



## REVIEW ARTICLE

# A peer-driven community-based doctoral supervisory model: development from an evaluation of an ethics workshop for health care professionals undertaking research with children

Jane A. Hunt<sup>1</sup>, Veronica Swallow<sup>2</sup>

1. Senior Lecturer, Children's and Young People's Nursing, School of Health and Social Care, Bournemouth University, Bournemouth, Dorset
2. Senior Lecturer, School of Nursing, Midwifery and Social Work, Manchester University

## Abstract

**Background:** Differing doctoral supervision models currently exist. Three key conceptual supervisory models relevant to doctoral students from within the healthcare professions were identified from a literature review: the 'functional pre-modern' model, the 'team' model and the 'community group' model. However, whilst these models exist, for the most part, supervision remains embedded within home academic institutions.

**Method and material:** (1) An extensive review of the literature was undertaken, drawing on: Australian Education Index, British Education Index, the British Humanities Index, the British Nursing Index, EBSCOHOST EJS and Google™ Scholar; (2) an outcome-oriented evaluation of a workshop delivered to seven current or prospective doctoral candidates from within the health care professions and researching with children and/or young people, concerning the conduct of ethical research was undertaken

**Results:** Five key categories related to 'best things about the day' were identified from a four-item, anonymous questionnaire appraising the day. These concerned: round table discussions, plenary seminars, workshop organisation, value of experiential learning and future workshop opportunities. From these themes an 'innovative' peer-driven, community based model of doctoral supervision was developed that is extrinsic to and complements the supervision provided in students' home academic institutions.

**Conclusions:** The innovative supervisory model developed through an outcome-oriented evaluation of a workshop for doctoral candidates has particular relevance for doctoral students who are healthcare professionals generally and nurses in particular, especially those studying in highly specialised areas where there may be a dearth of subject specific supervisors.

**Keywords:** Doctoral supervision, health care professionals, community-based peer learning, ethical research with children

Corresponding author: Dr Jane Hunt, PhD, RSCN, RGN, DN, PGCert ,B233, Bournemouth House, School of Health and Social Care, Bournemouth University, Dorset BH1 3LH. Email: [jhunt@bournemouth.ac.uk](mailto:jhunt@bournemouth.ac.uk)

## Introduction

Interest in doctoral education, including that of healthcare professionals, is rapidly evolving to reflect the overall growth in numbers of doctoral students globally,<sup>1,2</sup> the variance in programmes offered,<sup>2-4</sup> increasing economic interest concerning PhD completion rates,<sup>5-8</sup> the 'performativity' of academics,<sup>9</sup> international concerns to reform and enhance the quality of doctoral education<sup>10</sup> and what Denicolo and Park<sup>3</sup> have termed the overall 'doctorateness' of doctoral education. Thus, there is now a wealth of interest in the supervision of doctoral studies,<sup>4,10-13</sup> with a particular emphasis on relationships between supervisors and their students,<sup>12, 13</sup> and timely completion of PhD studies.<sup>5,8</sup> In literature



concerning PhD completions, relationships between supervisor/s and supervisee are seen as integral to success.<sup>14</sup>

Changes to doctoral studies and to supervision have resulted in differing models of supervision emerging.<sup>1,2,4,10,11,15</sup> However, within these evolving supervisory models, with the exception of Cumming,<sup>10</sup> little regard is paid to the worlds of doctoral candidates, beyond universities' boundaries, in completion successes. In particular, there is a dearth of literature dedicated to positive influences gained by doctoral students from peer groups external to academic institutions in which doctoral studies are undertaken. There has also been limited primary research and evaluations regarding research degree supervision generally.<sup>1</sup>

Coupled with a growing interest in differing doctoral supervision models, has been increasing scrutiny of the ethics of all research proposals in the National Health Service and social care in the United Kingdom (UK) to ensure research is efficient, effective, timely and that it will command public confidence.<sup>16</sup> Undertaking ethical research is of paramount concern when studies involve or are about vulnerable groups of people within society, not least when they involve or are about children or young people.<sup>17-20</sup> With increasing numbers of UK based nurses studying for doctoral degrees, and limited numbers of doctorally educated children's nurses to supervise doctoral research undertaken by those researching with children, a series of three workshops were provided at the Royal College of Nursing (RCN), London. These workshops set out to facilitate children's nurses undertaking doctoral degrees and researching with or about babies, children or young people, whose supervisory needs were not being fully met elsewhere. One of the workshops concerned ethical challenges for doctoral students researching with children and young people in healthcare settings.

