

2008 INDEN Board

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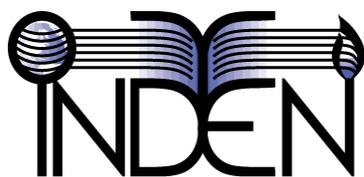
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International Network for Doctoral Education in Nursing Newsletter

Volume 7, Number 3

December 2008

President's Greeting



Dear INDEN Members:

Greetings to each of you on behalf of your elected Board members! I hope this edition of the INDEN Newsletter find you well and experiencing success in your professional endeavors. There are several important topics that I want to address in this issue.

First, I'm delighted to report the results of our recent election which you participated in. We had an outstanding slate of candidates and the winners of the election are as follows:

Milisa Manojlovich, PhD, RN
(University of Michigan, USA)
Treasurer

Florence Myrick, BN, MScN, PhD
(University of Alberta, Canada)
Board at large

John Xavier Rolley, BN
(Curtin University,
Australia)
Doctoral Student

I congratulate these newly elected officers/board members and look forward to their contributions to INDEN. I also want to thank all those who were willing to be on the ballot. These members have demonstrated their commitment to INDEN in very important ways and have demonstrated the kind of responsibility and loyalty that all organizations depend on. And finally, I want to thank the Elections Committee, which served under the very capable leadership of Marie Nolan (U.S.). In addition to Marie, INDEN members who served on the Elections Committee are: Kumar Venkatasalu (U.K.), Cecile Lengacher (U.S.), Deborah Anderson (Australia) and Warunee Fongkaew (Thailand). Their efficiency and efforts on behalf of INDEN are greatly appreciated.

I also want to thank our outgoing officers: Lorraine Ellis (UK), Wipada Kunaviktikul (Thailand), and ShuFang Vivienne Wu (Taiwan). Each has served INDEN in multiple ways and we have all benefited from their contributions. Please join me in thanking them and acknowledging their efforts on behalf of INDEN.

We all hear that change is continuous today! In keeping with that, there are two changes that I want to bring to your attention. First, our venue is changing for our Biennial meeting. Based on explorations by the Program Planning Committee and our local group in South Africa (lead by Hester Klopper, INDEN Board member), it has been decided to move our meeting to Durban, the same location as ICN. This actually will be more efficient and cost effective for everyone. The dates are the same: **June 24 - 25, 2009**. However, **the venue will now be in Durban, South Africa**. The Planning Committee is investigating hotel options and we will be announcing the location in Durban in the near future. We will provide all details by email as soon as they are finalized. They also will be posted on the INDEN website. Please be sure your calendars are marked!



I also regret to announce that Catrin Evans, our INDEN newsletter editor, will be stepping down from her editorship due to pressing professional commitments. The newsletter has blossomed under her editorial leadership and I am grateful for her countless contributions. I know all of you will join me in thanking her for all of her efforts and for producing the very professional Newsletter that we all benefit from. This type of change is bittersweet and understandable.

I would like this opportunity to introduce our new newsletter co-editorial team of Laurel Eisenhauer, Kristina Hyrkas and Munikumar Ramasamy

PRESIDENT'S GREETING....(continued)

Venkatasalu. Being a part of the newsletter editorial team is an important way to contribute to INDEN and one that touches every member in multiple ways. Please welcome them!

Finally, I want to let you know that the INDEN has been busy in a variety of ways. Members of the Board have presented informational sessions about INDEN or assisted in the presentation of workshops for doctoral students at a number of international meetings. Over the last six months these have occurred at meetings in Australia, the Philippines, Turkey, the U.S., and Thailand. I'm grateful to all who have assisted INDEN in this manner.

If you are interested in being involved in any INDEN initiatives, or

have suggestions for additional activities, please contact any of the Board members. We are always looking for input and active involvement of our members and would welcome your engagement. INDEN will only be a vital organization if all members participate actively.

Best regards to each of you!

Richard W. Redman
President, INDEN
School of Nursing
University of Michigan
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INDEN COMMITTEE UPDATES

Letter from the Editor

Greetings to all INDEN members.

This newsletter focuses on the direction and debates around the 'professional doctorate' in the UK and the historical development of doctoral education in Thailand. It also takes a look at the international doctoral student experience. I am especially pleased to be able to include a contribution from East Africa. This piece powerfully highlights the challenges facing nursing researchers in that region and it is good to hear from a colleague in a region that is otherwise all too often marginalised in nursing events.



I would like to inform readers that this will be my last newsletter as I am stepping down from the editor's role due to an all too common need to balance increasingly heavy workload commitments. I have enjoyed my time as editor, and, in particular, have enjoyed hearing from nurses in so many different countries.

Best wishes to you all.

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Announcing the New Newsletter and Publications Committee

The INDEN Newsletter's editorial team is now comprised of three members:

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The new team is very excited to be working on future issues of the INDEN Newsletter! They want to say :

- New themes, ideas and questions for discussion from all readers are welcome!
- Anyone interested, especially new members, are invited to join the publications committee!

INTERNATIONAL PERSPECTIVES ON DOCTORAL EDUCATION

Doctoral education for workforce and practice development: The professional doctorate

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Background

The last ten years has seen a significant increase in the number and diversification of doctoral awards offered by higher education institutes in the United Kingdom (UK), Europe and Australia, and across all disciplines (Green and Powell 2005, UKCGE 2005, Ellis 2006). The same is true of doctoral education in America and, more recently, in Asia, where the demand for a well educated workforce has resulted in a proliferation of higher degrees consistent with the development of a growing knowledge economy, the emphasis being on the production of useful knowledge for the advantage of society.

Higher education in the UK and abroad: the political context

Higher education has experienced increasing government pressure to be more productive and more accountable, with postgraduate research degrees coming under increasing scrutiny in the UK (Bourner et al 2000), Australia (HEC 1990) and the USA (Edwardson 2001). Interest in postgraduate research degrees is centred on the rationalization, quality and relevance of provision, the emphasis on postgraduate research that would serve the needs of the 'wider community'. This strategy places increasing importance on research training that is relevant to business and industry, producing education that is cost effective. The higher education sector responded by increasing the number of programmes leading to the award of the professional doctorate, though not without resistance (Ellis 2005, 2007a,b).

