Living the best way possible: Distance doctoral students navigating care for others and themselves

Katrina McChesney*, University of Waikato, New Zealand

James Burford, University of Warwick, United Kingdom

Liezel Frick, Stellenbosch University, South Africa

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*Katrina.McChesney@waikato.ac.nz

Caring responsibilities can shape how students negotiate access, experience and success in doctoral education. However, norms that construct the ideal university subject as 'carefree' continue to circulate, framing the experiences and expectations of doctoral students, their supervisors, and others who work with them. This paper shares care-related insights from an international survey involving 521 doctoral students across 42 countries who undertook their studies wholly or partly off-campus. Over half of these respondents had caring responsibilities for others, underlining the importance of distance modes for student carers. Many carer respondents felt distance modes offered the best way possible to organise life, education, and caring responsibilities. Care for self was also an important thread throughout the data, encompassing students managing specific physical or mental health needs as well as being proactive in caring for themselves through the challenges of doctoral education. Finally, in terms of care that respondents received rather than provided, peer connections with other doctoral students were emphasised as critical sites of care that enabled wellbeing and success. Given that both off-campus students and student carers have often been rendered less visible in higher and doctoral education, this paper brings new insights into the important nexus between distance study and care – in multiple forms – for doctoral students.

Keywords: *care; caring responsibilities; student carers; distance education; doctoral education; higher education*

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Introduction

The category of 'carers' has emerged as a key dimension shaping doctoral students' access, experience, and success, and a growing body of scholarship has offered windows into the lived experiences of doctoral student carers (e.g. Burford & Hook 2019; Burford & Mitchell 2022; Markides 2020; Mason, Bond & Ledger 2023). However, norms that construct the ideal university inhabitant as 'carefree' (Moreau & Kerner 2015, p. 215) continue to circulate, shaping the experiences of doctoral students, their supervisors, and others who work with them. The challenges reported by doctoral carers are international in scope, with accounts emerging from Australia (Cronshaw, Stokes & McCulloch 2023), the UK (*It's hard being a carer and a PhD student. My university couldn't care less* 2016) and the US (Mirick & Wladkowski 2018) that are consistent with the wider invisibility of carers across higher education (Moreau & Wheeler 2023).

The in/visibility of carers in academic contexts is also unevenly distributed. Some groups of carers are more in/visible than others; for example, 'parenting able-bodied children is the most common form of caring acknowledged' (Moreau & Wheeler 2023, p. 10). As Moreau and Wheeler continue, research considering equity issues in relation to care 'overwhelmingly focuses on women' (p. 10) and typically 'assumes a heteronormative family setting' (p. 11). While there are examples to the contrary, the research on carers in higher education contexts often pays less attention to men who care, sole parents, and LGBTQ+ carers, and often does not consider factors such as ethnicity, migration, or carers who themselves have disabilities. Some groups of 'carees' (i.e. those who are being cared for) are also considered less frequently: in contrast to the emphasis on care for able-bodied children, care for animals, for those with emotional or mental health conditions, and for those at end of life is rarely made visible within the research literature.

This paper considers another sub-group of carers who have experienced relatively less visibility: distance doctoral students with care responsibilities. Deem (2022, writing about European contexts) highlights how compared to undergraduate or Masters students, doctoral students 'are rendered invisible in their universities' (p. 373), with distance or remote students being even less visible than their on-campus peers (see also Bates & Goff 2012). In this paper, we thus consider a group at the intersection of multiple sources of invisibility: students who are positioned as (relatively) invisible at institutions first by virtue of being doctoral students, then by being *remote* doctoral students, and then by also being engaged in caring. Another rationale shaping our argument emerges from previous findings about the gendered spatialities of doctoral education (Burford & Hook 2019), which has suggested that working off campus, and particularly at home, can be a vital way that students can 'live the best way possible' and manage to access doctoral education alongside their care responsibilities.

To inform our exploration, we next consider the concepts of *distance* and *care* in higher and doctoral education. We then report on our study and articulate its contribution to the literatures on care, doctoral education, distance education, and the intersections of these experiences.