Drawing on English language literature identified through the Australian Education Index (AEI), British Education Index (BEI), the British Humanities Index (BHI), the British Nursing Index (BNI), EBSCOHOST EJS and Google™ Scholar, dating from 1979 onwards, this paper adds to a growing body of literature outlining supervisory models for doctoral studies. It identifies, through an outcome evaluation of a workshop for doctoral students from healthcare professions concerning ethical challenges of researching with children and young people in health care settings, a peer-driven community-based supervisory model of doctoral supervision, extrinsic to academic environments in which students study. This model, it is contended, has the potential to benefit doctoral students generally but from nursing backgrounds in particular, studying in 'specialist' areas where limited expertise exists internally within higher education institutions (HEIs) at which doctoral students are registered, for doctoral supervision in students' 'specialist' researched areas.

### **Supervision models for doctoral degrees**

There is a growing body of international literature concerned with research degree supervision, reflecting the growth in numbers of doctoral students<sup>1,2</sup>, the diversity of doctoral programmes offered<sup>2-4</sup> and policy and economic drives to enhance numbers of students completing studies on schedule.<sup>5-8</sup> Because supervision of novice researchers has been viewed as vital to the successful outcome of research, much of these literature focus on relationships between supervisor and supervisee, and the influences of supervisors on supervisees are viewed as pivotal to successful completion of doctoral studies.<sup>12,21</sup> Supervisors of doctoral students require a complex array of skills and expertise<sup>22</sup> in an emerging array of differing supervisory styles,<sup>21</sup> within an increasing nexus of academic roles<sup>22</sup> supervision is evolving to include a number of differing facets.<sup>11</sup> Thus, a number of differing and

emerging supervisory models for doctoral research have been described.<sup>1,2,4,10,11,15,21,23</sup> These have been reviewed in this paper to identify three key conceptual supervisory models: (1) The 'functional pre-modern' model, (2) the 'team' model and (3) the 'community group' model.

### ***The 'functional pre-modern' model***

Historically, supervisors have adopted a traditional style of doctoral supervision reflecting that of their own supervisory experiences<sup>1,24</sup> and this remains a recommended approach in some supervision manuals.<sup>22</sup> Here, supervision is generally dyadic where the supervisor/supervisee relationship is central.<sup>1,12,15</sup> Occasional co-supervision occurs<sup>1</sup> within this traditional model although within the natural science and engineering disciplines, co-supervision has pervaded PhD supervision for some time.<sup>13</sup> In this supervisory model, supervision has exempted itself from educational control, seen through examinations first implemented through 19<sup>th</sup> century schooling and later within tertiary education, remaining 'pre-modern' and 'functional,'<sup>25</sup> with relationships between supervisor and supervisee being viewed as 'private'.<sup>24</sup> Here, the PhD student is seen as an 'apprentice' to their supervisor<sup>25</sup> where power imbalances and patriarchal relationships have existed<sup>7,15</sup> and where supervisors possess expertise to be imparted to students,<sup>15</sup> furthering patriarchy. At its most simple, this relationship concerns posing and solving problems,<sup>1</sup> with, additionally, supervisors providing technical and emotional support to students.<sup>12</sup> Drawing on work by Kendall,<sup>25</sup> we have termed this dyadic, traditional approach to supervision the 'functional pre-modern' model and it is this approach to supervision which pervades the doctoral education literature.

### ***The 'team' model***

Literature has described traits of the good supervisor/supervisee relationship,<sup>22</sup> challenging

more traditional notions of doctoral supervision. A more diverse and 'dynamic' array of supervisory models are described which build on and move away from the 'functional pre-modern' model.<sup>1</sup> The process of doctoral student learning is currently perceived to be more complex than is viewed within the traditional, 'functional pre-modern' model and contemporary doctoral studies have become an *education*,<sup>3,7,15</sup> rather than an *apprenticeship*, which is flexible and open.<sup>15</sup> In new universities where the numbers of doctoral students may be fewer than in older universities, supervisors of doctoral students are less available or experienced in doctoral supervision and the array of doctoral programmes more diverse, supervisors inevitably lack expertise in all components of a research students' work. To counteract these shortfalls in such settings the 'team' model has evolved to benefit research degree student *education* and has been embraced in a number of HEIs.<sup>26</sup>

A working group within the UK, comprising the HEFCE and the Department of Health (DH), established in 2000, identified joint supervision of experienced supervisors with less experienced supervisors as a model of supervision for research degree students for coping with the demands placed on organisations of increasing numbers of postgraduate research degree students<sup>23</sup>. Such a model for joint supervision, it was argued, may include cross discipline, school or department supervision. Thus, following this model and one organisational approach to 'team' supervision, a 'team' supervisory model may comprise as few as two supervisors<sup>26</sup> although larger 'teams' of supervisors, particularly within the natural sciences, have also been identified<sup>13</sup>.