The first professional doctorates in the UK emerged in the 1980's with pro-

grammes such as the Doctorate in Business Administration (DBA) and the Doctorate in Education (EdD). However, it was not until the mid to late 1990's that institutions of higher education in the UK began to embrace the professional doctorate, resulting in a surge in activity that produced a steep rise in the number of programmes offered. For example, by 1998 professional doctorates could be found across a wide range of subjects including: psychology, engineering, theology, humanities, ministry, finance, social work, and veterinary science. Within some disciplines an even more diverse range of provision emerged, for example, within psychology the following emerged: the Counselling Psychology (DCounsPsy), Clinical Psychology (DClinPsy), and Educational Psychology (DEdPsy).

Growth in postgraduate education for nurses and the professions allied

The call for programmes of professional or clinical doctorates for nurses in the USA were made as far back as the 1950's (Edwardson 2001) and now form an integral part of the educational landscape. Edwardson (2001) reports a proliferation of such programmes for nurses in America which is reflected in the range and diversity of content and programme title. This proliferation has resulted in confusion within and outside the profession about what doctoral education for nurses in the USA comprises (Edwardson 2001), a trend that was to follow in the United Kingdom (Ellis 2005).

Not until the 1990's did a small but significant number of higher education institutions in the UK begin to offer a profes-

sional doctorate in Nursing and/or Midwifery. Since the launch of the first programme in 1995 there has been a steady but momentous increase in the number of professional doctorates for these professions in the UK (Ellis 2005). In the UK, interest in the professional doctorate within nursing arose in response to the government's health care reforms that were predicated on the delivery of evidence based care which required a well-educated workforce (DoH 1999), and was further fuelled by initiatives such as the introduction of the nurse consultant (Newman 1997). Initial momentum has slowly but steadily increased, further driven by the need to promote research capacity in nursing and midwifery. Explanations for the growth in professional doctoral education in health professions appear to emanate from a range of discrete, but converging factors that include the following:

- Questions concerning the quality and relevance of PhD to clinical practice and its impact on health and social care.
- The emphasis on evidence based practice in the delivery of health and social care services
- The changing role of the nurse and the blurring of role boundaries.
- The introduction of variously titled clinical nurse specialist roles.
- The launch of a range of consultant roles including the consultant nurse, the consultant physiotherapist, and consultant podiatrist.
- The integration of schools of nursing into higher education and the demand that all nursing faculty possess a doctorate, the entry-level credential of all other disciplines on campus.
- A graying professoriate and the need to grow the next generation of academics and researchers.



INTERNATIONAL PERSPECTIVES ON DOCTORAL EDUCATION

Doctoral education for workforce and practice development...(continued)

Of these points, the quality and relevance of the PhD to clinical practice and the impact on health and social care practice are the most prevalent. This reflects the current demand for the provision of postgraduate education that is of direct relevance to clinical practice and is consistent with the concept of knowledge transfer. However, the general lack of evidence on the quality of doctoral education makes it difficult for education providers and consumers to assess the quality of doctoral programmes. This problem prompted a programme of research (Ellis 2005,2006, 2007a,b). Below is a summary of two of these studies together with selected findings.

Study 1: Professional doctorates for health professionals: Mapping provision and perceptions

A reconnaissance of professional doctorates in 2003 reported that 23 Universities in the UK offered such programmes for nurses and midwives, with a further 10 projected to come on over the next two years (Ellis 2005). This mapping exercise (Ellis 2005) determined that professional doctorates may be conceptualised along a continuum, from a highly structured, modularised programme to a minimally prescriptive model not unlike the Doctor of Philosophy (PhD) (see Table 1). Professional doctorates may be located at any point along this continuum, depending on their individual characteristics. This continuum was used to purposively select the centres that formed the basis of a longitudinal evaluation (Ellis 2007).



Study 2: Professional doctorates for workforce & practice development: A longitudinal evaluation

This research sought to provide an account of the doctoral journey as reported by students throughout their programme over time. Centres (n=8) were purposively selected from along this continuum (*Table 1) of provision to reflect the full range of professional doctorates in order to explore the curriculum as written and experienced, and the perceived impact of these programmes longitudinally over time. Purposive sampling served to capture professional doctorates at different stages of development. The eight centres selected represented professional doctorates that ranged from the highly prescriptive (Centre 6 and 8) to the least prescriptive (Centre 3), with the remaining programmes located along this continuum. Data collection involved a documentary analysis of the curriculum and interviews with students' pre doctorate and throughout their programme. Student sponsors and academics were also interviewed.

The doctoral journey: Selected findings

Motivations

Students were attracted to the professional doctorate for several reasons including, staying ahead of the game, expediency, relevance to practice and, lack of confidence to pursue a PhD. For

Table 1: Continuum of professional doctorates (Ellis 2005)

Least prescriptive	Most prescriptive
• Bespoke assessment	• Large number of assessments
• Consultations with students	• Essay titles given and fixed year on year
• Student participation high	• Highly modularised and fragmented
• Content student driven	• Number and choice of modules limited and/or fixed
• Variety of modules and choice	• Teaching strategies didactic
• Variation in modes of delivery	• Curriculum driven
• Student control high	• Minimal student involvement
• Fewer attendance requirements	• Compulsory attendance requirements
• Study themes or practice focused elements	• Student control limited
• Integrated modular approach	• Low negotiation
• High negotiation	• No interim awards
• Interim awards	

INTERNATIONAL PERSPECTIVES ON DOCTORAL EDUCATION

Doctoral education for workforce and practice development...(continued)

most respondents the programme lived up to expectations and offered structured and directed sessions. Others felt that it was too prescriptive and inflexible; a view that was reiterated the further into the taught phase of their doctoral journey, and this view prompted some to withdraw from the programme and pursue a PhD.

Factors contributing to the doctoral journey: Receptivity of the practice milieu

The receptivity of the work environment was mentioned throughout the students' doctoral journey and a factor contributing to their experience and outcomes of the programme. Where the environment was facilitative, students' experience with the doctorate was very positive. Facilitative environments were those where managers were working towards or held a doctorate and sympathetic to the needs of students. Such environments lent themselves to autonomous practice, respondents having more control over their work commitments and being better placed to meet the demands of the programme. Other respondents reported managers who were indifferent throughout their studies, prompting students to discontinue their studies and leave with a Master's degree.

Nurses also reported an environment that was openly hostile towards an educated workforce that was seen as a threat by some health care providers who valued clinical experience over professional education. There was a tradition of resistance towards work force development amongst nurses who discouraged the pursuit of education before gaining many years clinical practice experience. This was compounded when colleagues saw the professional doctorate as an easy option. Respondents developed strategies for working in a hostile environment, concealing their doctorate and suppressing enthusiasm for their studies. Notably, the further into their doctorate, the more they struggled to meet competing demands. While some were unable to share their concerns over sponsorship, or, for others, study time was withdrawn, the programme was seen as a life-line.