Background

Conceptualising care in higher education and doctoral study

Across higher education research, various pathways into understanding 'care' are evident. Some scholars define care and carers to include 'those looking after children, parents, friends and other family and community members' (Hook, Moreau & Brooks 2022, p. 1). Importantly, Hook and colleagues (2022) recognise multiple kinds of labour within this definition, including

physical, emotional, and organisational. A range of additional considerations relating to the conceptualisation of 'carers' has emerged across the literature, including understanding how caring identities are raced, classed, and gendered, and the notion that care should be understood as relational rather than unipositional. For example, people can be understood as being involved in 'care chains', both caring for others and being cared for by others (Baker & Burke 2023, p. 2). Care is thus not only something that flows outward (giving care) but may also flow inward (receiving care, self-care); care does not only cost us (giving care) but may also benefit us (through receiving care and/or self-care, as well as through the satisfaction and meaning attached to giving care). Our conceptualisation of care in this paper acknowledges this complexity and the multidirectional, intersectional nature of care.

While efforts over many decades have sought to expand access to higher education for a range of non-traditional and minoritised students, students with caring responsibilities have tended not to be recognised through this widening participation lens (Hook, Moreau & Brooks 2022; Spacey, Sanderson & Zile 2024). This necessitates specific attention for those who manage heavy care responsibilities. The call for papers for this special issue drew upon Tronto's argument that 'we must honor what most people spend their lives doing: caring for themselves, for others, and for the world' (1994, p. x). It is along these lines that we have developed the working definition of 'care' for this paper. Extending from recent doctoral education scholarship which has sought to configure care as something that is 'foundational (rather than peripheral) to contemporary doctoral curricula' (Burford & Mitchell 2022, p. 123), in this paper we take a deliberately encompassing understanding of care. In particular, we have been inspired by Barnacle's (2018) notion of the 'Care-full PhD', which enables us to conceive of doctoral care encompassing care for the self and others, and also extending to care for thought and for the wider world we share.

Distance in higher and doctoral education

Although the beginnings of distance education have long been disputed, historical accounts of distance education commonly identify three generations of provision: (1) correspondence; (2) broadcast technology; and (3) computer mediation. Many scholars argue that a driving concern across these generations of distance education provision has been access, with distance modes positioned as essential for providing educational opportunities to women (Faith 1998), disabled people (Nasiri & Mafakheri 2015), and geographical communities under-served by other learning modes (Anderson & Simpson 2012). However, others (e.g. Sumner 2000) have questioned the tendency for 'heroic' narratives to be stuck onto distance education, pointing to the ways distance provision can be used to serve governments and corporate stakeholders (e.g. via cost cutting) over and above other communities of interest. Provision that is anchored in the needs and practices of on-campus students has often left off-campus students with a second-best experience of higher education; for example, off-campus students may have reduced access to support services, faculty members, peers, professional development, research culture, and a sense of belonging than their on-campus peers. We view this paper, and its linking of distance doctoral education with ideas of care, as aligning with equity-focused constructions of distance in higher education, and indeed we have called elsewhere for distance to be viewed through such a lens (e.g. McChesney et al. 2024).

While distance higher education offerings date back to the University of London's first provision of distance undergraduate degrees in the mid-19th century, distance *doctoral* education has a shorter history (McChesney & Burford in press). Today, it remains difficult to access comprehensive data on the number of doctoral students studying via distance, contributing to the relative invisibility of this cohort (Deem 2022). The lack of comprehensive

data is, in part, because institutional data on 'distance' students often only counts students who are enrolled in programmes that are formally classified as distance, remote, or online programmes, thus missing the many other students who are technically enrolled in 'on-campus' programmes but in reality choose to study without attending campus in person (Evans, Hickey & Davis 2004). In addition, some institutions have no formalised distance pathways, meaning there is no mechanism for students studying off-campus to be recognised and counted. This 'subterranean "distance"' within doctoral education has led us to call elsewhere for a critique of the distance/on-campus binary in doctoral education (Burford et al. 2024, p. 13).

Distance doctoral education has been a site of research since the turn of the 21st century. Early studies predominantly focused on pedagogical matters, including: distance doctoral supervision (e.g. Crossouard 2008; Nasiri & Mafakheri 2015); skills and competencies for distance doctoral students (e.g. Lindner, Dooley & Murphy 2001; Winston & Fields 2003); and distance delivery of professional doctorates such as a Doctor of Nursing or Doctor of Education (e.g. Evans & Green 2012). More recent work has continued to inquire into distance supervision, particularly in the wake of the Covid-19 pandemic (e.g. Löfström et al. 2024; Wisker et al. 2021) and has also reflected increasing interest in students' subjective experiences, identities, and stories (e.g. Carter, Smith & Harrison 2021; Lynch et al. 2020).

