

Transitions in a PhD in Nursing Program: A Critical Reflection on Students' Perceptions

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This is a collaborative paper; co-authorship is shared by the eight members of a PhD nursing cohort. Conceptualization: AS, PB. Data collection: AS, PB, BC, RC, JCB, CH, EM, MW. Writing, original draft: AS, PB, BC, RC, JCB, CH, EM, MW. Review for critical content: PB, JCB, BC, EM, JCB, MW. Editing, manuscript development, and preparation: PB, JCB, EM, MW. | Cet article est le fruit d'une collaboration; les huit membres d'une cohorte au programme de PhD en sciences infirmières sont co-auteurs. Conceptualisation : AS, PB. Collecte de données : AS, PB, BC, RC, JCB, CH, EM, MW. Rédaction, première ébauche : AS, PB, BC, RC, JCB, CH, EM, MW. Examen du contenu critique : PB, JCB, BC, EM, JCB, MW. Édition, développement et préparation du manuscrit : PB, JCB, EM, MW.

Nurses are key stakeholders in health care services and compose the largest component of the health care workforce worldwide (Haddad et al., 2022). Yet globally, health care systems are facing a nursing shortage of over a million nurses, which is directly impacting the quality and safety of patient care (Boamah et al., 2021; Haddad et al., 2022). One proposed response to the nursing shortage crisis is to increase enrollment of students in nursing programs, with the aim to graduate enough qualified nurses to respond to the increasingly complex needs of populations (Boamah et al., 2021; Haddad et al., 2022). However, a concurrent shortage of nursing faculty is impacting the profession's ability to respond to this global shortage of nurses (Boamah et al., 2021; Canadian Association of Schools of Nursing [CASN], 2021a).

A doctoral degree such as a doctor of philosophy (PhD) or the equivalent is generally the requirement for tenure-track nursing faculty within academic institutions (American Association of Colleges of Nursing [AACN], 2022). A PhD degree prepares nurses to advance nursing practice, education, science, and health care delivery by providing mentorship from nursing faculty, rigorous supervised research opportunities, and multidisciplinary collaboration (AACN, 2022; CASN, 2022). Nursing doctoral programs prepare students to demonstrate a critical awareness and understanding of the philosophical and empirical underpinnings of the nursing profession, an in-depth knowledge of research methods and methodologies, and expertise in a substantive area of interest (CASN, 2022). Graduates of doctoral programs are also expected to have the capacity to synthesize disciplinary and interdisciplinary knowledge and have an advanced understanding of the sociopolitical and organizational climates that impact nursing education, practice, and research (CASN, 2022).

Doctoral degrees focused on nursing practice continue to grow in popularity, particularly in the United States (doctor of nursing practice, DNP) and less so in Canada (doctor of nursing, DN). Although DN- and DNP-prepared graduates are assuming clinical faculty and leadership positions across the nursing field, it has been argued that the profession needs nurses with both practice- and research-based doctorates (AACN, 2022; Stanfill et al., 2019). In Canada, the PhD is the predominant terminal degree in nursing. PhD-prepared nurses are needed to conduct research to advance nursing science and practice and to teach future generations of nurses “at all levels of nursing education” (CASN, 2017, p. 3). If the nursing profession wants to ensure that nurses are fully equipped to manage the complexities of the current and future health care environments and improve patient outcomes, increasing the supply of PhD-prepared nurses with strong research skills is necessary (Stanfill et al., 2019). For this paper, we focus on the preparation of PhD nursing students. It is beyond our current scope to consider transitions experienced by DN and DNP students, other than to acknowledge the importance of the DN and DNP degrees within the full spectrum of nursing opportunities at the doctoral level.

