated a need for increased emphasis on their changing role within their organisation and profession, as well as postdoctoral mentorship to enhance their potential impact on their employing organisation, their profession and wider society. Recommendations have been made indicating that universities, employing organisations and professionals could adopt proactive strategies to enhance alignment between the student's research, the employing organisation's potential to benefit from PD programmes and the University's ability to realise social capital from tripartite working relationships.

Future research is needed to determine gain a deeper understanding of the value of PDs. It should follow a similar approach to this study, but recruit more PD graduates, to explore their wider impact on their employing organisations, the profession and society. It would be helpful to recruit employer stakeholders to explore their perceptions on the impact of PD graduates on their organisations. A study on outputs, such as policy change, publications and other 'products,' would provide another perspective on the impact of PDs.

Data Availability Statement

Research data are not shared for ethical reasons.

Conflicts of Interest

The authors declare no conflicts of interest.

Funding

No external funding sources were used for this study.

Supporting Information

Additional supporting information can be found online in the Supporting Information section. *(Supporting Information)*

Appendix 1: Professional Doctorate Impact Questionnaire PDIQ.

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