Through this latter body of work, we have gained glimpses into the presence and experiences of distance doctoral students who are carers. For example, Burford and Hook (2019) use collaborative autoethnography to explore how distance doctoral student carers manage space to allow both their care work and their doctoral work to take place at home. They acknowledge the contradictions inherent in these dual roles and the possibility that care work may interrupt the doctorate. However, Burford and Hook (2019) also affirm the possibility of combining distance doctoral and care work, and in response to their own accounts of unexpected and imperfect at-home workspaces, comment: 'These may not be the kinds of environments that doctoral research is imagined to thrive in, but they can be fertile spaces for intellectual work and care nevertheless' (p. 1353).

In contrast to Burford and Hook's more hopeful conclusion, Abdellatif and Gatto's (2020) shared autoethnography foregrounds some negative impacts of distance modes intersecting with their wider identities, including as carers. They present an in-depth reflective account of both a sample day and a wider season in their lives as doctoral students and parents during Covid-19 lockdowns (which forced many doctoral students into distance modes of study). One of them writes: "With the lockdown, I'm double locked. Neither receiving the childcare support, nor having the chance to take a break from the 'tsunami' of responsibilities bombarding me over a night. I am struggling to perform other identities…" (Abdellatif & Gatto 2020, p. 731).

These contrasting accounts underline the existence of multiple experiences of being at the intersection of distance doctoral study and care (and, indeed, located at other intersections too). Higher education institutions need to know more about the doctoral-carer intersection to inform support and provision for this cohort. As such, the present study seeks to complement the valuable body of autoethnographic accounts by providing a more 'zoomed-out' view of care across a larger group of distance doctoral students. Drawing on survey responses from 521 distance doctoral students, we seek to answer the following questions: (1) In what ways was care evident in the accounts of distance doctoral students? and (2) How did these forms of care intersect with the students' distance doctoral experiences?

Methods

Data for this paper comes from an international survey conducted (using the Qualtrics survey platform) in 2022 that focused on the experiences of students undertaking doctoral research at a distance. Much research in doctoral education is situated in specific local and/or disciplinary contexts, and larger-scale studies are relatively scarce. This landscape, as well as the general lack of up-to-date information about distance doctoral education, contributed to our choice to pursue an international, cross-disciplinary survey design. While this choice gave us breadth, it naturally limited the depth of data we could gain from any one respondent or in relation to any one geographic or disciplinary context. We return to this consideration at the conclusion of the paper.

Ethical approval for the study was obtained from all authors' institutional ethics committees. To be eligible to complete the survey, respondents were required to either be currently enrolled in a doctorate or have completed a doctorate with a graduation date within 2015-2022. As such, the experiences captured in the survey extend before, during, and after the Covid-19 pandemic. Respondents also needed to have undertaken some or all of their doctorate at a distance. We specified that this could take many forms, including: living close to their institution but working from home; being located far from their institution; studying online; travelling away from their institution to conduct fieldwork/data collection; hybrid or mixed modes of on- and off-campus study; being unable to work on-campus due to lockdowns, health/mobility issues, natural disasters or other circumstances; or other situations other than consistent on-campus study. Our goal in keeping the definition of 'distance' broad was to explore the variation contained within this term.

We promoted the survey using our personal, professional, institutional, and social networks, and received 521 responses from doctoral students and graduates in 42 countries. Table 1 provides an overview of the respondents. As respondents self-selected to complete the survey, we make no claims about the representativeness of our sample. The high number of education students, for example, will be at least in part because this is our own discipline and hence the home of many of our networks. At the same time, the breadth within the responses is nonetheless useful and adds more weight to the survey findings than would be the case if the respondents all came from a single disciplinary or geographic context.

Table 1. Overview of survey respondents

Category	Responses	Percentage
Gender identity	Woman	80%
	Man	16%
	Non-binary	2%
	Prefer not to say	2%
	Not listed	<1%
Primary place of residence during doctoral study	Australasia/Pacific	40%
	Europe	31%
	North America	15%
	Africa	7%
	Asia/Middle East	7%
	South America	<1%
Field of study	Education	32%
	Other social sciences (excl. education)	21%
	Sciences	20%
	Arts and humanities	17%
	Engineering, design, and technology	5%
	Business and management	4%
Enrolment status	Ongoing	66%
	Graduated	26%
	Under examination/corrections	6%
	Leave of absence	2%
	Withdrawn/dropped out	1%

The survey contained a mix of open- and closed-response questions. For this paper, we draw on the subset of survey data that relates to aspects of care, with care being defined broadly to include caring for self, for others, and indeed for the world. Table 2 lists the survey questions (other than demographic questions) that responses were drawn from for this paper.