In Canada, not enough nurses are completing doctorate degrees to fill existing vacant tenure-track faculty positions. According to CASN, in 2020 approximately 50% of Canadian nursing professors were over the age of 50, and about 20% were over the age of 60; while 81 faculty retired that year, only 62 graduated from PhD programs (CASN, 2021b). The combination of older nursing faculty who are nearing retirement and an undersupply of new faculty means the number of unoccupied faculty positions is expected to grow exponentially in the next several years, further perpetuating nursing shortages (Boamah et al., 2021). On the other hand, increasing the number of doctoral nursing students to grow the replacement pool of academically qualified faculty has its challenges. There remains a lack of research on both the preparation of doctoral nurses for academic roles and the analysis of the academic nursing role itself (Bullin, 2018). There

are significant barriers for nurses wanting to attain a doctoral nursing degree including time constraints, lack of incentives, difficulties in managing competing professional and personal responsibilities, and challenges transitioning from clinical to academic roles (Boamah et al., 2021; Greene, 2013). The transition process from clinical practice to a PhD program and ultimately to a tenure-track faculty position can be challenging for many nurses. The shift between disparate roles for which they are ill-prepared can result in uncertainty, confusion, and anxiety about the academic workplace, that may lead new faculty to resign from their role (Boamah et al., 2021).

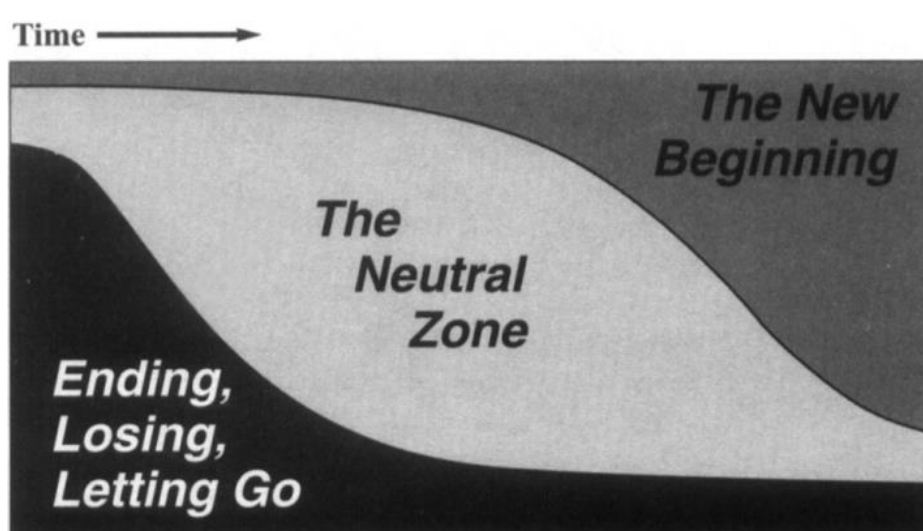
Current students are ideally situated to inform future students and PhD program administrators of the common facilitators and barriers for a successful transition into and progression through a PhD program. For example, Tyndall et al. (2021) and Jones-Hooker et al. (2020) have identified strategies for easing the transition through a PhD program from students' perspectives. The purpose of this paper is to discuss our perceptions of the process of transitioning to a PhD nursing program in a Canadian university. For this critical reflective piece, we have chosen the Bridges transition model (BTM) (Bridges & Mitchell, 2000) as a theoretical framework to help guide our reflection. We believe sharing our experiences, including facilitators and barriers, can be used to improve the transitioning process of other PhD nursing students. Jones-Hooker et al. (2020) also used the BTM framework to reflect on their nursing PhD experience. Our intention, however, is not to duplicate their work. We offer our own perspectives on completing a PhD within a Canadian research university.

Framework

The BTM (Figure 1) can be used to understand how individuals transition through change (Bridges, 2003). In the BTM, transition is defined as an inner psychological process that individuals undergo as they internalize and come to terms with a new situation or reality (Bridges, 2003). According to Bridges (2003), transition entails three phases, with all transitions starting with an *ending*, followed by a *neutral zone*, and concluding with a *new beginning*.

Figure 1

Bridges Transition Model



Note: From "Managing transitions: making the most of change" by William Bridges and Susan Bridges, copyright © 2017. Reprinted by permission of Hachette Go, an imprint of Hachette Book Group, Inc.