Supervisory teams are seen to possess expertise<sup>15</sup> which differs from and is more multi-dimensional than that of the lone supervisor working within the 'functional pre-modern' approach to supervision. However, where suitable internal supervisors have been absent and where permitted by individual organisations, this model



of joint or 'team' supervision has been extended beyond individual universities' boundaries to adopt a national, external model of joint supervision<sup>23</sup>. The supervision team has become particularly favoured in recent times for students of professional doctorates and we have termed this approach to supervision, the 'team' model.

### ***The 'community group' model***

Building on and extending beyond the 'team' model, there is growing recognition that the complexity of doctoral education takes place within a variety of 'communities' or 'groups'. Malfroy<sup>2</sup> describes this approach as 'collaborative and collective' whilst Cummings<sup>10</sup> views such an approach as 'an integrative model of doctoral enterprise', acknowledging a diversity of stakeholders within and beyond the organisation in which doctoral studies are registered. In long established research organisations, this collaborative collectiveness has existed alongside 'functional pre-modern' approaches to supervision, as students have joined organisational research communities<sup>22</sup> or comprised a departmental or organisational group of research students.<sup>13</sup>

Amidst supervisory 'communities' and 'groups', there is expanding interest in institutional support for research degrees and, in particular, on training for supervisors and the provision of a rich environment for students<sup>7</sup>, what Boud and Lee<sup>7</sup> term 'the research learning environment'. This environment encapsulates, amongst other elements: engagement with other students, flexibility and choice in learning conditions and a 'community of peers/experts/others.'<sup>7</sup> The notion of a community or group approach to doctoral learning has further been recognised by Grevholm et al.,<sup>1</sup> who describe and evaluate a dynamic model of 'community' supervision of doctoral students of mathematics in Sweden. Here, 'natural' research groups, comprising individual students at varying stages of their doctoral

studies, those completing masters' degrees, those who have just completed their PhD theses, in addition to a variety of supervisors and guest researchers, have evolved.

The notion of a 'community' or 'group' approach to doctoral learning has further been enhanced<sup>10,15</sup> through recognition that doctoral students' learning may extend well beyond the boundaries of the university sector, providing opportunities for what has been termed 'collective or community learning groups.'<sup>15</sup> There is some evidence to suggest that 'collective or community learning groups' are evolving through the establishment of collective, scholarly writing groups<sup>15</sup> and through online formative assessment within a professional doctorate programme.<sup>4</sup> Thus, despite recognising that supervisory 'teams' may extend beyond university boundaries<sup>23</sup> and that '*systematic attention to the space of research learning, as pedagogical space is.... urgently required*'<sup>7</sup>, the notion of a 'community group' model has not hitherto widely extended beyond local, organisational research communities.

Exploring the concept of a 'community group' model beyond local, organisational research communities is particularly poignant for doctoral students undertaking research in areas where limited supervisory expertise exists within HEIs where doctoral studies are undertaken. This situation arises none more so than for experienced children's nurses who are doctoral candidates researching with infants, children and/or young people where ethical approval is required to undertake ethical research in health care settings and where limited experience of gaining ethical approval to undertake such research has been gained by experienced research supervisors, who are nevertheless inexperienced in researching with this 'vulnerable' societal group.

### **Ethical research with children and young people: the debates**

In relative terms, the study of ethics in relation to research with children and young people is recent.<sup>20</sup> This has arisen from children's and young people's changing societal position,<sup>20</sup> where their views and opinions have only recently become valued and their rights have been respected only in recent decades. These rights have been formally recognised globally through the United Nations Convention on the Rights of the Child.<sup>27</sup> As Hutchby and Moran<sup>28</sup> have contended:

*Increasingly, children are being seen as competent social agents in their own right, rather than as apprentice versions of adults*

From this developing societal viewpoint, a wealth of literature now seeks to explore the views and opinions of children and young people across a broad range of topics.<sup>29-31</sup> Thus, in the words of Moules<sup>32</sup>: *'Researchers are increasingly recognising the importance of understanding children's perspectives on their lives in communities and family situations'*.