For the closed-response questions, we used simple frequencies to identify responses relevant to care. For the question around major life events, response options that were considered relevant to caring for others were: *Parenting/caregiving responsibility for child/ren*; *Had a new child/ren (including adoption)*; *Abortion, miscarriage, or stillbirth (yours or your partner's)*; and *Caring responsibilities for others (not children - e.g. elderly relatives, siblings)*. Response options that we considered were relevant to caring for self were: *Physical health issue/s that affected your daily life;* and *Mental health issue/s that affected your daily life*. For the question around the impact of the Covid-19 pandemic, *I had significantly increased caring responsibilities due to Covid-19 (e.g. had to home-school my children or care for other family members)* was coded as relevant to caring for others, while *I was affected by 'long Covid'* and *I experienced fear, anxiety, or distress related to Covid-19 that affected my daily life* were coded as relevant to caring for self. While some of the other response options to this question may also have implied a need for care for self (e.g. *I lost some or all of my employment due to Covid-19's impact*), we took a conservative approach in only selecting the two response options which we felt most obviously related to a person's health and wellbeing.

Table 2. Survey questions used in this paper

Question	Response format
What reason/s led to you undertaking some or all of your doctorate by distance?	Multiple response options, tick all that apply, plus "Other, please specify" option.
Which, if any, of these major life events did you experience during your doctoral enrolment?	Multiple response options, tick all that apply, plus "Other, please specify" option.
In what ways, if any, did the COVID-19 pandemic impact your life during your doctoral enrolment?	Multiple response options, tick all that apply, plus "Other, please specify" option.
In what ways, if any, did being a distance/off-campus student affect (positively or negatively) your supervision experience?	Open response
In your view, how is undertaking (some or all of) a doctorate via distance different from what it might be like undertaking a doctorate as an on-campus student?	Open response
Please tell us about some of the barriers you faced due to undertaking (some or all of) your doctorate via distance.	Open response
Please tell us about some of the opportunities that you feel undertaking (some or all of) your doctorate via distance has offered.	Open response
Please tell us about some of the strategies you used to help you undertake your doctorate via distance.	Open response
Please tell us about some of the successes you can identify in relation to your experience of undertaking a doctorate via distance.	Open response
What advice would you give to others who are undertaking, or preparing to undertake a doctorate (or portions of a doctorate) via distance?	Open response
Is there anything else you would like to share related to your experience of undertaking doctoral study/research via distance?	Open response

For the open-response questions, Author 1 began by reading the full data set for familiarisation purposes. She then identified portions of the data that related to the research focus of the present article (remembering that the questions as shown in Table 2 were broader than just the care focus of this paper, and so some data related to other aspects of respondents' distance doctoral experiences). Any text that explicitly or implicitly referenced a caring relationship, responsibility, or action was extracted, as was text referencing any

aspect of health and wellbeing (including mental, physical, emotional, relational, or spiritual aspects) or other relevant topics (such as coping, work-life balance, self-talk, and support).

Following Saldaña (2021), Author 1 then used descriptive coding to note the forms of care that were evident (e.g. 'care from supervisors'; 'care for self'); process coding to identify actions and impacts associated with this care (e.g. 'care demands overtaking/interrupting study'; 'working with (not against) self'); and values coding to identify respondents' feelings, values, or beliefs (e.g. 'failure'; 'gratitude for supervisory care') in relation to their experiences. Pattern coding (Saldaña 2021) was then used to group and connect the various codes and provide a structure for reporting the findings that are presented below.

Findings and discussion

Distribution of caring responsibilities

Through responses to the closed-response question about life events during the doctorate, 275 students (53% of our 521 respondents) identified that they had caring responsibilities for others. As shown in Table 3, *parenting/caregiving responsibility for child/ren* was the most common form of caring responsibility (reported by more than one in three respondents), but *caring responsibilities for others (not children – e.g. elderly relatives, siblings)* was also reported by more than one in four respondents. More than one in ten respondents had undertaken both these modes of care, whether simultaneously or at different points over their doctorate. Of the 275 carers, 203 (74%) identified as women, 31 (11%) as men, and 3 as non-binary (1%). The remaining 39 carers (14%) did not disclose their gender identity.