The ending phase of the BTM starts the sequence and often embodies a sense of loss, be it of relationships or of personal time. Emotions associated with loss may be internalized by individuals, as the ending phase of transition can be challenging to process in the moment. Once individuals embrace the ending, they cross into the second phase in the transition process: the neutral zone. The neutral zone is the core of the transition process—the in-between time where critical psychological realignments occur (Bridges, 2003). In the neutral zone, individuals create new learning processes, discover what their new roles will be, and start heading towards new beginnings. Inhabiting the neutral zone can provoke anxiety or distress if individuals find themselves in a state of flux and ambiguity as they prepare for the new or unknown (Bridges, 2003). When individuals transition from the neutral zone to new beginnings, they may need support with the four P's: purpose, picture, plan, and part (Bridges, 2003). The new beginnings phase is characterized by the establishment of new roles with a clear understanding of purpose, a step-by-step plan of action, and a clear picture of how to be most effective in this final phase of the transition (Bridges, 2003).

As we reflected on how we marked our individual and collective transitions through our PhD journeys, we considered the BTM framework as a way of marking and identifying our progression. Throughout this paper, we consider what supports might help other students to navigate PhD-related transitions successfully. Stanfill et al. (2019) proposed that interventions to support the development of PhD prepared nurses can occur before, during, and after the PhD program itself. The BTM framework helped us to think about how challenges and supports varied depending on our stage of transition and where we were in the program.

Methods

In this paper, we used critical reflection, as described by Jasper and Rolfe (2011), to explore our experiences of transitioning to our PhD nursing program. They suggest that writing reflectively with others allows a phenomenon to be explored from multiple perspectives, resulting in a “rounder and fuller” (p. 92) view of the phenomenon of interest. Orland-Barak (2005) takes the position that collaborative writing leads to higher levels of reflectivity, adds richness to the writing process, and results in contributions that can be much more meaningful when explored ‘together’ than when explored individually. Given the possibilities of this approach for reflective writing, we felt critical reflection as a method which best suited our aims of using our collective expertise and experiences to contribute towards the creation of new knowledge on the process of transitioning to a PhD nursing program.

At the time of writing, we were students in our second year (now third and fourth year) of a PhD in nursing program in a Canadian university. Our cohort consisted of eight students, all of whom agreed to participate in the discussion. Of the eight students, all are registered nurses (RNs), four are nurse practitioners (NPs), and one is a clinical nurse specialist (CNS). Seven continued clinical work during the program, while one worked in a research capacity. We range in age from 28 to 55. As of this writing, we plan to pursue a variety of future career avenues. Two of us already hold faculty positions in nursing, while three have potential plans to pursue an academic career, with one student planning to transition from clinical practice to academia. Three students plan to integrate research into their work as developing clinical nurse scientists.

The PhD program in which we are enrolled is a traditional format that includes didactic course work, followed by a comprehensive examination and completion of a program of research and a final thesis. This program is delivered through a hybrid online model, with on-site residency

weeks required at the beginning of each semester during year one, as well as the final oral thesis examination on site at the end of year four. However, for our cohort, previously arranged on-site experiences during the third semester of year one were curtailed because of the COVID-19 pandemic and were provided only during the first and second semesters of the program.

We held three group discussions via Zoom on pre-determined dates according to the availability of the authors. Before group discussions, all authors wrote reflections on their experience of transitioning into the PhD program. The group discussions were facilitated by the lead authors [PB and AS] using a semi-structured interview format. The interview questions were informed by the BTM framework (see Table 1 for examples of interview questions). This format allowed for flexibility in the discussion while keeping the group focused on salient topics to be explored. On average, each meeting lasted about 90 minutes. The meetings were recorded and transcribed by authors MW, EM, and RC using Otter.ai. As this was not a scientific research study, where techniques such as coding would apply, we engaged in group thinking and discussion to reflectively write about our collective experiences (Jasper & Rolfe, 2011). The final product of our reflections was organized using the BTM framework. We consulted the university research ethics board, and since this was a critical reflective paper, where all participants are also listed as authors, we were exempted from ethics review. In conducting this critical reflective piece, we adhered to the ethical principles as defined by the Declaration of Helsinki.