Whilst children and young people may increasingly be viewed as competent beings<sup>20,28</sup> and their views and opinions increasingly valued, they are not *legally* competent in the UK to provide consent to participate in research.<sup>20</sup> Despite this, the Medical Research Council (MRC)<sup>33</sup> contend that: *'where children and young people have sufficient understanding and intelligence to understand what is proposed, it is their consent and not that of their parent/guardian that is required by law'*.<sup>33</sup> It is thus increasingly recognised that children and young people under the legal age of consent and without sufficiently developed levels of understanding and intelligence should be provided with an opportunity to *assent* to participate in research<sup>19,29</sup>. This means that such children and young people should be offered an opportunity to know they have a choice to participate in research.<sup>20</sup> Gaining assent, from children and young people, and, where relevant,

their consent, to participate in research, alongside consent from parents or other legal guardians, contributes towards particular ethical considerations of research involving children and young people and is an underpinning example of what has been described as: *'the study of ethics in relation to research with children'*.<sup>20</sup> The issue of gaining consent and/or assent for children and young people to participate in research as an ethical consideration is discussed further below.

Ethics are important in helping researchers consider hidden difficulties in undertaking research with children; research ethics ensure integrity and quality.<sup>19</sup> However, undertaking research with or about children and young people is not without difficulties, not least a concern to undertake ethical, principled research<sup>20</sup> and what this means for researchers. Recognising the importance of ethics in research involving children and young people has resulted, in recent years, in a number of organisations in the UK concerned with children's and young people's well-being providing guidance for ethical research. Guidance for ethical research with children and young people has been provided in the UK by a number of professional and charitable organisations including: the Royal College of Paediatrics and Child Health (RCPCH),<sup>34</sup> the MRC,<sup>33</sup> the National Children's Bureau and Barnardos. Ethical guidance for research concerning children and young people provided by these and other organisations has been reviewed by Twycross<sup>17</sup> and a number of key themes identified. These themes include: informed consent, payments to participants, limiting guarantees of confidentiality and protecting participants.

Twycross<sup>17</sup> argued, however, that whilst commonly agreed themes within the ethics guidance of the organisations reviewed exist, there are a number of themes where consensus has not been reached. For example, inconsistent expert views are apparent regarding informed consent; whether parents or children should give informed consent (or assent) appears complicated



by a number of issues which are primarily linked with national and international policies and law. A second area of ethical debate in research involving children and young people, resulting in inconsistent ethical guidance and arising from Twycross<sup>17</sup> review, concerns payment to participants. Whilst there is consensus within the ethical guidance offered by varying expert organisations, relating to travel reimbursement costs, consensus about whether time and effort by participants should be rewarded is absent.<sup>17</sup> Furthermore, whilst some organisations state that financial inducements should be discouraged, others suggest they should be considered. Issues of confidentiality assurance and protecting participants, as a child protection concern, are also central to disparities between organisations offering ethical guidance<sup>17</sup>. Here, disparity arises through a number of organisations recommending that confidentiality of children be always maintained whilst others suggest that if a child divulges that they, or others, are actually or potentially at serious harm, researchers must divulge this information to appropriate authorities. The lack of consensus concerning consent and assent, payment to participants and child protection issues, Twycross<sup>17</sup> argued, requires further debate.

Children who are sick and/or who require hospitalisation are frequently viewed as especially vulnerable, requiring particular due ethical consideration in research. The RCPCH<sup>34</sup> acknowledges that research involving or about infants, children and young people, regarding their health, health care needs and/or treatment, is important because children are not small adults and because, in illness, disease trajectories in children are different to those of adults. These acknowledgements and drives to improve health and social care research governance within England<sup>37</sup> require health-related research to be reviewed and monitored by a health service research ethics committee in advance of data gathering exercises.<sup>16,17</sup> However, Twycross<sup>17</sup>

argued that a requirement for health-related research with or about children and young people, to be reviewed and monitored by research ethics committees, can result in further ethical disparities.