Table 3. Caring responsibilities among 521 respondents

Response	Number of respondents	Percentage of respondents
Parenting/caregiving responsibility for child/ren	181	35%
Had a new child/ren (including adoption)	45	9%
Abortion, miscarriage, or stillbirth (yours or your partner's)	13	2%
Caring responsibilities for others (not children - e.g. elderly relatives, siblings)	138	26%
Both caring for children (any of the 3 responses above) AND caring for others (not children – e.g. elderly relatives, siblings)	62	12%
Total with any care responsibilities	275	53%

While previous literature indicates that distance pathways may be important for doctoral students with caring responsibilities (Burford & Hook 2019), we were surprised by how large the number was within our sample - more carers than non-carers. The survey was not focused on care nor specifically promoted to those with caring responsibilities; it was a survey for anyone undertaking doctoral study solely or partly by distance. Thus, the high proportion of carers among respondents underscores the relationship between distance doctoral study and caring for others. The predominance of women carers among our respondents aligns with wider evidence surrounding the inequitable gendered distribution of care work more broadly (Goldin

2021). However, the presence of carers of other genders within our study is important to note and provides concrete evidence to support calls for the acknowledgement of a diverse array of carers within distance doctoral education contexts. Finally, the notable number of respondents who reported care types other than parenting adds weight to calls for a broadened view of care in higher education, where, to date, parenting has been the primary care relationship considered (Moreau & Wheeler 2023).

When asked how Covid-19 had impacted their life during their doctoral enrolment, 122 students (44% of the 275 carers, or 23% of all respondents) reported having significantly increased caring responsibilities resulting from the pandemic. In terms of the gender distribution, a significant increase in care responsibilities was reported by 45% of the 203 women carers in our study, 45% of the 31 men carers, 66% of the 3 non-binary carers, and 35% of the 39 carers who did not disclose their gender identity. While some sources suggest that the Covid-19 pandemic amplified inequities related to axes of social difference (gender in particular), our data adds a layer of complexity. Carers across genders in our sample had to shoulder additional responsibilities due to the pandemic.

Overall, the findings to the closed-response questions reveal that many distance doctoral students are engaged in care for others including, in some cases, multiple types of care or care that intensified due to the Covid-19 pandemic. Given this landscape, we now turn to other survey questions to better understand how these distance doctoral respondents experienced the care they were engaged in.

Being distance doctoral student carers

The closed-response question around the reasons students undertook doctoral study by distance reveals the importance of distance pathways for doctoral students with caring responsibilities. 114 students (41% of our 275 carers) selected *Parenting/caring responsibilities made it difficult for me to study on campus* as a motivation for their engagement in distance study. Of these 114 students: 61 (22% of our 275 carers) also selected *Studying by distance was the best fit for my situation*; 48 (17%) selected *Studying by distance was the only way I could make it work*; and 43 (16%) selected *I prefer studying remotely/from home/by distance rather than being on-campus*. Distance pathways are known to be important for higher education students with caring responsibilities (e.g. Dodo-Balu 2018; Shah et al. 2014; Stone & O'Shea 2019), and the data in our paper confirms this at the doctoral level too. Additionally, the '*best fit*' and '*prefer'* framings of distance study add important counters to the idea that distance is only something students would 'settle for' if they could not make on-campus study work. We resist deficit framings of distance modes (see McChesney et al. 2024) and argue that by choosing to study off campus, these respondents and other doctoral students may be enacting Fisher and Tronto's (1991, p. 40) articulation of care as 'everything that we do to maintain, continue, and repair our "world" so that we can live in it as well as possible'.

Within the open-response data, there were certainly comments that articulated an appreciative view of distance doctoral study as a study mode that enables care for self and others. For example, describing the opportunities associated with distance doctoral study, one respondent wrote: 'Able to care for my children while doing my degree; able to find and undertake paid work while doing my studies. Studying via a distance gave me the flexibility I needed, and I could set my own schedule'.

Another student wrote:

> If I didn't have the opportunity to be a distance doctoral [student], I couldn't do this. It can be challenging at times, but I simply could not do this if I had to be on campus for large chunks of time. The flexibility of being off campus is the very thing that allows me to navigate the realities of family life, chronic illness, pandemics, etc.