Positive Outcomes

The professional doctorate produced a range of positive outcomes that emerged over time, evidence based practice at the core of student activity. Six months into their programme, students' questioned the rigour and appropriateness of research that served as the basis for providing research led teaching and

clinical practice. Eighteen months into their programme critical decision making formed an essential part of their repertoire of skills, which was used for managing the process of change that was research led. Respondents saw themselves as intelligent academic practitioners, equal amongst other professions. Confident in their knowledge, students were more strategic in their thinking about research and better placed to commission and review research proposals. Respondents were career-minded with postdoctoral plans for

a career in research that included promotion. For some, the effect of the doctoral journey led to self-actualisation that unlocked their talents.



Thirty six months into their programme respondents' confidence continued to increase, as seen in efforts to write for publication and disseminate their research. Respondents were seen as a valuable resource, leading teaching and learning initiatives that drew on a tool box of research

methods, both quantitative and qualitative. Nurses made a difference in clinical practice, reconnecting with the roots of their discipline as a caring profession.

Post doctorate, more than at any other time, saw the emergence of a range of evidence based initiatives, the professional doctorate the catalyst for improvements in practice and patient care. Initiatives were successfully introduced through a process of managed change, enhanced by holding a doctorate and the associated credibility. At the same time, however, students' colleagues perceived that the person with a doctorate held all the answers and possibly absolved them of responsibility. Post doctorate, respondents sphere of responsibly had increased to include those roles traditionally undertaken by other disciplines, producing a more efficient and expedient service for patients and the organisation. Developing and improving professional practice was at the core of respondents' activities that attracted resources in the form of research funds and the appointment of staff. Scholarly activity formed an integral part of respondents work, producing a range of peer reviewed publications and commissioned papers that enhanced their professional profile. The professional doctorate raised career aspirations. Health service managers' with a doctorate were scarce and placed alumni at an advantage. Promotion was realised for some alumni of the programme who were appointed consultant nurse having previously been a nurse educator working in higher education. The benefits of the professional doctorate emerged throughout students' programme and highlight the value of evaluating outcomes over time longitudinally.

Challenges

Respondents faced a range of challenges throughout their doctorate, personal and professional. During the first year of their programme the most prevalent challenge reported was becoming a scholar who would produce academic work. This was more prevalent amongst



INTERNATIONAL PERSPECTIVES ON DOCTORAL EDUCATION

Doctoral education for workforce and practice development...(continued)

nurses who doubted their academic abilities. Programmes adopted various strategies to support students' education including tutorials and the submission of formative work. Support strategies received a mixed reception, welcomed by most nurses but viewed with scepticism by other respondents who saw this as the antithesis of doctoral education that served to reinforce the popular view that the professional doctorate is easier than the PhD. Limitations of the assessment strategy included the assessment of students caring for patients and the lack of clarity over what constituted 'practice' promoting some to withdraw from the programme.



The transition to research proved *the* most challenging phase of the doctorate. Respondents were accustomed to a structured programme of taught sessions and now struggled to adapt to the lack of structure, planning and organisation evident during the first half of their journey. Sharing the same doctoral path as others proved hugely beneficial for most students who enjoyed the sense of camaraderie amongst the cohort that was galvanised through action learning sets. As the second half of their programme unfolded and respondents' research paths diverged, the value of the cohort as a source of support and learning diminished, and in some instances, was replaced by the research supervision team.

Of significance, students' experience of the taught element seemed to promote dependency that was brought into sharp relief during the transition to research. Students felt ill-informed about the next stage of their journey concerning ethical approval and research supervision, and were frustrated at the loss of direction and momentum. Students had minimal contact with the centre or with their cohort and this exacerbated their sense of isolation and abandonment. It was generally agreed that students were at

there most vulnerable during this transition and likely to fall by the way side at this important stage.

Research supervision was a major challenge that was featured during transition more than any other stage. This was more so the case amongst nurses where experienced supervisors were scarce and less problematic amongst centres where the professional doctorate was well-established. Supervisors of nurses were chosen from a small pool of individuals that included clinicians with no or limited experience of doctoral education and was thought to place students at a disadvantage. Supervision usually consisted of a team of supervisors skilled in a particular research method and familiar with

the topic and discipline. Quality supervision was comprised in a team that was multi-professional and had high expectations of the student framed within a supportive learning environment that promoted academic independence. Supervision considered less successful, however, tended to be patriarchal, controlling and directive. Enthusiasm for the supervision of professional doctorates was not always evident amongst supervisors that were nurses who were less than enthusiastic towards 'taught' doctorates. Some students were reluctant to act on poor quality supervision and instead went into what was they described as 'student mode'; the passive recipients of the educational process.

The reverse was true for other students who learned to educate and manage the supervisors' expectations of the professional doctorate. Nurse educators that were registered in a programme where they worked and had their research supervised by their line manager experienced particular tensions that also interrupted their journey.



Conclusion

The literature is unequivocal that quality health care is predicated on quality education (DoH 2004, Ellis 2007), the emphasis being on workforce development that is consistent with lifelong learning. The research reported here provides the beginnings of an empirical basis for this assertion concerning doctoral education and professional doctorates specifically. Students' doctoral journey comprised five discrete but related phases each producing a range of outcomes and contributing factors. Students most likely to succeed in their studies tended to be those who worked in a facilitative environment where staff held or were working towards a doctorate. This was most prevalent amongst clinical scientists and nurse educators. Full time study and full sponsorship proved more beneficial than part time study and partial sponsorship. Attrition was most prevalent during the transition when students tended to flounder and felt unsupported.

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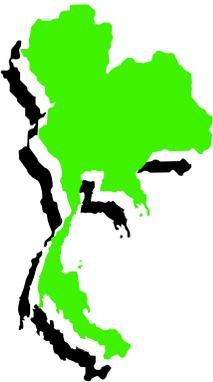
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Nursing Education in Thailand

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Nursing education in Asia is continuing to undergo rapid changes in an effort to stay abreast of constantly changing socioeconomic and health situations. The history of nursing in Thailand roughly parallels the history of medicine, with King Rama V establishing the first hospital and medical school, Siriraj, in Bangkok in 1888, and this being followed very shortly with the establishment of the first nursing school at Siriraj in 1896 by Queen Sripacharintra. The royal couple named the schools and hospital Siriraj after their son, Prince Siriraj, who died in infancy. Prince Mahidol of Songkhla, a son of King Rama V, became a doctor, and is known in Thailand as the "Father of Modern Medicine". Prince Mahidol's wife, the mother of the present king, became a nurse herself. The second nursing school was founded by the Thai Red Cross in Bangkok in 1921, followed by the McCormick Nursing School in Chiang Mai in 1923. From 1925 to 1936, the Thai Government, with financial assistance from the Rockefeller Foundation, supported nurses to study abroad, and brought nurses from the USA to Thailand as consultants.