Such disparities arise because research undertaken with or about children and young people in non-health or non-social care related environments is not governed by the same ethical processes within the UK as those which govern research undertaken in health and social care settings. With these disparities in evidence, both experienced and novice researchers confront uncertainties about ethics' processes when health-related research concerning children and young people crosses health care boundaries, particularly into education. Thus, Twycross<sup>17</sup> argued, given the potential vulnerability of all children and young people, for all research involving children and young people to be subject to similar ethical review processes as those encountered by health researchers. Following this recommendation, a health-related study seeking young children's views of infant feeding practices, undertaken in a primary school setting, has recently reported gaining ethical approval from a National Health Service Research Ethics Committee.<sup>29</sup>

The relative youth of: '*the study of ethics in relation to research with children*'<sup>20</sup> (p.169), a lack of consensus within ethical research guidance offered by key organisations concerned with the welfare of children and young people<sup>17</sup> and methods of data collection which are specific to research with young children,<sup>29</sup> make gaining ethical approval to undertake research with children and young people in health care settings a challenge for experienced researchers. Thus, for novice researchers embarking on a doctoral journey of research involving or about children or young people, this challenge may be compounded.



## **A workshop for doctoral students regarding ethical research with children and young people**

To facilitate the journeys of doctoral students who are experienced children's nurses and undertaking or considering undertaking health-related doctoral research with children and young people, a series of three workshops was identified by a group of post-doctoral children's nurses with varying doctoral supervision experiences, who met through the RCN in the UK. The workshops arose through concerns to mentor those researching or working towards a doctoral programme of study where children and young people are at the core and a number of key themes for inclusion within the workshop series were identified. The themes included: 'getting started', 'research methods applied to researching with children' and 'ethical issues of researching with children'.

To build on supervisory models of research degree supervision outlined earlier in this paper, and to develop a peer-driven community-based supervisory model of doctoral supervision, this paper reports on an outcome evaluation of the final workshop: 'Ethical issues of researching with children'. This workshop was held in central London (the RCN headquarters) in November 2008, following dissemination of information about the workshop through a variety of nursing communication channels, both electronically and via journals and professional pamphlets. The aim of the workshop was to facilitate discussion amongst those preparing to gain or who had recently gained ethical consent, for health-related PhD studies involving children and young people. The format of the day was structured around five plenary seminar presentations lasting 20 minutes, each followed by a 40 minute round table discussion. Topics for inclusion within the plenary seminar presentations arose through the review of ethical guidance<sup>17</sup> and through wider discussion with the workshop organising committee (this paper's authors); speakers were drawn from personal contacts.

The plenary seminar presentations subsequently concerned: underlying ethical principles of research with children and young people, 'inducements' provision to child and young person participants of research, challenges of gaining ethical approval from research ethics committees when 'novel' research approaches are adopted and challenges of accessing children and young people and maintaining anonymity of participants in research undertaken outside NHS settings. Three of the plenary seminar speakers were full time doctoral students in their final year of studies, two of whom had recent and challenging experiences of gaining ethical approval to undertake their research; one had recently completed a Master's dissertation and was currently considering embarking on a doctoral track and the fifth speaker (Twycross) was an experienced post-doctoral researcher, well published in the field of ethical research with children and young people.<sup>17-19</sup>

### **The evaluation**

Fourteen participants (including two organisers, five speakers and seven delegates) attended the workshop. Most participants were children's nurses, although delegates included a psychologist and a midwife. Participants possessed a range of doctoral experiences, including those considering embarking upon doctoral studies, newly registered doctoral students, full-time research students in their final year of studies and post-doctoral participants with between two to eleven years post-doctoral experience. Participants came from the north east of England, the Midlands, the South West and South East of England.

Adopting the philosophical underpinnings of outcome-oriented evaluations<sup>38</sup>, delegates completed a four item, anonymous questionnaire appraising the day, comprising: (1) listing three best things about the day and (2) three things that could be improved upon for future workshops, (3) additional comments about the workshop and (4)



ideas for future workshops. Eleven evaluation forms were completed and returned. Since the numbers of completed evaluation forms received exceed the numbers of attending delegates, it is evident that a number of speakers also completed evaluation forms. Where additional comments were provided, these reflected either best things about the day, or things which could have been improved upon, otherwise commented upon by others in the first two items of the evaluation. Therefore, for purposes of analysis, additional comments from items three and four of the questionnaire have been combined with those reflecting the best things about the day and things which could be improved upon (items one and two). In addition, the organisers collaborated at the end of the day for the purposes of the chair's summation. From these discussions, notes were compiled and these too were incorporated into the outcome-oriented evaluation.