Table 1

Questions Used as Prompts for Reflective Writing and Semi-Structured Interviews

1. Describe the “ending” phase of your transition into the PhD program.

- What do you think you had to let go of to make this transition; consider both personal and professional?
- What were some of the barriers and facilitators that you experienced in the “ending” phase of your transition?
- Did you reconcile with the changes brought on by being in the PhD program (consider your expectations going into the program)?

2. Describe the “neutral zone” phase of your transition into the PhD program.

- What critical realignments did you make in this phase?
- What new process did you create during this phase?
- What experiences make you feel like you’ve moved into the neutral zone?
- What sustains or has sustained you while in the neutral zone?

3. Describe the “new beginning” phase of your transition into the PhD program.

- Do you think you have entered this phase, why or why not?
- What new role/purpose/plan of action have you established in the “new beginning” phase?
- What do you anticipate the “new beginning” will bring you, present and future perspectives?

Discussion

We have organized and reported our reflections in a descriptive format using the three phases of the BTM framework: an ending, a neutral zone, and a new beginning.

The Ending Phase

Members of our cohort identified personal and professional adjustments or losses during the ending phase. The ending phase is the first phase of transition and represents a sense of loss of one's previous self, letting go of what used to be, and shifting into a new reality (Bridges, 2003; Bridges & Mitchell, 2000). The ending phase symbolized the transition into the PhD program while still maintaining our roles as registered nurses. Despite our various demographics, employment, and geographic backgrounds, we still contemplated similar experiences when transitioning into what felt unknown:

Moving into the PhD in nursing brought with it an array of emotions. I knew this would be the catalyst that would help me transition into a world of academia and a little further from the clinical world I had [immersed] myself into over the past ten years. (RC)

Time was the thing I felt I had to let go of most . . . I had to change my work and life mix—adding studying to that meant less time for other activities at home—more pressure to spend free time reading or writing. I also had less time to devote to clinical activities—I had to try and learn to be more efficient—which is a work in progress. (MW)

Many of us experienced a sense of loss of identity in the ending phase. Our previous engagement in non-academic activities and extracurricular tasks, such as committee memberships, were challenging to manage alongside the demands of a first-year student. Jones-Hooker et al. (2020) discussed their transition into the first year of a PhD program and also considered the high demands of the program. Like our cohort, Jones-Hooker et al. found themselves re-prioritizing familial, social, physical, community, and religious activities once used as support outlets. We reflected on the loss of self and described the internal conflict that arose when having to decline career or social opportunities we traditionally would have agreed to otherwise:

I knew I was entering into the land of deferment and self-bargaining—deferring exercise, shopping trips to the mall, reading for pleasure, learning new recipes—all the simple pleasures that one has time for—all the while bargaining with myself how much time it would take to complete an assignment so that I could enjoy these simple pleasures. (JCB)

I had to let go of some material and social freedoms that I had anticipated: the control of my time and what I was doing with it, disconnecting with friends and family. (BC)

Many of us articulated a process of letting go and of losing our sense of identity as we moved from the ending phase into the neutral zone. Additionally, we recognized feelings of imposter syndrome as a barrier within the ending phase. For our discussion, imposter syndrome is described as intense feelings of intellectual fraudulence and is prevalent throughout academic settings (Wilkinson, 2020). Several of us described some degree of imposter syndrome, and along with it a sense of loneliness or lack of belonging. Some of us felt unprepared and under-qualified to be enrolled in the program and experienced what one participant described as “academic insecurity.” Feelings of imposter syndrome or academic insecurity surfaced during the first on-site residency week in year one of the program where some of us discussed these sentiments together. Connecting around these experiences provided some comfort and belonging, knowing that others

felt the same. The shift from feeling like an imposter to belonging was reiterated by Sverdlik et al. (2020). Perceived belonging is a negative predictor for imposter syndrome, which in turn, is a positive predictor for depression, stress levels, and illness symptoms (Sverdlik et al., 2020):

