Tracing the emergence of public health leaders through a work-based professional doctorate: stories from the field - past and present

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Introduction
The structure and capacity of the health workforce to address changing patterns of disease and emerging global health risks has become a significant policy issue within Australia and internationally (Brooks, Robinson, & Ellis, 2008; Frenk et al., 2010; Gebbie & Turnock, 2006; Tulchinsky & McKee, 2011). It has been argued that in this changing environment there is a critical need to rethink the way public health professionals are educated and developed including the need to not only use but generate service-based research (Jansen, van Oers, Kok, & deVries, 2010; Moore, Redman, Haines & Todd, 2011; Potter et al., 2006). Despite this, the potential role of professional doctorates in strengthening public health capacity and connecting policy, practice and research has had scant attention in Australia.

A key premise of professional doctorates is that they can foster advanced professionals: ‘practitioner-researchers’ (Costley & Stephenson, 2008) who can successfully integrate academic and workplace cultures and practices to generate knowledge for evidence-based ways of knowing and doing within the complexities of real-world practice (Meyer, Ritchie and Madden, 2011). To date studies on professional doctorates in Australia have largely focused on the external policy context and examples of doctoral curriculum characteristics (Boud & Tennant, 2006; Lee, Brennan, & Green, 2009; Sense 2016; Wildy, Peden & Chan, 2014). There has been limited research tracing how professional doctorates shape professional learning, identities and practices across time and if and by what means they contribute to the formation of practitioner-researchers (Meyer, 2016; Sense 2016).

This paper reports on the longitudinal study tracing the profile and perspectives of doctoral candidates in the Professional Doctorate in Public Health (DrPH) offered through the University of New South Wales (UNSW). It aims to provide a snapshot of the rich complexity of the learning and career trajectories of the diverse multidisciplinary practitioners who have completed or are currently participating in the program. In so doing it argues for the value of longitudinal research in illuminating the subjective experiences and outcomes of participating in a professional doctorate and for interpreting how it shapes professional learning, identities and capacities.

Context
The UNSW DrPH is a three-year work-based doctorate offered to a highly selected group of emerging health leaders in partnership with health workplaces. It accords in many ways with the concept of a ‘third generation’ professional doctorate with the candidate’s own experience and organizational context as the starting point for driving the program of investigation and its focus on ‘practice as research’ (Costley & Lester, 2011).

The degree began in 2009 as a doctoral-industry partnership between the university and NSW Health. Its purpose was to foster a cadre of advanced public health professionals who could generate applied research for contributing to evidence-informed practice in the health system and take up leadership roles. The DrPH was developed to marry with NSW Health’s long-standing and highly regarded Public Health Officer Training Program modeled on the Epidemic Intelligence Service at the Centers for Disease Control
The doctoral curriculum was designed with work placements as its central pedagogical feature so that the main location for candidates’ learning and undertaking applied research was in the health service with joint academic and workplace supervision. Small cohorts of DrPH candidates were selected each year, with four commencing in 2009 and sixteen in total by 2012.

In 2013 the DrPH was broadened in scope to attract mid to senior practitioners from the health sector within Australia and internationally and named the Future Health Leaders (FHL) program. The FHL now has over thirty candidates with an expanding global reach in diverse geographical locations and high-level health service organisations including the United Nations Development Program, Asia-Pacific region; World Health Organisation, Geneva; CDC, Atlanta; Fiji Ministry of Health and the National Environment Agency, Singapore.

**Approach and Methods**

The approach to the research study outlined in this paper draws on that advocated by Lee and Boud (2009) who called for a new scholarship on doctoral education that moves beyond simply what is provided in doctoral education to one that focuses on ‘how it is perceived and taken up’ (Lee & Boud, 2009, p.16). They proposed there is value in taking a practice perspective where the doctoral student’s developing experience and awareness is the focus of inquiry and through tracing changing student perceptions and practices an understanding of professional formation in a doctoral program can be illuminated.

This longitudinal study has traced the student experience from the inception of the UNSW DrPH in 2009 until the present. It has been conducted in two phases mirroring the program’s evolution. The first phase of the research involved a series of in-depth interviews with the sixteen NSW Health doctoral students conducted across a three-year period. The second phase of the research has been undertaken since 2013 through focus groups conducted each year with each cohort as they progress through the DrPH. Thematic and biographical analysis across the two phases of the qualitative longitudinal data has resulted in narratives of continuity and change from the individual to the collective.

**Findings and Conclusion**

It has been found that participants’ stories, past and present, are imbued with a complex iterative process of becoming, and being seen to be, a public health practitioner-researcher and leader. Three key themes weave through their accounts: 1) Seeking Congruence and Making Sense; 2) Struggling and Learning and 3) Doing Identity Work and Transforming. Together they provide insights on the often contradictory, yet significant processes, for successfully navigating the doctorate, strongly evidenced by the narratives and career trajectories of the DrPH alumni to date.