Comments such as these indicate the important affordances of distance study in allowing respondents to manage multiple roles or obligations, or as Beck and Beck-Gernshein describe it, to 'put a life together under often contradictory and partly incompatible conditions' (2001, p. 126).

Respondents were mindful of the idea of balance across their multiple responsibilities, although whether it was achieved varied with individual students' circumstances. Some felt distance modes of study enabled a healthier balance, with comments that they had been able to 'balance my life and stay motivated' or had managed to achieve 'much better work/life balance' thanks to distance modes of study. In contrast, however, some respondents felt their responsibilities were out of balance. For example: one student wrote: 'The balance is WAY off – [I am] always working and always home'; another mentioned receiving advice around work/life balance but confessed: 'I can't say I have it sorted out yet'. These findings reveal that working off campus can open space for some students to achieve greater study-life integration, yet also that the availability of distance modes is not necessarily a panacea for achieving balance.

The multiple responsibilities held by distance doctoral students with caring responsibilities often seemed to sit in tension at both macro and micro levels. At a macro level, students sometimes had to pause their studies or make major changes in other areas of their lives (e.g. paid employment) to accommodate their care responsibilities, which seemed to be the least alterable. For example, one respondent referred to:

> Being expected to work, take care of family members, and not being given study time by employers … I had to make the decision to keep working or to finish the thesis. There was no way that I could do both. I waited until I could afford the drop in income and then left work to write full time.

At the micro level, students described noticing the tension between study, care, and other responsibilities in day-to-day moments. For example, one student reported:

> Not having defined boundaries between work and home life which induces feelings of guilt if I am working but know that there are household chores or caregiving tasks to do. And guilt when I am doing the housework or caregiving because I'm not working.

These and other students' comments indicated that caring for others could - and sometimes did - overtake or encroach on the doctorate, leading to students reporting feelings including failure, guilt, exhaustion, and/or depression, an affective pattern well documented across previous studies on doctoral students with caring responsibilities (see Aitchison & Mowbray 2013; Burford & Mitchell 2022).

One student felt that studying on campus interrupted the tension between study and caring for others, writing:

> When I'm on-campus, it feels like a gift…facilities and services are supplied to help me research, write and grow. I run into people and have serendipitous discussions about research and academic life, opportunities, etc. It feels like a physical home for my brain-work. When I'm off-campus, it feels like I am taking. Taking time away from family, work, etc…It takes a lot of effort to honour my researcher-self, because those signals (on a day-to-day basis) have to be driven by me.

This student's view is important to note; it counters the view that distance was the mode that best accommodated students' intersecting study, care, and other responsibilities, and instead acknowledges the value of being able to clearly demarcate both space and time for doctoral work. Previous accounts (e.g. Burford & Hook 2019; Leonard 2001) have also documented the ways such spatial demarcations can be made by doctoral students within the home itself, as well as outside of it.

In contrast, some students felt that rather than being in tension, care (especially family/household-oriented care) and distance doctoral study were in synergy. Some students framed 'little breaks to put on a load of washing or tidy a room' and 'doing laundry or other things around the house in "work time"' as positive coping strategies or even successes rather than sites of tension. This finding extends previous studies (e.g. Aitchison & Mowbray 2013), which have highlighted the satisfaction and sense of purpose and agency some doctoral carers describe in being able to attend to both their care and doctoral responsibilities. These quotes from our respondents remind us that in thinking about care, we must remember the meaning and solace it can bring to doctoral students, alongside the complexity and stresses. This finding also links to a wider consideration of the ways students coped and extended care to themselves, which we discuss next.

Caring for self as a distance doctoral student

While self-care is important for everyone, some people's circumstances create a particular need to develop strategies for self-care due to physical and/or mental health considerations. Across our 521 respondents, 266 (51%) reported that at some point during their enrolment, they had physical and/or mental health issue/s that affected their daily lives. Of these, 169 (32%) reported physical health issues only, 199 (38%) reported mental health issue/s only, and the remaining 102 students (20%) had both physical and mental health issue/s that affected their daily lives. Moreover, 167 (63%) of the 266 students who had physical and/or mental health issue/s that affected their daily lives also had caring responsibilities for others. The intersections among these groups are shown in Figure 1.