A barrier I experienced during my transition to the program was “imposter syndrome”—believing I was not as competent as my classmates or feeling less deserving of being in the program. These doubts about my skills, talent, and accomplishments were a psychological barrier to my transition. To overcome this barrier, I started speaking up and sharing my experience with “imposter syndrome.” I was surprised that many of my classmates had similar experiences, and this gave me peace of mind and courage during this phase of my transition. (PB)

Moving through the ending phase into the neutral zone phase requires realignment of priorities, a shift in self-identity, and recognition of what facilitators are needed to transition (Bridges & Mitchell, 2000). Resilience was identified as a facilitator by many of the students in reconciling with the ending phase. There were various perceptions of what resilience meant for each of us; however, an operational definition within the nursing context was described by Stephens (2013) as an “individualized process of development that occurs through the use of personal protective factors to successfully navigate perceived stress and adversities; cumulative successes lead to enhanced coping/adaptive abilities and well-being” (p. 130). Some of us were lucky to receive support from colleagues and leadership team members in our work settings. We deemed this support as an additional facilitator that allowed students to transition into the neutral zone phase. Finally, previous experiences as students, simultaneously balancing families and full-time workloads, allowed students to feel a sense of preparedness when moving through the program:

I was fortunate that I had strong encouragement from my management team and the ability to take the time off work to attend onsite classes and intensive weekends when required. (CH)

At the beginning the reconciliation process was a little challenging as I need to adapt my personal and professional life to my student life. But as I had just finished a full-time program months before starting the PhD, I was not surprised by the workload and activities. (AS)

The Neutral Zone Phase

The neutral zone is the second phase in the transition process (Bridges & Mitchell, 2000). This phase is an internal, psychological orientation that an individual undergoes before any change can work (Bridges & Mitchell, 2000), and it is characterized as a state of flux and a time of chaos (Bridges, 2003). Sandwiched between the ending and new beginning phases, this phase is exploratory, that is, the “in-between state” according to Bridges and Mitchell (2000), “so full of uncertainty and confusion that simply coping with it takes most of people’s energy” (p. 2). A successful transition requires spending time in the neutral zone, sinking into the discomfort it brings, for this is where the actual transition happens (Bridges, 2003; Bridges & Mitchell, 2000). Only after spending time in the neutral zone can we move forward to new beginnings.

Our cohort of students articulated difficulties in knowing exactly when we had reached the neutral zone. Some of us felt that it occurred somewhere during the second year of our program—once we had successfully completed comprehensive examinations. Passing the comprehensive

examination, or “comps,” is an important milestone for doctoral students, and we associated this feat with a feeling of legitimacy, validation, and belonging in the program. Our PhD program does not confer a candidacy status; however, in other programs becoming a candidate might be associated with entering the neutral zone:

When I passed my comprehensive exams, I noticed a shift in my thinking, and it was because it felt like the first time in the program that I wasn’t being “coached” or “mentored” through an assignment or paper. I was flying solo, and I was finally able to convince myself that my success was a direct result of my hard work, growing knowledge, and advanced ability. As a result, I could feel the symptoms of imposter syndrome slowly dissipate. (EM)

Being in the neutral zone was associated with a range of emotions, and some of us noted feelings of a “state of suspension” while simultaneously feeling as if we were athletes in training for a “learning Olympics” (JCB). For some of us, this meant that life and its complications were put on hold to remain focused on the PhD work. Emotions alternated between a sense of emerging confidence and clarity, and a feeling of uncertainty. It seemed like we were suddenly thrust into independent and self-directed learning in preparation for the comprehensive examination following one year of structured course work. One student noted that they had “no idea what to expect or what was going on with this other course or, like, what happens after comps” (CH). For others, entering the neutral zone, there was a reality shock: “It hit me that now I have to do this research I’ve been talking about” (PB).