Condensing the four item questionnaire into two, a coding framework for analysing free response text within questionnaires, as described by Oppenheim,<sup>39</sup> was adapted for use. Using this approach, analysis of the evaluation forms revealed five key categories related to 'best things about the day. These concerned: the round table discussions, the plenary seminars, the workshop organisation, the value of experiential learning and future workshop opportunities. These categories are outlined below. The workshop generally evaluated very positively. Only two participants provided suggestions for improvement and none of the notes taken by the organisers suggested areas requiring improvement. One participant suggested they would have preferred that the workshop drew people from the north of England. Given that three of the 14 participants (21%) came from the north west of England, the value of this participant's comment is questionable. A second comment proffering suggestions for improvement concerned the provision of further information and a list of useful website addresses. However,

the specifics of what information would have been desired were not detailed, making this recommendation difficult to act upon.

### ***Round table discussions***

Both the content and structure of the round table discussions, which followed the plenary seminar presentations, were the most frequently occurring categories in both the organisers' notes and the participants' responses, as the best thing about the workshop. Participants particularly valued 'story-telling', where individual participants' recounted their own experiences of the phenomena under discussion. The opportunities which arose within the round table discussions, to share and learn from others' experiences were also highly valued by participants as the best thing about the workshop. These round table discussions were also valued for their abilities to develop cross-fertilisation of ideas, for their 'cathartic' nature and for further networking to develop. The length of time afforded to each round table discussion, for the most part, was also highly valued.

### ***The plenary seminars***

The second most commonly occurring category arising from the evaluation of the workshop concerned the plenary seminars themselves. Participants valued these for the interest of their topics, the application of the topics to participant needs, their variety and the high levels of skills and knowledge demonstrated by the speakers. A presentation regarding difficulties encountered by one PhD student in gaining access when adopting 'novel' methodological approaches to her research,<sup>29</sup> from an ethics committee, was particularly valued as a 'story-telling approach' to learning.

### ***Workshop organisation***

A third category arising from the evaluation of the workshop concerned its organisation. Although it had been the aspiration of the organisers to

provide a workshop for greater numbers of delegates, the size, composition and friendliness of the group of participants was valued by several evaluators of the day and by the workshop organisers. The interdisciplinary group composition and group size enabled everyone present to participate in the round table discussions and was viewed as an excellent way of learning. Indeed, the sizing of the group was viewed as paramount to the successes of the day. Several evaluators also valued the overall organisation of the day and the ability to keep the day and the planning to time.

### ***Experiential learning***

Overall, the format of the day in which plenary seminar presentations were followed by round table discussions was viewed as an excellent, practical method of learning and of sharing experiences. A number of participants recognised the solitary nature of doctoral research and the particular challenges in gaining ethical approval to undertake research with children and young people; they greatly valued the experiential learning experience with like-minded individuals. For those participants who had yet to embark upon a doctoral journey, this workshop was viewed as inspirational in the future planning of their studies.

### ***Future workshop opportunities***

Few suggestions were proffered for future workshop opportunities. However, given the successes of the workshop reported here, a number of delegates suggested that future opportunities for 'story-telling' and/or scenario-based learning opportunities with like-minded individuals would be welcomed. Other suggestions included workshops concerning research methodologies suited to researching with children (an earlier workshop planned by the workshop series' organisers concerning this topic had been cancelled) and analysis of data from

novel and unusual data collection methods, not widely reported in the literature.

### **Discussion**

'Story-telling', 'reflections' and 'narratives', are familiar terms which are frequently intertwined in qualitative research.<sup>40</sup> Such terms are viewed within 'narrative research' as a process over which participants have much control but about which consensus regarding its nature and definition are lacking.<sup>40</sup> Despite lacking consensus in definition, storytelling approaches to qualitative research are viewed as valuable, rich and meaningful data. Reflective narratives and sharing of experiences are also key to and well understood by nurses as a means of experiential learning in practice<sup>35</sup> and peer learning within HE has been key to student learning for over twenty years.<sup>7</sup> Narratives and 'story-telling' have also been established within personal and professional development programmes for research supervisors.<sup>22</sup> An outcome-oriented evaluation of the workshop reported in this paper has identified that story-telling and experiential learning with 'like-minded', empathetic peers are key to the values placed by doctoral and potential doctoral students undertaking research with children and young people to supporting their doctoral 'education',<sup>7,15</sup> where questions of ethics arise and where the doctoral research journey is viewed as solitary. Thus 'story telling', experiential learning with like-minded peers, in a 'research community', extrinsic to the HEI at which these doctoral students were studying, it is contended, facilitated the development of a peer-driven community-based supervisory model for doctoral supervision.