At the birth of Thai nursing, the first nurses trained were daughters of the aristocracy. Following this, most of the programs were three-year diploma programs concentrating on obstetrical nursing. However in 1956, the first baccalaureate level nursing program was developed at Siriraj School of Nursing in Bangkok. During 1959 to 1973, the educational re-

quirement for admission to nursing schools was increased to the twelfth grade, and now, only four-year nursing programs are provided in all faculty/colleges. However, from 1968 to 1975, there was a "brain drain" of nurses to the west, particularly to the USA, for work as well as for study.

The number of nursing educational institutions in Thailand has grown dramatically since the onset of the profession. There are now 75 nursing educational institutions in Thailand aimed at serving the needs of the country which is to produce more qualified nurses and to improve the health of Thai people. Within these 75 institutes, 17 are governed by the Ministry of Education, 30 are under the Ministry of Public Health, 4 are under the military and police, one under the Bangkok Metropolitan and the others are within the private sector. Nowadays, in order to be a Registered Professional Nurse in Thailand, the recipient must have completed 12 years of schooling, with successful completion and graduation from a four-year bachelor degree program in nursing science and must have passed the license exam provided by the Thailand Nursing and Midwifery Council (TNMC). In addition, nurses must re-license every five years, which involves having at least 50 credit hours of continuing education. While most nursing faculty and colleges offer the undergraduate program, some institutes, like Chulalongkorn University, offer only graduate programs. There are about 12 institutions that offer a master's program in nursing science with different specialty areas, and only seven of these offer doctoral education in nursing science.

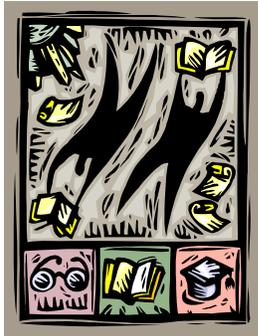


INTERNATIONAL PERSPECTIVES ON DOCTORAL EDUCATION

Nursing Education in Thailand...(continued)

Each faculty/college of nursing has control over their curriculum, internal monitoring of the quality and content of these programs involves nursing faculty and administrators within the school of nursing as well as the university administration. Externally, the TNMC, the Ministry of Education, and the Office for National Education Standard and Quality Assessment control the quality of nursing programs and nursing educational institutes throughout the country.

In Thailand, over the past twenty years the role of the nurse has noticeably advanced within the Thai health care system. Nurses now play a far greater role in the health care of the nation as more emphasis is placed on health promotion, disease prevention, curative care, and rehabilitation. At present, Thailand is faced with a shortage of qualified nurses (not only at hospitals and educational institutions) because there is an increased demand for community nurses and advanced practice nurses since a large percentage of Thailand's population live in rural areas where there are not enough qualified



health professionals, especially physicians and professional nurses. Advanced practice nurses are drastically needed in Thailand to work in the community. The Thai nursing curriculum, therefore, aims to be geared towards the needs of society. The nurse practitioner master program and advance practice nurse program are still in their infancy, having only commenced about four years ago, and they still need to be improved and adjusted. To date, graduates from these programs have not yet undertaken all of the nurse practitioner roles in some work settings in terms of basic medical treatment.

The first doctoral program in Thailand, the public health administration in nursing, was offered by the Faculty of Public

Health, Mahidol University, in 1984. Due to a lack of doctorally prepared faculty in each institution in Thailand, in 1989, a collaborative doctoral program in nursing science (DNS) was launched by four public universities, Chiang Mai in the north, Khon Kaen in the north-east, Mahidol in the central area and Sonklanakarin in the south of Thailand. The degree was conferred by Mahidol University. This program was created by the Dean Consortium under the support of the Ministry of University Affairs. The program ran for 10 years and following this, each school was able to establish their own program. For example in 1997, Chiang Mai University (CMU) established the first DNS program after the collaborative program. This was followed in 1999, with an international collaborative Ph.D. in Nursing Program at CMU, a program offered in collaboration with universities abroad, and began with the University of Washington, Seattle, and the University of Alabama, Birmingham, in the USA. Due to the economic crisis in Thailand, this had the support of the Ministry of University Affairs. This program extensively produced more than 50 doctoral graduates and is continuing and expanding to include more collaborative universities in the USA, Canada and Australia. Currently, there are seven universities, Burapha, Chiang Mai, Chulalongkorn, Christian, Khon Kaen, Mahidol, and Prince of Sonklanakarin, which offer a doctoral degree for nurses, the doctor of philosophy in nursing (Ph.D.) and the doctor of public health (D.PH).

Health, Mahidol University, in 1984. Due to a lack of doctorally prepared faculty in each institution in Thailand, in 1989, a collaborative doctoral program in nursing science (DNS) was launched by four public universities, Chiang Mai in the north, Khon Kaen in the north-east, Mahidol in the central area and Sonklanakarin in the south of Thailand. The degree was conferred by Mahidol University. This program was created by the Dean Consortium under the support of the Ministry of University Affairs. The program ran for 10 years and following this, each school was able to establish their own program. For example in 1997, Chiang Mai University (CMU) established the first DNS program after the collaborative program. This was followed in 1999, with an international collaborative Ph.D. in Nursing Program at CMU, a program offered in collaboration with universities abroad, and began with the University of Washington, Seattle, and the University of Alabama, Birmingham, in the USA. Due to the economic crisis in Thailand, this had the support of the Ministry of University Affairs. This program extensively produced more than 50 doctoral graduates and is continuing and expanding to include more collaborative universities in the USA, Canada and Australia. Currently, there are seven universities, Burapha, Chiang Mai, Chulalongkorn, Christian, Khon Kaen, Mahidol, and Prince of Sonklanakarin, which offer a doctoral degree for nurses, the doctor of philosophy in nursing (Ph.D.) and the doctor of public health (D.PH).