Giving voice to and tracing the learning and career trajectories of our professional doctoral students and alumni across time has proven a demanding yet highly valuable endeavor. It has allowed us to understand the subjective experience in real-time of participation in the program and the ways formal and hidden curriculum, shape and reform identities and practices. It has also allowed us to inform our doctoral students, supervisors and industry partners of the potential demands and outcomes in participating in the DrPH. To further enrich our understanding we intend in the coming year to expand the longitudinal qualitative research to perspectives of academic and workplace supervisors.

**References**


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Dr. Lois Meyer
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Overview

1. The Context for the Professional Doctorate in Public Health at UNSW

2. Key Features of the DrPH

3. Phase 1: Learning and career trajectories

4. Phase 2: Learning and Career trajectories

5. Conclusions and implications
Professional Doctorates

Research to date…

- Limited empirical studies - focus on external policy context or features of specific programs (Lee, Brennan, & Green, 2009; McWilliam, et al., 2002; Maxwell 2009)

- UK research proposes learners are caught in the cusp of two communities of practice – academia and workplace and need to negotiate and integrate both identities and knowledge (Scott, et al., 2004)

- Large gap in understanding how learners actually perceive and make meaning in and across workplace and university settings and shapes their formation in the Australian context (Sense 2016)
The Context of the Professional Doctorate in Public Health

UNSW

NSW State Health Department

Partnership 2009 - 2012

16 DrPHs

UNSW Work-based Professional Doctorate in Public Health

Future Health Leaders Program: 41 DrPH Candidates and Health Service Organisations
DrPH Background: NSW Public Health Officer Training Program

- 1990 Program is established based on modelled on Centres for Disease Control, Epidemic Intelligence Service (EIS)

- Service-based traineeship for developing specialist multidisciplinary public health professionals

- Purpose to strengthen public health workforce capacity in NSW Health

- Three year embedded work-based program using a workplace public health professional competency framework

- Over 100 alumni – senior public health practitioners

- 2009 seek university partner
NSW Health Public Health Officer Training Program Features – Pre-Partnership

- Service Based Placements
- Workplace Supervisors
- PHO Trainee
- Competency Based Learning Contracts
- Portfolio
NSW Health and UNSW Partnership Program Features

- UNSW DrPH Supervisor
- Workplace Supervisors
- NSW Health PHO Trainee and UNSW DrPH Candidate
- Competency Based Learning Contracts
- DrPH Thesis
- Portfolio
- Service Based Placements
Partnership

UNSW

NSW State Health Department

Professional Doctorate

Tracing 16 DrPH Learning and Career Trajectories

Shaping of Identities, Practices & Workforce Capacities?
Settings and positionings for new knowledge

University and academic practices

Workplace and organisational practices

Self-Project and developing identity and practices

(Adapted from Drake and Heath 2011)
The Research Study

How do practitioners make sense of their own identities and practices as they transition to public health practice through the DrPH and what influences are shaping their professional formation?
The first phase of the study aimed:

- To investigate public health professional formation in the Australian context through an *in-depth longitudinal study* from one multidisciplinary workforce development program

- Explore *the subjective processes* and *contexts* of learning to navigate across professional boundaries into advanced public health practice through the professional doctorate.

- Gather rich fine-grained *biographical narratives* of participants‘ shifting understandings and meaning-making activities as they sought to negotiate their identities, careers and practices through time and space.
<table>
<thead>
<tr>
<th>Participant</th>
<th>Gender</th>
<th>Age range</th>
<th>Initial discipline/educational background</th>
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<tr>
<td><strong>Cohort A</strong></td>
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<tr>
<td>Penny</td>
<td>F</td>
<td>40-45</td>
<td>Nursing</td>
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<tr>
<td>Ryan</td>
<td>M</td>
<td>30-35</td>
<td>Nursing</td>
</tr>
<tr>
<td>Patrick</td>
<td>M</td>
<td>30-35</td>
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<tr>
<td>Jon</td>
<td>M</td>
<td>30-35</td>
<td>Sciences (Health Sciences)</td>
</tr>
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<td><strong>Cohort B</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hector</td>
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<tr>
<td>Diane</td>
<td>F</td>
<td>30-35</td>
<td>Physiotherapy</td>
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<tr>
<td>Olivia</td>
<td>F</td>
<td>30-35</td>
<td>Clinical Sciences and Education</td>
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<tr>
<td>Ann</td>
<td>F</td>
<td>30-35</td>
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<td>Robert</td>
<td>M</td>
<td>45-50</td>
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<td>M</td>
<td>40-45</td>
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<td>Kate</td>
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<tr>
<td>Jacqui</td>
<td>F</td>
<td>25-30</td>
<td>Psychology</td>
</tr>
</tbody>
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**Figure 1: Profile of the research participants**
A life course approach and biographical narratives

• A theoretical and methodological basis for undertaking research that investigates the interconnection between the unfolding lives of individuals and the social contexts within which they are embedded (Heinz, Huinink, Swader, & Weyman, 2006).