The 'like-mindedness' referred to within the evaluation of this workshop, and key to this peer-driven community-based supervisory model, arises through an empathetic affiliation with working and researching with children and young people and through the challenging topics identified and discussed. Interpreting what ethical research with children and young people entails is



complex since professional and charitable organisations concerned with the well-being of children and young people have hitherto been unable to reach a consensus about a number of ethical principles of researching with or about children and young people.<sup>17</sup> Such disparities in views among expert organisations anecdotally render difficulties for health care researchers, and children's nurse researchers in particular, experienced in seeking ethical approval to undertake research with children and young people in health care settings. These difficulties may be compounded for the novice doctoral student, particularly when undertaking doctoral studies within organisations where few supervisors have gained experience of researching with children and young people or when 'new' methodological data collection approaches are developed.<sup>29</sup>

A dearth of adequately skilled research supervisors to supervise burgeoning numbers of doctoral students is well documented<sup>1</sup>. In relation to supervising children's nurses undertaking doctoral research, this point has been illustrated, in part, through a dearth of professorial posts, relating to children and young people's health. Although a small number of new professorial children's nursing posts were created in 2010 in the UK, a database of professorial posts, compiled on behalf of, and held by, the RCN, identified only four of 202 established professorial nursing positions, relating to children's nursing existed before this time.<sup>36</sup> Despite the recent appointment of children's nursing professoriates, a dearth remains which reflects more generally the paucity of experienced children's nurses to supervise doctoral research. Thus, 'like-mindedness' and empathy with particular difficulties encountered by doctoral students, such as gaining ethical approval to collect data with or from children and young people, we contend, is difficult to achieve within HE institutions where supervisors lack expertise of

the researched area. Such challenges may potentially arise in any small specialist areas.

'Peer learning' in relation to research education has been viewed as: '*networks of learning relationships among students and significant others*'<sup>7</sup>(p.503). Findings from the evaluation of our workshop for doctoral students undertaking research with children, suggest that such networks of learning can extend the boundaries of a supervisory environment to offer peer learning on a national scale.

This paper has contended that through reviewing literature concerned with doctoral studies, three key conceptual supervisory models have arisen: the 'functional pre-modern' model, the 'team' model and the 'community group' model. Peers have recently been seen as integral to doctoral student learning<sup>7</sup> and the importance of supervision and doctoral leaning beyond universities' confines is acknowledged<sup>23</sup>. However, this paper argues that through enabling 'likeminded' doctoral and potential doctoral students to participate in workshops that are delivered external to the students' home HEIs and to participate in story-telling activities, over which participants have much control, enables the development of a peer-led community-based supervisory model.

## Conclusion

Relationships developed between supervisor/s and supervisees cannot be underestimated. However, this paper argues that whilst previous authors have gone some way to outline the significance of peers as part of a learning community, additional sources of supervisory support from peers, external to HEIs in which doctoral students study can act as a valuable source of peer-led community-based supervision.

## Acknowledgments



Alison Twycross, Head of Department for Children's Nursing, Faculty of Health and Social Care, London South Bank