As in most Asian countries, Thailand is still lacking doctorally qualified faculty to teach in university settings as well as others. Almost all nurses who undertake



doctoral education in Thailand work within the educational setting, with only a small minority work within the clinical setting. At the present time, there are only about 500 doctoral prepared nurses, and the majority work in educational set-

tings while less than 10 work in clinical/nursing service settings. The needs of the country are for qualified, doctorally-prepared nurses who have advanced knowledge and research competency for teaching and developing nursing knowledge that improves both the quality of nursing care and the national nursing service system. Furthermore, Thailand needs doctoral graduates that have advanced cognitive and leadership skills to develop models suitable for Thai culture, contribute to policy development, and to bring the nursing profession and the health care system in line with the west. In Thailand, the doctor of philosophy in nursing is a research-intensive doctoral program encompassing multiple philosophical, theoretical and methodological perspectives, and, at the present time, there is more demand for these specific graduates compared to clinically intensive doctoral graduates.



In my opinion, Doctor of Nursing Practice (DNP) and other clinically intensive doctoral programs prepare clinicians to engage in the field of nursing that is concentrated on practice-oriented clinical investigations, and these may be considered after the fulfillment of the PhD in the educational settings.

However, nurses in clinical settings also can join the program and conduct research in their specialties. Other matters that are a concern in providing a new

INTERNATIONAL PERSPECTIVES ON DOCTORAL EDUCATION

Nursing Education in Thailand...(continued)

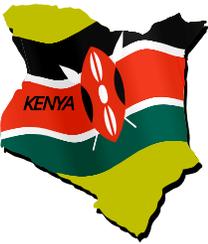
program include the readiness in the academic setting, in the practice setting, and most importantly, of the faculty members who will teach in the DNP or other new programs. They need to be prepared and be able to teach the program at a high standard.

In conclusion, as the education and health care needs of Thai society change, perhaps the demand for nurses with advanced clinical practice skills will increase. For the moment, the critical force of doctoral education in Thailand needs to concentrate on producing graduates to be nurse scholars or nurse scientists for education, practice, policy, and research in all areas so the country can significantly contribute to the research and development of new knowledge and other scholarly work that provides the foundation for the advancement of nursing science. However, in the future when there are more doctorally prepared nurses, which in my opinion may not be far away, new and varied nursing doctoral programs to improve the health of Thai people should be introduced.

One Nurse's Experience in Pursuing a Doctoral Degree in Kenya

John Arudo, Lecturer in Nursing, Kenya

Due to the sensitivity of some of the issues raised below, John would rather not publicise his institutional allegiance. If you have any questions, or wish to contact John, please email: Catrin.evans@nottingham.ac.uk



In Kenya, the number of nurses pursuing their doctoral degrees in non-nursing areas such as public health, epidemiology, health promotion and

many others is increasing as more and more universities now offer such programmes in the country. However, while participation or enrollment in such programmes is high, those who complete the programme within the required period of 3–4 years is low.

But before explaining this further, I would like to give a brief background of my experience in the masters programme which I did both within and outside my country. In 1997, I enrolled for MPH/Epidemiology at one of the universities in Nairobi, Kenya. We went through two semesters course work and for the following year we were placed at an international research institution in the country where I wrote my proposal and conducted my study which culminated in the award of MPH/Epidemiology in 2002. While at the research centre, through a Netherlands Government Scholarship, I registered for an MSc in Clinical Epidemiology in 2000. This was a Summer MSc/PhD Programme which was offered at Eras-

mus Medical University–Rotterdam, and finally graduating in 2003. However, fate would not allow me to complete my programme because my supervisor who was a visiting scientist with the research institution, was returning home after the completion of her contract. Out of humane consideration, my supervisor introduced me to a lecturer at the London School of Hygiene and Tropical Medicine and encouraged me to undertake a short course in Demography since my dissertation was leaning more in that direction. An attempt to get the right supervisor at Erasmus bore no fruits. With my new supervisor in London, we identified the project that I was to work on. Since I was now in a new research area which I did not cover at masters level in great depth, I got a sponsorship and was admitted at London School of Hygiene and Tropical Medicine as an occasional student for three months. At the end of the Demography course, I went back to my country with immediate plans of finalizing my doctoral proposal. As part of my research work, I was to analyse data on results of blood specimens that had been shipped to the USA for laboratory testing. On my return to the country,

I was informed that the Ethics Review Board in the USA had disallowed the conduct of the study due to lack of duly signed consent forms by study participants. The ERB decision affected a number of researchers in my work station and even some of the manuscripts that were awaiting publication had to be withdrawn.

Realising that I was heading nowhere, I decided to resign from my research job and try my hand at teaching in one of the universities in Kenya in 2004. I was happy with my new assignment which included teaching and coordinating research activities among the university campuses in East Africa. For the first three years, my workload was bearable and I felt like I was really enjoying my work. However, gradually more and more responsibilities were being pushed in my direction: teaching, research, co-ordination of projects which included actual facilitation during training, chairing IRB, attending research committees, reviewing post-graduate medical students proposals, coordinating collaborative research activities with outside universities, organizing confer-



INTERNATIONAL PERSPECTIVES ON DOCTORAL EDUCATION

One Nurse's Experience...(continued)

ences, overseeing data cleaning and conducting data analysis for the national nurses database, and last but not least, managing an international project for improving nursing education and practice in East Africa. While involved in all these activities, I am also enrolled for a doctoral degree in Epidemiology and am into my second year still struggling with my proposal which I will be through with by end of November 2008.

What are my fears? The completion of the proposal is not a big problem. My worry is getting time to conduct the actual research in the community where the sponsors of the project require at least three of my working days to be in the field and the laboratory as the study requires validation of HIV testing kits.

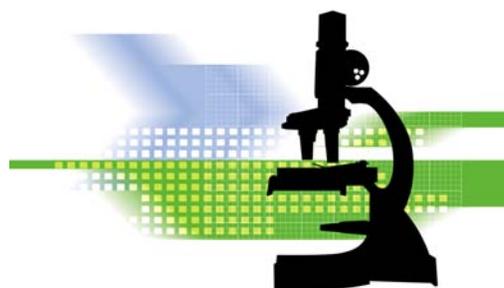
Are the doctoral programmes in resource-challenged countries student-friendly? Is the work environment supportive enough to enable doctoral student to complete his/her programme on time, besides the family obligations?

Well, with my local and international experience in graduate education, I think that students undertaking doctoral and even masters programmes in resource challenged countries are getting a raw deal. For example, the one year of MPH/epidemiology course work was completed without the students having any hands on skills in data analysis – something that was routinely done in The Netherlands and Britain. In fact, research, demography, epidemiology, and biostatistics classes that I attended in the two countries, each had its own lab classes. And being away from the workplace, I was able to concentrate and complete my programme albeit the frustrations in non-completion of the doctoral degree which was beyond my control.

