PhD supervisor-student relationship

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Dear Editor,

The relationship between the PhD supervisor and the PhD student is a complex one. When this relationship is neither effective nor efficient, it may yield negative consequences, such as academic failure (1).

The intricacy of the supervisor-student relationship may be in part comparable to the one between the physician and his/her patient [see, for example (2)]. Both interactions develop over several years and the players involved in each relationship – PhD supervisor-student on the one side and physician-patient on the other side – may at some point of the journey develop different expectations of one another [see, for example (3, 4)] and experience emotional distress (5).

In both relationships, the perceived satisfaction with the interaction will contribute to the success or failure of the treatment in one case, and in the other, the writing of a thesis. To improve the mentioned satisfaction, not only there is a need to invest time (6), as does the physician to his/her patients, but also both the supervisor and the PhD student must be willing to negotiate a research path to follow that would be practical and achievable. The communication between the physician and patient is of paramount importance for the provision of health care (7), and so is the communication between the supervisor and PhD student which encourages the progression of both the research and the doctoral study (8).

As to a smooth transition to the postgraduate life, supervisors should start thinking about providing the same kind of positive reinforcement that every student is used to experience in the undergraduate course. The recognition for a job well done will mean a lot for a PhD student, as it does for a patient. One good example is the increase in medication compliance by patients with high blood pressure who receive positive reinforcement from their physicians (9).

Supervisors can organize regular meetings for (and with) PhD students in order to not only discuss their projects but also improve their coping skills, including critical thinking and problem-solving methods (5). The act of sharing knowledge and experiences can motivate the PhD students to persevere in their studies (10).

When needed, supervisors should use their power of influence to increase the time that the student has available to devote to research while maintaining a part of their employment activities (health care-related or not), since many PhD students are also full-time workers.

Last but not least, supervisors and faculty members must encourage PhD students to pursue the available funding opportunities. Socioeconomic problems are known to be an issue for PhD students (5). Without the supervisor's support – by dealing with PhD student's emotions and personality –, research time, funding, and the student's proactiviness, the doctoral journey may

not attain success.

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References

- Diamandis E. A growing phobia. Nature. 2017; 544: 129.
- Goold SD, Lipkin M. The doctor-patient relationship. Journal of general internal medicine. 1999; 14: S26-S33.
- Gill P, Burnard P. The student-supervisor relationship in the phD/Doctoral process. British Journal of Nursing. 2008; 17: 668-71.
- Mainhard T, van der Rijst R, van Tartwijk J, Wubbels T. A model for the supervisor-doctoral student relationship. Higher Education. 2009; 58: 359-73.
- Bazrafkan L, Shokrpour N, Yousefi A, Yamani N. Management of Stress and Anxiety Among PhD

- Students During Thesis Writing: A Qualitative Study. The health care manager, 2016; 35: 231-40.
- 6. McDonald DA. PhD supervisors: invest more time. Nature. 2017; 545: 158.
- 7. Ha JF, Longnecker N. Doctor-patient communication: a review. The Ochsner journal. 2010; 10: 38-43.
- 8. Yarwood-Ross L, Haigh C. As others see us: what PhD students say about supervisors. Nurse Researcher. 2014: 22: 38-43.
- 9. Ogedegbe GO, Boutin-Foster C, Wells MT, Allegrante JP, Isen AM, Jobe JB, et al. A randomized controlled trial of positive-affect intervention and medication adherence in hypertensive African Americans. Archives of Internal Medicine. 2012; 172: 322-6.
- 10. McCarthy G, Hegarty J, Savage E, Fitzpatrick JJ. PhD Away Days: a component of PhD supervision. International Nursing Review. 2010; 57: 415-8.