## References

1. Grevholm B, Personn LR, Wall P. A Dynamic Model for Education of Doctoral Students and Guidance of Supervisors in Research Groups. *Educational Studies in Mathematics* 2005; 60:173-197.
2. Malfroy J. Doctoral supervision, workplace research and changing pedagogic practices. *Higher Education Research and Development* 2005; 24(2)165-178.
3. Denicolo P, Park C. Doctorateness – an elusive concept? The Quality Assurance Agency for Higher Education. Gloucester; 2010.
4. Crossouard B. Developing alternative models of doctoral supervision with on-line formative assessment. *Studies in Continuing Education* 2008; 30(1):51-67.
5. The Quality Assurance Agency for Higher Education. Report on the review of research degree programmes: England and Northern Ireland. QAA. Gloucester; 2007.
6. UK GRAD Programme. QAA discussion paper about doctoral programmes: UKGRAD Programme response. UKGRAD Programme; 2007.
7. Boud D, Lee A. 'Peer learning' as pedagogic discourse for research education. *Studies in Higher Education* 2005; 30(5):501-516.
8. Higher Education Funding Council for England. PhD research degrees: Entry and completion. HEFCE; 2005.
9. Holligan C. Fact and fiction; a case history of doctoral supervision. *Educational Research* 2005; 47(3): 267-278.
10. Cumming J. Doctoral enterprise: a holistic conception of evolving practices and arrangements. *Studies in Higher Education* 2010; 35(1):25-39.
11. Halse C, Malfroy J. Retheorizing doctoral supervision as professional work. *Studies in Higher Education* 2010; 35(1):79-92.
12. Sambrook S, Stewart J, Roberts C. Doctoral supervision... a view from above, below and in the middle! *Journal of Further and Higher Education* 2008; 32(1):71-84.
13. Pole CJ, Sprokkereef A, Burgess RG, Lakin E. Supervision of doctoral students in the natural sciences: Expectations and experiences. *Assessment and Evaluation in Higher Education* 1997; 22(1):49-63.
14. Wisker G, Robinson G, Trafford V, Warnes M, Creighton E. From Supervisory Dialogues to Successful PhDs: strategies supporting and enabling the learning conversations of staff and students at postgraduate level. *Teaching in Higher Education* 2003; 8(3):383-397.
15. Parker R. A learning community approach to doctoral education in the social sciences. *Teaching in Higher Education* 2009; 14(1):43-54.
16. Department of Health Research and Development Directorate. Governance Arrangements for Research Ethics Committees: A harmonised edition. [Internet] Department of Health. Leeds. May; 2011. Available:
17. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213753/dh\\_133993.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213753/dh_133993.pdf)
18. Twycross A. An inter-professional approach to the ethics of undertaking research with children in the United Kingdom. *Nurse Researcher* 2009; 16(3):7-19.
19. Twycross A, Gibson F, Coad J. Guidance on seeking agreement to participate in research from young children. *Paediatric Nursing* 2008; 20(6):14-18.
20. Gibson F, Twycross A. Children's participation in research: A position statement on behalf of the Royal College of Nursing's Research in Child Health (RiCH) and Children and Young People's Rights and Ethics Group. *Paediatric Nursing* 2007; 19(4):14-16.



21. Greig A, Taylor J, Mackay T. Doing Research with Children. 2<sup>nd</sup> Edition. London: Sage; 2007.
22. Deuchar R. Facilitator, director or critical friend? Teaching in Higher Education 2008 13(4):489-500.
23. Wisker G. The Good Supervisor. Basingstoke: Palgrave Macmillan; 2005.
24. UK Council for Post Graduate Education. 2003. Research training in the healthcare professions. UK Council for Post Graduate Education. Lichfield; 2003.
25. Lee A. How are doctoral students supervised? Concepts of doctoral research supervision. Studies in Higher Education 2008; 33(3):267-281.
26. Kendall G. The Crisis in Doctoral Education: a sociological diagnosis [1]. Higher Education Research and Development 2002; 21(2):131-141.
27. Bournemouth University. Codes of practice for research degrees. The Graduate School. Bournemouth University. September; 2012.
28. United Nations. Convention on the Rights of the Child. New York: United Nations; 1989.
29. Hutchby I, Moran-Ellis J. Children and Social Competence. London; Falmer Press; 1998.
30. Angell C, Alexander J, Hunt JA. How are babies fed? A Pilot Study Exploring Primary School Children's Perceptions of Infant Feeding Birth 2011; 38:4.
31. Swallow V, Coad J, Macfayden, A. Involving children, young people and parents in knowledge generation in health and social care research. In: M. Nolan, E. Hanson, G. Grant and J. Keady (Eds). User Participation Research in Health and Social Care: voices, values and evaluation. Open University Press/McGraw Hill; 2007.
32. Hunt JA, Seeking the views of children and young people: challenges, methods and topics – a limited review. A report to the Young People's Field of Practice, Royal College of Nursing; London; 2004.
33. Moules T. Children and families. Nurse Researcher 2009; 16(3): 4-6.
34. Medical Research Council. MRC Ethics Guide: Medical research involving children. MRC. London; 2004.
35. Royal College of Paediatrics and Child Health. Guidelines for the ethical conduct of medical research involving children. Archives of Disease in Childhood 2000; 82:177-182.
36. Sharples K. Learning to Learn in Nursing Practice. Exeter: Learning Matters Ltd.; 2009.
37. O'Carroll D. Personal communication. Unpublished data; 2009.
38. Department of Health. Research Governance Framework for Health and Social Care (2<sup>nd</sup> Edition). London: Department of Health; 2005.
39. Clarke A. Evidence-based evaluation in different professional domains: similarities, differences and challenges. in Shaw, IF, Greene JC, Mark, MM. The Sage Handbook of Evaluation. London; Sage; 2006.
40. Oppenheim AN. Questionnaire Design, Interviewing and Attitude Measurement. London: Pinter; 1992.
41. Holloway I, Freshwater D. Narrative Research in Nursing. Oxford. Blackwell Publishing; 2007.