Beside the differences in the approaches used in programme delivery in resource constrained countries, students do not get adequate support from their supervisors. I have two cases of masters students whom I literally supported through their proposal writing, development of the research instrument, data entry, data analysis, and dissertation writing. During that period, I never saw any of the students' supervisors paying them a visit in the field to check on their progress.

The adversities that doctoral students face in resource challenged countries are many and include lack of time to concentrate in the area of study and a feeling of isolation. Doctoral students in Kenya are full-time employees even if they are on full scholarship. On average they work long hours with some reporting on duty by 7 am and leaving office at 8 pm, especially in Nairobi, where most of the universities are concentrated. Again the majority of these students are married suggesting high-level responsibilities that they hold

when undertaking the programme. It is clear that finding and making time to devote to study is a major issue. One has to juggle responsibilities and commitments to work, family (both immediate and extended) and research. Personal and family pleasures and tragedies are part of doctoral student's life in resource-challenged countries.



The feeling of isolation is quite evident among students. This may occur in relation to our work colleagues who do not support or identify with our studies. I work in a university where research is highly valued, and as such, there is one day is set aside for my doctoral research. But this setup has been frustrated by abrupt official engagements that require your undivided attention.

The research environment may also make one feel alienated especially when each employee is pursuing a different research question. I have a few colleagues enrolled for doctoral degrees in various fields of study. I do really feel isolated as I cannot discuss all the pressing issues regarding my area of study with them. It now feels like my task is getting bigger and bigger without anybody to share my frustrations with.

Isolation is also associated with lack of facilities. Access to the internet is limited and if available, institutional restrictions based on policies may limit the number of downloads, time for internet access and even the sites to visit. At one hospital, internet access is limited to 30 minutes per day! So you choose between responding to emails or downloading research materials. Matters are made worse when one has collected data and prepares for analysis. I have seen cases where I had to clean a student's data again after the analyst had passed the results as final. Failure to expose students to data analysis practicum means that students are presenting results that they do not have mastery on.



The relationship between the student and the supervisor is very critical. During my MPH/Epidemiology and MSc programmes, I was in touch with my supervisor almost on daily basis. I had the privilege of being led through the preliminary analysis of my data by the study PI and being coached on international conference presentation. After my dissertation, I was encouraged to write the paper for publication, and here again, I got all the support from more than six research scientists. By and by, I developed a positive relationship with my supervisor and felt at home and fully supported by my employer at the research centre.

INTERNATIONAL PERSPECTIVES ON DOCTORAL EDUCATION

One Nurse's Experience...(continued)

In conclusion, I believe that hope of completing the doctoral programme would be manifested through our joy of learning, from close relationships with colleagues during the doctoral programme and from mutual support from supervisors. These hoped for positive experiences would enable doctoral students to establish a research identity. At the mo-



ment, we just need to "just keep going" in order to overcome the adversities, even if some may have to fund the completion of their degrees. Clearly, these experiences, which may apply to most doctoral students, signals negative implications among those who are on full-time employment and with additional family and community responsibilities. It is important to put a system in

place that would ensure that doctoral students in resource-challenged countries continue to participate in the highest levels of educational endeavour in all fields of research. Universities need to do more than just consider the allocation of supervisors to support doctoral students for the completion of research degrees. The employers and the universities need to remove barriers and build positive research cultures that enable the students to be resilient.

DOCTORAL STUDENTS NEWS AND VIEWS

First Nursing PhD Graduates from a University in China

Marie T. Nolan, Associate Professor, Director, PhD Program

Huaping Liu

Zheng Li

Martha Hill, Dean

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The first nursing PhD graduates from a university in China graduated on July 9, 2008, from the Peking Union Medical College (PUMC) in Beijing, China. The five graduates were part of a doctoral program partnership of the PUMC School of Nursing and Johns Hopkins University (JHU) School of Nursing in Baltimore, Maryland, USA.

Following the university graduation, a separate ceremony was held at the PUMC SON presided over by Dean Huaping Liu of the PUMC SON, and featuring, Dean Martha of JHU SON as the graduation speaker. Dr. Hill is co-principal of the grant funding the partnership along with Chong-mei Lu, MD, former Dean of the PUMC SON. Dr. Lu and one of the PhD graduates also spoke at the ceremony. Dr. Marie Nolan, the Director of the PhD program at JHU SON and JHU Director of the PUMC Program, also attended the ceremonies. All speakers paid tribute to the late Dr. Victoria Mock, the founding JHU Director of the PUMC Program who died of cancer in November 2007.

The program which was launched in 2004 is funded by a grant from the China Medical Board of New York. Fifteen students

in three cohorts are supported for their doctoral study. As part of the sustainability plan, the first cohort of five students was made up of PUMC master's prepared faculty. Subsequent cohorts included nurses from all over China. The program's goal is to increase the number of doctorally prepared nurses in China and to develop a nationally recognized doctoral-level model for nursing education in China and the Chinese health care system.



The second cohort is on track to graduate in July 2009 and the third cohort in July 2010. The second cohort of students is in the final year of a three-year program, completing their dissertation research with their advisors at PUMC. The third cohort will complete the program during the Fall 2008 semester

at JHU where they have been taking coursework and receiving dissertation proposal development guidance from co-advisors at JHU since August. Students have been examining issues related to 1) nutritional risk screening in hospitalized patients, 2) management of chronic illness in children, 3) factors related to menstrual irregularity and menopausal symptoms, 4) retention of patients in methadone treatment, and 5) promotion of nutritional intake in

DOCTORAL STUDENTS NEWS AND VIEWS

First Nursing PhD Graduates ...(continued)



patients with head and neck cancer and in patients dependent on dialysis. A fourth cohort of five students will be enrolled in September 2009.



Reflections on International Learning Experiences for Doctoral and Post-Doctoral Students at the University of Pennsylvania School of Nursing

Marjorie Muecke, PhD,RN,FAAN, Assistant Dean, Global Health Affairs
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Geralyn Grosso, Associate Director, Global Health Affairs

Introduction

We provide international experiences for our doctoral and postdoctoral students in two ways: 1) by accepting applicants from abroad into our program as either full-time matriculated students, or as visiting international doctoral students; and 2) by providing opportunities for our matriculated and postdoctoral students to participate in research or other learning activities abroad. What follows are comments by selected current students on their international experiences in the program.

