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Lauretta Cathers
Virginia Commonwealth University

Kieran Fogarty
Western Michigan University

Lynda T. Goodfellow
Respiratory Therapy

Christina B. Gunther
Sacred Heart University

Beverly W. Henry
Northern Illinois University

See next page for additional authors

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Authors

Lauretta Cathers, Kieran Fogarty, Lynda T. Goodfellow, Christina B. Gunther, Beverly W. Henry, Douglas A. Kuperman, Laura Santurri, and G. Zipp

Toward an Identity for the Field of Doctoral Education in Health Sciences



Lauretta Cathers ¹, Kieran Fogarty ², Lynda T. Goodfellow ³, Christina B. Gunther ⁴, Beverly W. Henry ⁵, Douglas A. Kuperman⁶, Laura Santurri ⁷, and G. Zipp ⁸

¹Virginia Commonwealth University

²Western Michigan University

³Georgia State University

⁴Sacred Heart University

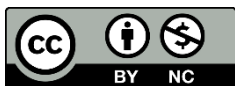
⁵Northern Illinois University

⁶Rush University

⁷University of Indianapolis

⁸Seton Hall University

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Abstract

The Association of Doctoral Programs in Health Sciences (ADPHS) was informally established in November 2019, officially incorporated in August 2021, and is currently a 501(c)(3) non-profit organization comprised of the directors of member doctoral programs of health sciences. The ADPHS grew from informal discussions among program directors who agreed that a major problem in the field of doctoral education in health sciences was the lack of a clearly defined and easily articulable identity. The discussions led to the drafting of an informal and nonscientific survey used to help clarify the current health sciences education environment, relevant emerging trends, and the educational philosophies adopted by the directors of health sciences doctoral programs nationally. The results of the survey and follow-up discussions revealed a strong consensus among program directors that the field of doctorate education in health sciences is uniformly characterized by its interdisciplinary nature. In this position paper, we provide the rationale for the formal position of the ADPHS that the identity of the field of doctoral education in health sciences is based on its interdisciplinary approach to education.

Key Words: PhD, DHS, Doctor, Health Sciences, Interdisciplinary, Association, Education

**Correspondence concerning this article should be addressed to douglas_kuperman@rush.edu.*

Introduction

The field of health sciences encompasses a broad range of disciplines and areas of study, with the overarching goal of advancing knowledge, interventions, and technology for improved health care and patient outcomes. The definition of health sciences, as published by the journal *Nature*, is the study of all aspects of health, disease, and health care (Nature, 2024). In contrast to this quite broad definition, doctoral programs in health sciences have traditionally been aligned with specific health care disciplines as indicated in their names. For example, the doctor of medicine (MD) (University of Glasgow, n.d.), the doctor of nursing practice (DNP) (McCauley et al., 2020), the doctor of occupational therapy (OTD) (Brown et al., 2015), or the doctor of physical therapy (DPT) (Plack & Wong, 2002). It seems clear that these doctoral health sciences programs serve a mono-professional student body with discipline-specific educational philosophies, and they award diplomas corresponding to their specific disciplines.

In recent years, there has been a growing recognition of the need for interdisciplinary approaches to research and clinical practice in addressing complex health challenges. The National Institutes of Health (NIH, 2024), and the U.S. National Science Foundation (NSF, n.d.) prioritize an interdisciplinary research approach. While sometimes fractured, allied health professional organizations sometimes work together to achieve common goals (Donini-Lenhoff, 2008). It has been suggested that the most powerful use of the term “allied health” would be if it conveyed an umbrella concept of diverse health science disciplines working together (Chadwick et al., 2020).

Given this dialogue, it is not surprising that we have seen the emergence of health sciences doctoral programs that adopt an interdisciplinary lens to practice and research. However, there had yet to be a consensus formed and articulated by the directors of such programs regarding the identity of the field of doctoral education in health sciences. The Association of Doctoral Programs in Health Sciences (ADPHS) was informally established in November 2019, officially incorporated in August 2021, and is currently a 501(c)(3) nonprofit organization comprised of the directors of member doctoral programs of health sciences. The ADPHS grew from informal discussions among program directors who agreed that a major problem in the field of doctoral education in health sciences was the lack of a clearly defined and easily articulable identity. The authors of this position paper are all founding members of the ADPHS.

Methods

To better understand the complexities and attributes of health sciences doctoral programs in the current environment, an informal nonscientific survey was used to gather information regarding the various program structures, focus areas, and their approaches to education. The survey also aimed to identify emerging trends and challenges that could inform the development and establishment of the ADPHS. The survey was sent to 32 program directors nationally whose programs were deemed by the authors as not discipline-specific based on their descriptions on their web pages. The authors only received responses from ten such program directors who had themselves participated in the construction of the survey.

Results

The official names of the doctoral health sciences programs varied. However, the names of the programs, in all but one instance, contained the term “health science(s)” (Table 1). In this way, these programs are distinguishable from the many discipline-specific health sciences doctoral programs that exist. During follow-up discussions, all responding program directors considered their programs to take an interdisciplinary educational approach even though only two such programs had it so indicated in their official names. The variation in program names likely contributes to the problem of lack of a clear identity for the field and points to a potential role for the ADPHS to advocate for more uniformity in program names.

