

# MEASURING CHANGE IN PhD CANDIDATE ATTRIBUTES DURING CANDIDATURE

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# DOCTORAL STUDY

- Difficult and complex
- High stakes for the candidate & the nation
- Candidates are an elite group, but ...
- Individual candidate characteristics and dispositions require study
- Has 3 components: a curriculum, development of the candidate & **learner activity in constructing knowledge and understanding**

# RESEARCH QUESTIONS

- What changes in affective, intellectual and contingency responses occur over a 12 month period of PhD candidature?
- Do changes relate to stage of candidature, age of candidate, whether English was the candidate's native language, and discipline area?
- Are the changes related to cluster membership of the candidates?

# DOCTORAL CANDIDATE ATTRIBUTES EXAMINED ON 3 DIMENSIONS

- AFFECTIVE: coping measures (4 scales), doctoral efficacy (1)  
(Greenglass et al, 1999; Bandura, 2006)
- INTELLECTUAL: metacognitive awareness (2), epistemological beliefs (2), need for cognition (1)  
(Schraw & Denison, 1994; Schommer, 1993; Cacioppo, 1984)
- CONTINGENCY RESPONSE: doctoral responsibility (2), volitional control (3), procrastination (3)  
(Kleuver & Green, 1998; McCann & Garcia, 1999; Muszynski & Akamatsu, 1991)

# THE CANDIDATE SAMPLE

- Responses to an online survey repeated after 1 year: a sub-sample of 1142 candidates from 33 of Australia's 39 universities
- Respondents were self-selected: no claim of randomness is made, but the sample matches what is known about PhD enrolments, except for gender (74 % of the sample was female compared with about 50 % nationally).
- Some details
  - Native English speakers: 82 %
  - Age: 38% in 20s, 24% in 30s, 38% 40s+
  - Stage of candidature: Early 30%, Mid 37%, Late 34%
  - Disciplines: Arts/Human 30%, Sc/Engin 23%, Health 29%

# WHICH MEASURES CHANGED SIGNIFICANTLY OVER TIME FOR THE TOTAL SAMPLE?

## Measures reducing over time

- Proactive Coping ( $p < 0.001$ )
- Reflective Coping ( $p = 0.047$ )
- Support seeking Coping ( $p < 0.001$ )
- Volitional Self-enhancing strategies ( $p = 0.016$ )
- Volitional Stress-reducing strategies ( $p = 0.001$ )

## Measures increasing over time

- Accepting greater responsibility ( $p = 0.006$ )
- Pragmatic goal reduction ( $p = 0.017$ )

# CANDIDATE CLUSTERS

- Three clusters were created from the 18 measures, with cluster quality in the 'fair' range
- Cluster 1: 39% of the sub-sample – Generally positive, not focussed on coping
- Cluster 2: 23% of the sub-sample – Strongly focussed on coping, had less positive views about their studies
- Cluster 3: 39% of the sub-sample – took less responsibility, were clearly having difficulties but not really attempting to resolve them

# WHAT ELSE AFFECTS MEASURES THAT CHANGED?

DEPENDENT T2	R2 %	T1	Clust OK	Clust Giv Up	BFOE Health	Gender	Age	Aust /OS	Cand Time
<b>Reducing</b>									
Coping Proactive	53.3	.688	.041	-.061					
Coping Reflective	40.3	.600		-.075	-.051				
Coping Supp Seeking	40.2	.624				.053			
VolCon Self Enhancing	45.1	.624		-.083			.039		
VolCon Stres Reducing	50.9	.173							.046
<b>Increasing</b>									
Responsib IS mine	14.1	.375							
Pragm Goal Reduction	28.1	.502	-.057			-.063	-.058		.052



## SIGNIFICANT CHANGES OVER TIME (1)

CLUSTER OK: N = 403 (39%)

### REDUCING

Volitional control: use of Negative incentives

Metacognitive awareness: Knowledge of cognition

Epistemological beliefs: Structure of knowledge (complex)

### INCREASING

Coping: Preventative

Procrastination: Response to pressure

CLUSTER GIVING-UP: N = 237 (23%)

### REDUCING

Procrastination: Perceived inadequacy

### INCREASING

Metacognitive awareness: Knowledge of cognition

Metacognitive awareness: Regulation of cognition

Epistemological beliefs: Acquisition of knowledge

## SIGNIFICANT CHANGES OVER TIME (2)

CANDIDATE CLUSTER TRYING: N = 404 (39%)

### REDUCING

Coping: Proactive

Coping: Reflective

Coping: Preventative

Coping: Support seeking

Volitional control: Self enhancing

Volitional control: Stress reduction

Metacognitive awareness: Knowledge of cognition

Metacognitive awareness: Regulation of cognition

Epistemological beliefs: Acquisition of knowledge

### INCREASING

Volitional control: Negative incentives

Epistemological beliefs: structure of knowledge (complex)

Responsibility is mine

Procrastination: Pragmatic goal reduction

## OTHER VARIABLES RELATED TO CANDIDATE MEASURES IN THE REGRESSION ANALYSES

### BFOE:

Health was negatively related to both Coping: Reflective & Doctoral Efficacy

### STAGE OF CANDIDATURE:

Candidacy time was positively related to Doctoral Efficacy, Volitional Control: Stress reduction & Procrastination: Pragmatic goal reduction

### Australian or overseas candidate:

Being an Overseas candidate positively related to Doctoral efficacy, Use of negative incentives, Belief that knowledge is not simple, that PhD responsibility should be the candidate's & having a Need for cognition

### AGE OF CANDIDATE:

Being an older candidate was positively related to Volitional control: Self-enhancing, use of Negative incentives, Regulation of cognition & having a Need for cognition.

Being older was also negatively related to all 3 Procrastination scales: Perceived inadequacy, Response to pressure & Pragmatic goal reduction

### GENDER:

Female candidates were higher on Coping: Support seeking, belief that knowledge was complex and they knew how to acquire it & Procrastination: Perceived inadequacy.

Females also were less likely to engage in Pragmatic goal reduction

## IN SUMMARY

1. The measures tended to be stable over time. Even the significant differences found over the 1-year period were not large.
2. Variance explained at Time 2 was highest for Need for cognition, use of Negative incentives & Proactive coping. Variance explained was lowest for responsibility & Pragmatic goal reduction (both increasing)
3. Candidates in both the **OK** and the **Giving-up** clusters exhibited far fewer and smaller changes than those in the **Trying** cluster.
4. Other variables found to be important (in descending order) were: candidate age and gender, whether an overseas candidate, stage of candidature & BFOE.
5. When all other factors were taken into consideration, Health was the only BFOE related to any of the measures.

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THANK YOU ... QUESTIONS?