Visiting International Doctoral Students

Jing Li (Lisa), MN, Doctoral student of the Second Military Medical University, Shanghai, China; Assoc. Professor, School of Nursing, Shandong University, Jinan, Shandong Province. Lisa is studying the methodology of history and the history of nursing development in the USA, which she plans to compare to the history of nursing in China. She wrote the following about her doctoral studies:

“After I finished my masters degree, I struggled to determine if I should enroll in a PhD program. I realized there was something I could do academically in

nursing. How to gear to international standards in nursing education is very important in China. I want to do something to connect China with America with respect to the development of graduate nursing education.

Graduate nursing education in America has a long history and America has a complete education system. Exploring the history of graduate nursing education in America can facilitate the development of graduate nursing education in China. That is my hope. If it goes well, graduate nursing education will be well developed and the quality of nursing will be enhanced in China.

A variety of challenges have emerged through the course of this study. First of all, I have not had enough time to do it because I also teach. The second challenge is the separation from my daughter and husband for so long a time. My PhD program is in a different place from my home. The last and the biggest challenge is maintaining self-confidence when facing fierce criticism in my school. What- ever, I still keep tenaciously pursuing knowledge to finish my dissertation.

The University of Pennsylvania School of Nursing afforded me an exceptionally rich opportunity to study here. It is my honor to be here as a visiting doctoral student to learn more about nursing in America. I cherish it

so much! It gives me a new start!

A good supervisor is most important, keeping you on the path of the doctoral process. They should be supportive and constructive - like a mother. When you do not know where to go, she can give you direction; when you fall down, she can encourage you to stand up to go on. However, stern criticism may be unavoidable,

which can guide you where you need to go. Lucky for me, I have three supervisors in China and America and they do all of these.

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Matriculated Doctoral Students

This past summer, matriculated doctoral students at Penn Nursing participated in short-term data collection on faculty mentored projects in China, India and Guatemala. One of the students describes their experiences below.

Lisa Gatti, second year doctoral student with



DOCTORAL STUDENTS NEWS AND VIEWS

Reflections on International Learning Experiences for Doctoral and Post-Doctoral Students...(continued)

research interests in breastfeeding, spent three months in Santiago Atitlán, Guatemala with the University of Pennsylvania's Guatemala Health Initiative. This is an interdisciplinary program that is built on a partnership between all of the various Penn schools and the Hospitalito Atitlán. She wrote of her experience:

"The overarching purpose of this partnership is to help create community initiated programs for improving the health of the Atitlán community. Several years ago, Penn planned to try to improve training and education of *comadronas* (midwives or traditional birth attendants) in Santiago, as reducing maternal and infant deaths was a need identified by the community. Instead of implementing "education and training" through a didactic US model, it was decided to take a time frame long enough to foster the development of partnering and mutual understanding within the community, and through them, to allow for the uncovering of more appropriate strategies. Now, each summer Penn students and faculty go to Santiago to conduct field work in public health and anthropology, to live in and engage with the community. After arriving and getting to know the community, each student identified an individual research topic, building on

each others' work and the work of past years of this program. As a nurse, I was able to volunteer at clinics at the Hospitalito. Penn students without health backgrounds worked in schools.



This year, we focused on the Culture and Ecology of Motherhood and Safe Delivery. I worked exploring and assessing nutrition of the community as a whole. I incorporated a mixed methods approach by practicing participant observation, group and individual interviews and quantitative measurement of anthropometrics. While I explored broad topics relating to nutrition such as

food availability and price, I also focused specifically on maternal and infant nutrition, including maternal nutrition during and after birth, and infant feeding/breastfeeding practices. This exploratory work has led to some significant questions that I plan to expand upon for my dissertation research. As a result of this experience, I have identified my dissertation research topic as gaining understanding of the factors contributing to malnutrition in Santiago. And because of this experience, I plan to return to con-

tinue studying Spanish, and to conduct research, work and live with this community."

Postdoctoral Studies at Penn Nursing

There are also many opportunities for post-doctoral study at the School of Nursing. Margaret Souder, first year postdoctoral fellow, wrote of her collaborative research project in China: "I participated in a trip to China with Dr. Jianghong Liu in June 2008. Dr. Liu has established the Jintan Health Project. Jintan is a small city three hours north of Shanghai. Three other students, Dr. Liu and I worked with local school staff to collected height, weight and waist circumference data from over 300 8-year old children in different elementary schools. These children are part of her large cohort study looking at growth, neurocognitive skills, and lead levels over past three years. I helped Dr. Liu add a sleep component to her study. With the help of the school nurse, we started a pilot



project describing sleep. Twelve students utilized sleep diaries, and were able to validate a sleep questionnaire and actigraphy in Mandarin Chinese. (Actigraphy is a relatively non-invasive method of monitoring human rest/activity cycles.) We are in the process of analyzing the data. I also gave a presentation on sleep in autism to the staff and doctoral students at Shanghai University Psychiatry/Development Department."



CONFERENCES

The Global Alliance for Nursing Education and Scholarship

Shaké Ketefian

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The Global Alliance for Nursing Education and Scholarship [GANES] was created to address multiple global issues and challenges in nursing, including nursing shortages that many countries are experiencing worldwide. It was formed several years ago by deans' organizations in Australia, Canada, New Zealand, United Kingdom and the United States, "in order to create a collaborative means for working together to pursue global priorities and agendas in nursing education and scholarship" (Daly, MacLeod Clark, Lancaster, Bednash, & Orchard, 2008, p. 1116).

The organization expects to help raise awareness about global health and nursing issues, advocate for global investments in these areas, and influence global policy organizations. GANES held its first conference in early October 2008 in Toronto. The presentations were international and pertained to nursing education, practice, research, and policy areas.

Dr. John Daly, Australia, was elected as the new President of GANES. John is an INDEN member and served on its Board of Directors several years ago.

I was pleased to participate on a panel, representing INDEN, to talk about issues in global doctoral education.

Reference:

Daly, J., MacLeod Clark, J., Lancaster, J., Bednash, G., and Orchard, C. (2008). The Global Alliance for Nursing Education and Scholarship: Delivering a vision for nursing education. *International Journal of Nursing Studies*, 45, 1115-1117.



First Asia Pacific Conference on Nursing Research

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The University of the Philippines Manila College of Nursing (UPCN) and the University of Hawaii (UOH) at Manoa, School of Nursing and Dental Hygiene convened the First Asia Pacific Conference on Nursing Research last September 4-5, 2008 at the Manila Hotel, Philippines.

The conference aimed at documenting and developing evidence-based practice in the Asia Pacific Region and at providing a conducive venue for collegial exchange of ideas and information focusing on evidence-based practice. Nursing interventions, caring for special population groups, nursing education, health education and health promotion were the themes of the conference.