• Takes as a given that life is lived within the complexity of nested systems of experience shaping individual and collective biographies across time and space (Levy et al., 2005; Worth & Hardill, 2015).

• Biographical narratives provide in-depth understandings of the subjective perspective of making sense of learning and careers across the professional life course (Barabasch & Merrill, 2014; Giele, 2009; Goodson & Linblad, 2008; Heinz, 2009).
Longitudinal Qualitative Research

2009/10
- Initial Interview
- Focus on learning and professional biographies

2010/11
- Reflective narratives from 2009/10
- Perception of change and key experiences last 12 months

2011/12
- Reflective narratives from 2010/11
- Perception of change and key experiences last 12 months

Individual and Collective Narratives Tracing Changing Identities and Practices in Becoming Senior Public Health Professionals through the DrPH Program
Penny

You’re moving from an area where you have a satisfying relationship with a patient - the therapeutic relationship where you see them progressing and there’s so much satisfaction and reward...That’s who you are and that’s how you see yourself if you’re a clinical person - and then you’re going to make this change...... all of a sudden those patients aren’t in front of you - I do see that as a loss or a sacrifice  (Year 1)

It’s the work, the practical work that you’re doing that supports the learning...it’s not the competencies and the learning contracts...it’s that you’re actually doing it! .........I’m confused about whether I need to produce research publications as well as the workplace reports for the thesis...... ...the whole point of this doctorate is to train people to have academic skills for the workplace...I want to come through with a legitimate doctorate that will be recognised anywhere! (Year 2)

I had a lot of uncertainty...I made a number of comments about how I didn’t know where the Program would take me...maybe even to something more academic...I’ve just been accepted to a position as a senior research officer in a centre for research excellence in primary health care...I think I’ve been working towards this without even knowing it!....... Yes, still a nurse...but the clinical side is fading...  (Year 3)
I keep them fairly separate in my head - I can see how they’re related and I think it’s a great process...basically what I’m doing is I’ll do this evaluation project for my workplace and then I’ll talk to my academic supervisor and she’ll help me polish it up into something..
(Year 1)

The penny just dropped!...I’ve got a plan for the entire thesis mapped out...and I’ve almost got a publication ready to go - I’m feeling a bit more confident about all that.
(Year 2)

The DrPH feels almost like a bonus prize...you know, when I first started, my workplace supervisor was pretty dismissive of it, said a doctorate should be a PhD and 3 years on one topic...I kept my mouth .... professional doctorates are becoming more accepted in the field... lots of guys have them, it makes sense integrating your research with work ..... I want to come out and say I’m an epidemiologist but I don’t think I’m there yet...I don’t feel comfortable putting that label on myself yet  (Year 3)
Key Themes Across Time and Space in the DrPH
The Context of the Professional Doctorate in Public Health

Partnership
2009 - 2012

UNSW Work-based Professional Doctorate in Public Health

UNSW

16 DrPHs

NSW State Health Department

Future Health Leaders Program: 41 DrPH Candidates and Health Service Organisations
Longitudinal Qualitative Research

- 2013: Focus Group on learning and professional biographies
- 2014: Cohort Focus Groups
- 2015: Cohort Focus Groups
- 2016: Cohort Focus Groups
- 2017: Cohort Focus Groups
Candidates and Industry Partnerships

http://www.planecargo.com/GlobalReach/
Candidate Locations

- 2017: 4 Local, 3 International
- 2016: 4 Local, 3 International
- 2015: 6 Local, 2 International
- 2014: 9 Local, 3 International
- 2013: 10 Local, 2 International

Legend:
- Blue: Local
- Red: International
International workplaces include...

- WHO, Geneva
- National Environment Agency (Singapore)
- RenJi Hospital (Shanghai)
- Beijing Center for Disease Prevention and Control
- PATH (Program for Appropriate Technology for Health, Washington DC)
- Ministry of Health and Medical Services, Fiji
- World Health Organization (WHO) Western Pacific Regional Office, Manila
Australian workplaces include...

**Australian Government**
- Health departments (NSW, Vic & ACT) including hospitals and LHDs
- WorkCover, Ambulance (Tasmania & SA)
- Health Workforce Australia
- Australian Army
- Research Institutes attached to universities

**Australian Non-Government**
- Medibank Private
- Pfizer
- Fred Hollows Foundation
- Abt JTA (a health and social sector consulting in Brisbane)
- First Peoples Disability Network
Key Themes Across Time and Space in the DrPH
Conclusions and Implications

- Navigating across practices is not a simple, unitary or well-understood career pathway and requires personal resilience, happenstance and persistence

- The DrPH provides an important professional pathway otherwise not available within a highly diffuse and fragmented professional field

- Navigating multiple transitions requires strong identity work with accounts imbued by ambiguity and striving and boundary spanning

- The role of the industry partnership and workplace networks are critical to the learning and professional formation of practitioner-researchers

- The DrPH is strengthening public health workforce capacity locally and globally
A final comment.....

“Boundary Spanners”

(Wasserman & Kram 2009)