In using the BTM, Bridges (2003) suggested we ask ourselves to consider what new roles and relationships are needed when navigating the neutral zone. We felt the support systems sustaining students during this phase were multidimensional. Support from family and friends was paramount for our cohort. Relationships with our individual supervisors and with the larger research community were essential and acted as a facilitator for students to build strong ties and communications within this network. The one-on-one relationship with a supervisor was seen as critical by several of us, and navigating this was key. As one student put it:

So, the communication increased because with the coursework, it was just checking in every so often. But now I know we’re meeting regularly, just so I understand the expectations, communicating with my supervisor and, like, my supervisory committee. And sort of understanding that, being in that phase, the neutral phase, is where I had to learn how to do that. (PB)

Many of us described the need to let go of responsibilities, or learn to say no, something that was surprising and novel for some:

I learned I would have to say no, and I wasn’t going to be able to be as much of a yes woman as I had been previously. I gave myself a few projects to work on, but I tried to be realistic. (RC)

Learning to say no was sometimes also experienced as a loss: “I gave up the idea that I could be all at once while balancing home life, school, and work” (JCB). For others, it felt more positive:

One odd silver lining for me with the COVID-19 pandemic was that we lost so many patient visits in primary care that we were asked to cut hours. This turned out to be positive for me in terms of balancing my various obligations, and I opted not to re-up my hours when they were offered back to me. (MW)

Personal events, both anticipated and unexpected, often added to the anticipated individual and systemic stresses (Bekkouche, 2022) experienced in the neutral zone. For our cohort, the disruptions experienced in the neutral zone were also magnified by the initial stages of the COVID-19 pandemic:

The neutral zone—for me I really align it with the pandemic personally. And it took that survival mode thing to a different level and a different place so that it wasn't linked necessarily to my research and my research question anymore, and my community perspective. And the disruption, I found it hugely overwhelming . . . the program was overwhelming in and of itself, but then this next tidal wave came on. (BC)

Bridges and Mitchell (2000) assert that it is in the neutral zone that the creativity and energy of transition can be found. People are encouraged to capitalize on the chaos inherent in the neutral zone by being innovative and to “do things differently and better” (Bridges, 2003). To this end, some of us set new goals and objectives, worked on projects such as a manuscript publication, or took up new courses to remain current amid the flux in this challenging phase of transition to mitigate the unanticipated impact of and feelings of uncertainty in being in the neutral zone. However, we wondered how we might have anticipated and prepared ourselves for the experience of navigating the neutral zone.

The New Beginnings Phase

Beginnings are exciting. They are often full of promise and hope, opportunities for change and growth, and new or renewed energy. As one student put it, “I simultaneously felt the complexities and excitement of moving into a new beginning” (RC). According to Bridges (2003), the new beginnings phase is the time of coming into one’s own in the new role. In other words, the individual embraces their new role or identity and fully understands their purpose, and with acceptance and understanding comes forward momentum. Accordingly, the new beginnings phase is not stagnant but requires individuals to continue building the skills they need to find success in their new role. Not surprisingly, during our group discussions and reflections, several themes were highlighted such as variety in whether we had reached this stage, changed thinking and emotions, and shifting and building identity in adapting to new roles.

The sense of greater certainty and hope connected to the new beginnings phase was linked to structural events defined within the program—namely, the period encompassing the successful completion of comprehensive examination, the research proposal examination, and the start of independent thesis research. Despite being in the same cohort, starting the PhD program at the same time, and agreeing that these program milestones were components of the new beginnings phase, we varied in our perceptions of whether we had already entered this phase: “I definitely don’t feel like I’m there yet” (BC); “I believe I’m in the early stages of the new beginning” (PB).

Interestingly, most of us had a future-oriented understanding of the new beginnings phase. This future orientation allowed for the articulation of the mix of emotions related to moving from the neutral zone phase to the new beginnings phase: “I can’t help but wonder if I’m going to be in the neutral zone for the remainder of the program—but I think at this point I need to trust myself and the process” (EM). Although some looked forward with hope and anticipation of the new beginning phase, others highlighted the uncertainty that is characteristic of Bridges’s (2003) neutral zone phase: “I talked about the ambiguity I’m feeling about moving into this phase” (RC); “I feel like it’s kind of like an ongoing process where I have new beginnings, like all the time. . . but I’m never there” (AS).