There were about 400 local and foreign conference delegates with 70 research papers presented as either oral or poster presen-

tation.

Speaking in their fields of expertise, the speakers included: Dr. Phoebe Daus Williams of the University of Kansas School of Nursing; Dr. Jillian Inouye, Dr. Debra Mark, Dr. Clementina Ceria-Ulep, Dr. Maureen Shannon and Dr. Kristine Qureshi of UOH School of Nursing and Dental Hygiene; Dr. Terence McCann of Victoria University School of Nursing and Midwifery; Renee Latimer and Grace Schonhardt of Queen's Medical Center – Hawaii; Dr. Leticia Lantican of University of Texas at El Paso; Dr. Josefina Tuazon and Dr. Cora Anonuevo of University of the Philippines Manila; Dr. Erlinda Palaganas and Dr. Fe Marilyn Lorenzo of the University of the Philippines; and Dr. Patricia Davidson of Curtin University of Technology, Australia.

UPCN Dean Josefina Tuazon and UOH Dean Mary Boland opened



CONFERENCES

First Asia Pacific Conference on Nursing Research...(continued)



the conference with Conference Chair Dr. Teresita Barcelo also of UPCN. In her keynote speech, Dr. Mary Boland emphasized the importance of evidence-based practice and nursing research in the region as well as the promotion of strategic linkages in addressing health concerns in both local and global communities.

The main conference was preceded by pre-conference workshops focusing on evidence-based practice, essentials of nursing research and technical writing.

The conference was organized as part of the 60th Foundation Anniversary of the University of the Philippines, College of Nursing, and the Centennial Celebration of the University of the Philippines.

INDEN Co-Sponsors Scientific Sessions with Other Organizations

Shaké Ketefian

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Several INDEN members have continued efforts to collaborate with other groups in offering special sessions on international doctoral education during international conferences. Two such events occurred this Fall [2008].

In one such session, which occurred in collaboration with Hacettepe University in Antalya, Turkey, during an international management conference (October 2008), Drs. Richard Redman and Shaké Ketefian presented a session on INDEN, introducing the organization and its mission and providing an overview of its current activities, followed by a presentation of INDEN's quality criteria, standards and indicators for international doctoral programs. Also participating was Dr. Fusun Terzioglu, who was an INDEN/STTI postdoctoral fellow, serving on the faculty of Hacettepe University, who presented her experiences while on her fellowship. Attendees included nurses, doctoral students and doctoral educators.

In another example of such collaborative sponsorship with other

organizations, INDEN co-sponsored a special session during the biennial Pan American Nursing Research Colloquium, held in Quito, Ecuador (November 2008). A panel organized by Dr. Shaké Ketefian focused on ways in which country health priorities

and faculty research foci might be integrated in organizing the content of the doctoral curriculum and in guiding doctoral student research. Doctoral educators and leaders from Brazil, Chile, Colombia, and the United States discussed how they achieve this balance in their programs. The discussion was organized around INDEN's quality criteria, standards and indicators for international doctoral programs, with a focus on doctoral education in Latin America. Those in attendance were doctoral educators and others interested in developing new doctoral programs.



Drs. Shaké Ketefian, Fusun Terzioglu and Richard Redman at the International Conference on Nursing Management in Antalya, Turkey.

INDEN invites its members to look for opportunities for such co-sponsorship of sessions related to international research and doctoral education and work with INDEN officers to present such sessions.

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Pacific Institute of Nursing Conference in Hawaii

After the successful First Asia Pacific Conference on Nursing Research, the University of the Philippines Manila College of Nursing partners with the University of Hawaii at Manoa School of Nursing and Dental Hygiene for the Pacific Institute of Nursing Conference on March 18-20, 2009 at the Waikiki Beach Marriott Hotel, Honolulu, Hawaii. UOH chairs this conference.

The conference will focus on advancing practice, education and research in the nursing profession. Call for abstracts starts October 2008.

For more information, please log on to www.hjf.org/events/PIN

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Special Journal Subscription Offer for INDEN Members

NURSING INQUIRY

Journal published by Wiley-Blackwell

Nursing Inquiry is an international peer-reviewed quarterly journal which publishes articles for nurses and healthcare professionals on issues relating to the practice of nursing and healthcare. Now in its sixteenth year, *Nursing Inquiry*, is an essential reading for doctoral students in nursing and health care, bringing cutting edge ideas and approaches and innovative scholarship to this rapidly changing field.

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- * Explore emerging ideas, frameworks and approaches to healthcare
- * Promote international perspectives in nursing and healthcare
- * Inform debate on current issues in policy and practice
- * Examine current trends in nursing and healthcare practice



The Editor welcomes original research and review articles on the following:

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- * International and comparative perspectives on care giving, health care and health promotion in the context of globalization and migration of care providers
- * Policy analyses that critically examine the position of the healthcare professions in light of global issues, such as the casualisation of labour, the emergence of generic health workers, multi-disciplinary teams, independent practice models, technological changes, privatization of health care and increased financial pressure on health spending.
- * Methodological analyses that develop and review approaches and frameworks to inquiry in a

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way that extends and enriches nursing and healthcare research.

* Ethical inquiry regarding everyday healthcare practices and assumptions. We welcome papers that re-examine these assumptions and explore the connections between practice and ethics

* Philosophical inquiries that investigate the assumptions underpinning clinical practice and raise questions such as 'Why do we engage in particular practices?' We encourage papers that employ a comprehensive exploration of opposing ideologies and reject conformity in the study of the healthcare professions.

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INDEN BULLETIN

INDEN Membership Update

Hello INDEN members!

New Members: As of July 2008, please welcome 10 new members to our organization!



INDEN Membership Renewal Reminder: If you have not yet renewed your membership, please do so at your earliest convenience. Don't let your membership expire!



Payment methods --

We regret to say that online payment is still not available at this time and we cannot predict when it will be available. Renewals can only be made via **fax, phone** or **postal service**.



For information on how to renew your existing membership (or to apply for a new membership), go to the INDEN website:

<http://www.umich.edu/~inden/>

If you have questions, please contact Janie McMillen, INDEN Administrator, at janiem@umich.edu.

FINAL ANNOUNCEMENTS/OTHER



Contributions to the Next Newsletter

The next edition of INDEN will be published in March 2009. The deadline for submissions is February 15th, 2009.

Please submit your articles to:

indeneditors@umich.edu.



FINAL ANNOUNCEMENTS/OTHER



If you would like additional information on the International Network for Doctoral Education in Nursing, please contact:

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