The survey also revealed that eight out of ten responding programs were housed in colleges of health sciences. The ages of the programs ranged from two programs being at least 30 years old, three programs being between 14 and 23 years old, and four programs being at most 10 years old. This indicates a relatively young field. The modes of delivery utilized by these programs were also diverse. One program offered a fully on-campus experience, three programs were fully online, and six programs used a hybrid model. The diversity of mode of delivery between programs is a strength of the field in that it provides potential students with opportunities to find a program that best fits their needs.

The target student demographic of these programs included health care professionals, university faculty and staff, working adults, place-based applicants, and diverse urban students (Table 2). The information on target student demographics revealed an interesting theme. The major target student demographic of these programs was adults working in either clinical or academic settings across the spectrum of health care professions. This was much different from the monoculture of students within discipline-specific doctoral programs in health sciences and fit well with the idea that these programs are part of a distinct field of doctoral education in health sciences that is interdisciplinary in nature.

The distribution of students in their typical phases of doctoral education was not surprising. However, we noted that the ranges of the number of students in each of the phases largely varied. We suspect, based on follow up discussions, that this reflected a large variance in program maturity with older programs tending to have more students in each phase (Table 3).

The credit hour requirements, term to completion, attrition rate, and number and type of program faculty varied with a wide range between programs (Table 4). To some extent, this likely reflected differences in the maturity and size of programs. However, the large variance in total credits and dissertation research credits required pointed to a potential role for the ADPHS to advocate for more uniform degree requirements in the field

Table 1

Degrees and Names of Programs

(Degree) Program Name	Number of Programs with the Same Name
(PhD) Interdisciplinary Health(-related) Sciences	2
(PhD) Health Services Research	1
(PhD) Health Sciences	3
(PhD) Applied Health Sciences	1
(DHS) Doctor of Health Science(s)	3

Table 2

Target Student Demographics per Program

Target Student Demographic	Number of Programs Sharing a Target Student Demographic
Health care professionals	5
Faculty and staff	2
Working adults	1
Place-based applicants	1
Diverse, urban students	1

Table 3

Student Progression

Phases of Doctoral Study	Median and Range of the Number of Students in Each Phase of Doctoral Study Across Programs
Taking course work	27: (11 - 89)
Eligible for comprehensive exam	9: (4 - 15)
Doctoral candidates	10: (2 - 30)
Graduates per year	6: (2 - 30)
Graduates (total)	19: (2 - 121)

Table 4

Other Program Characteristics

Characteristics	Median and Range for Each Characteristic Across Programs
Total Course Credits Required	53: (33 - 72)
Total Dissertation Hours Required	12: (6 - 18)
Average Term to Completion (years)	4: (3 - 5)
Global Attrition Rate (%)	11: (2 - 23)
Number of Full-time Faculty	2: (0 - 4)
Number of Part-time Faculty	2: (0 - 4)
Number of Adjunct Faculty	3.5: (0 - 10)

Discussion

Although not deployed with scientific rigor, we believe the survey results point to the existence of a relatively young field comprised of doctoral health sciences programs that adhere to an interdisciplinary educational approach. The ADPHS believes this provides an opportunity to adopt a central unifying identity for the field. Specifically, the position of the ADPHS is that doctoral education in health sciences is, by nature of the diverse professional and educational background of the students it serves, interdisciplinary. This position serves as a solid foundation for how the ADPHS is structured to best promote doctoral education in health sciences as a distinct interdisciplinary academic field. The ADPHS is governed by a charter that covers key elements such as purpose, vision, mission, objectives, membership, dues, executive board, standing committees, officers, elections, meetings, and charter amendment processes (ADPHS, 2021). The executive board administers the organization and by-laws that govern standing committees. There are three standing committees focused on governance, program review, and communications. The governance committee is responsible for conducting elections, developing, updating, and monitoring the by-laws, and the membership, as well as recommending the creation or dissolution of standing committees. The program review committee is responsible for “developing, updating, and monitoring the policies and procedures” (ADPHS, 2021) of the program review for merit status service that can lead to the award of Program of Merit (POM) status for eligible programs. The communications committee is “responsible for developing, updating, and monitoring the communications policies, websites, social networking accounts, electronic discussion

groups, surveys, and publications as well as recommending new ways for the association to recruit and communicate with its members and other interested parties” (ADPHS, 2021).

Conclusion

The formal position of the ADPHS is that the identity of the field of doctoral education in health sciences is based on its interdisciplinary approach to education. This common identity has emerged organically even as the programs evolved independently. The ADPHS believes the interdisciplinary identity of the field would be best facilitated by a cohesive and supportive governing body that can provide guidance, standards, and advocacy. Toward this end, the ADPHS was founded and aims to promote doctoral education in health sciences as a distinct interdisciplinary academic field by providing a platform for collaboration, knowledge sharing, and advocacy, ultimately benefiting a community of program directors, faculty, staff, students, and alumni.

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