For some of us, the new beginnings phase extended beyond the PhD program to include the transition to life after the PhD. The discrepancy between student perceptions related to the new beginnings phase is likely because transition is an internal experience. As one student put it, “A new beginning phase will be the new normal where I can kind of reshape my future personally, and professionally, imagine possibilities of sharing my knowledge . . . One does not go through and come out of a storm unchanged” (JCB). Another student stated, “I’m not sure how to think about new beginnings here—is that the PhD program itself, or what comes afterwards?” (MW). Another said, “There are going to be a lot of challenges establishing yourself as [an] independent researcher” (PB).

Regardless of whether we saw the new beginnings phase in our present or still in the future, our cohort of PhD nursing students linked the transition to the shift in focus from completing the required course work to independent preparation for our respective individual research. For several of us, the move to planning and conducting research signified more control, independence, and mastery. Like those in a study by Armstrong et al. (2017), as a group we described control and mastery in the form of acquiring the knowledge, skills, and competencies necessary to become nurse scientists and researchers. We also discussed how gaining these new skills would translate into more control beyond our lives as students:

I have “started to start” [a] new beginning, as I advanced in the courses, learned more skills, and started having a more hands-on role in the program I could build the confidence I needed and now I feel that I am better equipped with the skills needed for my PhD journey. (AS)

I'm hoping that this is going to be the portion where I can now move into the research, I can focus on one thing, that part of my time will open up and I'll have time to work on other projects and activities and that kind of thing, along with my thesis. (CH)

I hope to attain this phase after defending my thesis proposal. I would anticipate that the “new beginning” phase would be one of re-negotiation and letting-up for me: Renegotiation between my time and commitments as wife/mother/sister/friend/nurse practitioner and letting-up in my brutal schedule so that I can participate in rather than just watch life events go by. (JCB)

A varying perspective from some of us connected the transition during the new beginning phase to a new role identity, both within the program and within our clinical practice. Similar findings were reported by Arvidsson and Franke (2013) in their phenomenographic study exploring how doctoral nursing students understand the learning process associated with becoming a nurse researcher. The participants in Arvidsson and Franke’s study describe a component of the learning curve and transformation to nurse scholar as being able to understand issues within the clinical environment from a researcher’s perspective:

I do feel as if I am inching towards the goal of being a nurse researcher. I have a new perspective on research. And I have noticed that this changes how I think about clinical problems when they come up at work. I add that research lens to the other things that I think about and so I feel like that’s a new beginning that happened almost without my realizing it. It’s a definite shift in how I think about my clinical work. (MW)

Finally, several facilitators of and barriers to transitioning into the new beginnings phase were identified. Facilitators included informal mentorship by students further ahead in the PhD

program, the development of communities of practice or socialization, and a sense of internalized motivation driven by successes on the road to conducting their independent research thesis (Armstrong et al., 2017; Bridges, 2003): “Seeing the potential impact of my research to improve health outcomes gives me motivation to keep going with my process” (AS).

Participating in a community of practice with two PhD cohort colleagues has been my most important source of support because it felt as if it solidified the work for me and became something that represented my progress through the program . . . I anticipate (and hope) that it will outlast the PhD program itself. (MW)

Writing and learning together has been proposed as a powerful strategy for community development in PhD nursing programs (Tyndall et al., 2021). The positive experiences of three of our cohort, who engaged regularly in a community of practice in which they shared research progress, encouraged one another, and read and commented on one another’s writing, supports Tyndall et al.’s (2021) focus on peer learning environments as one way to develop professional identity. Members of our cohort, and of the cohort immediately following ours within our PhD program, have previously discussed the benefits of communities of practice including community building, the reduction of imposter syndrome, and the positive impact on professional identity development (Cantin et al., 2022; Whitfield et al., 2022). We propose that the development of communities of practice and the implementation of a more formal coaching model in nursing to help students plan for each transition and for life beyond the PhD would be beneficial additions to the PhD experience.

Progressing through a doctoral program often requires students to master what have been termed “threshold concepts” (Tyndall et al., 2021). A threshold concept is one that, once mastered, enables a learner to move to a new level of understanding, or to reconceptualize an issue or area of study. Accordingly, threshold concepts are transformative for learners. Tyndall et al. (2021) identified the early stages of doctoral work as the time when threshold concepts are often most challenging for nursing PhD students and suggested that programs focus on support for students to develop their writing skills, build community, and strengthen relationships between students and faculty. Jones-Hooker et al. (2020) also identified practical strategies for success, including improving statistical skills and using a reference manager for research citations. Although community building was identified as critical for support by our cohort, our reflections centred on issues of identity transition and thinking of ourselves as PhD students. Rather than identifying specific skills or mastery of threshold concepts, we considered how the PhD was changing us as researchers and junior academics. Common topics that emerged from our conversations included issues of identity, imposter syndrome, and planning for the future as key PhD transitions. As we near the end of our PhD journeys, we see further transitions ahead. For example, barriers identified by our cohort focused on ongoing uncertainties regarding the practical use of doctoral studies in their future careers, if their goals did not include immersion into academic settings: “If it's not full time, academia . . . how does that play out?” (RC). “So, looking into a future nurse scientist role that does not exist in my hospital, at least at this time . . . what would this degree amount to?” (PB).

Our program did not incorporate formal career advising or planning. Although some students may receive this type of advice from advisers or trusted faculty members, a more formal model for helping students articulate and plan for next steps was not available to us. This type of advising or career coaching might be especially beneficial for students who are trying to decide whether they want to enter academia as tenure-track researchers, work as clinical nurse scientists, or pursue alternative routes, to ease any trepidation around career pathways beyond the doctorate.

Coaching could potentially be delivered one on one or to the cohort so that all students benefit from seeing how others are shaping their nursing career journeys.

Limitations

Our findings highlight the views and perspectives of our cohort of eight students, which may not align with others from the community of PhD nursing students. Although academic institutions may view the PhD as one route to filling current tenure-track vacancies in nursing, it is important to recognize that an academic career is not the only reason for nurses to choose to pursue the PhD credential. Our cohort has a diversity of future career plans, which may or may not be typical of the average PhD nursing cohort in Canada. We were able to reflect on our experiences prior to and during the PhD program—however, we do not yet have the benefit of looking back following completion of the PhD. We have focused on our experience as PhD students, and on implications for PhD programs. Further studies may consider the transitions experienced by nurses choosing the DNP or DN degrees. The COVID-19 pandemic may have potentially altered our transition processes based on the change in program formatting and the inability to continue with a hybrid in-person and online model. Finally, the fact that all participants are listed as authors in this paper may have prevented some individuals from freely sharing views and opinions that might negatively impact their image or the organizations with which they are associated.

Conclusions

In this reflective narrative paper, we have highlighted the experiences and perceptions of the transitioning process of a cohort of PhD nursing students within the Canadian context. Using the BTM framework, we reflected on our shared experiences of moving from one transition phase to another. The ending phase was marked mainly by moving into a PhD program, which led to a sense of loss of one's previous self, letting go of what used to be, and shifting into a new reality of intensive graduate studies. To move into the neutral zone phase, realignment of priorities and shift in self-identity were identified, and we highlighted resilience and supports as facilitators during this process. Finally, the new beginnings phase was seen as a time of coming into one's new role identity, within our program, our research, and our clinical practice. Not all of us felt that we had yet entered the new beginnings phase, even at the time of writing, in our third and fourth year of the program.

In summary, we hope the discussion presented in this paper offers insight to help other students to understand transition phases throughout their experiences as they move through a PhD program. This paper provides suggestions for easing the transitioning process of graduate nursing students into the PhD program. Specifically, we propose that more formal planning and discussion of these transitions be incorporated early into PhD programs. PhD students have opportunities to pursue work in academia, as clinical nurse scientists, researchers, and in policy and leadership positions. Providing tools to help students clearly articulate their future plans and tailor their PhD studies accordingly may facilitate students' transitions so that they can thrive in their careers following PhD completion. Ultimately, ensuring that PhD and other doctoral nursing students successfully navigate the doctoral study experience is one strategy to alleviate the shortage of doctorally prepared nursing faculty and to ensure nurses are leaders of transformational change through research, education, and practice.

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