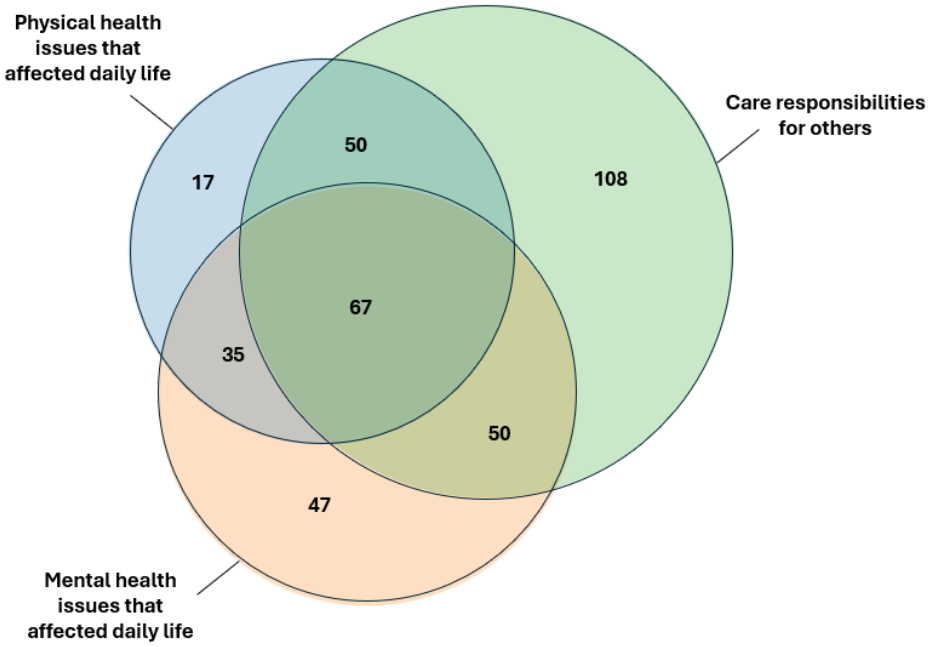

Figure 1. Numbers of respondents who reported care responsibilities for others and physical and/or mental health issues that affected their daily lives

New or augmented demands for care for self were also triggered by the Covid-19 pandemic. Forty respondents (8%) reported being affected by long Covid, and more than a third of respondents (183 respondents, 35%) reported experiencing fear, anxiety, or distress related to Covid-19 that affected their daily lives. These findings further extend a burgeoning body of literature which has documented the serious impacts of the Covid-19 pandemic on doctoral students' mental health and wellbeing (Dutta, Roy & Ghosh 2022), alongside research on the self-care behaviours doctoral students practised during the pandemic (Stalnaker-Shofner et al. 2021).

In the open-response data, respondents indicated that self-care could be supported by distance doctoral study. They referred to the flexibility associated with distance study, describing how they had leveraged this flexibility to intertwine self-care with their doctoral work. Many of these acts of self-care involved taking breaks, exercising, and/or interacting with nature. For example, asked about the opportunities associated with distance doctoral study, one student wrote: 'Flexibility and freedom – suited my physical health i.e. breaking study with exercise and social events'. Writing about strategies they used as a distance doctoral student, another wrote: 'Taking breaks more frequently, stepping away from my computer and doing something to give my brain a rest, before coming back'.

Another student reported that interspersing Pomodoro[1] writing sessions with walks along the river near their house 'kept me sane and healthy'; this comment signals both physical and mental health benefits and suggests that the student's use of the Pomodoro technique and their

[1] The Pomodoro technique is a well-known time management approach involving timed 25-minute blocks of working (in academic contexts, this is usually writing) followed by 5-minute breaks.

deliberate choice to walk in nature during the timed breaks made what might otherwise just have been a productivity strategy an effective act of self-care. These findings are important to note in a context where previous studies have underlined the challenges that doctoral students can experience in maintaining behaviours that strengthen their wellbeing, such as adequate rest and physical exercise (Perepiczka & Balkin 2010).

For some students, self-care of this nature was a necessity that made distance study the only viable choice. For example, one student wrote:

> With a chronic illness, [distance study meant] I was able to rest at home in between bursts of activity. I don't think I could have done it if the expectation was that I would be 'at work' [i.e. on campus] every day.

For other students, the opportunities for self-care were simply a gift of distance doctoral study:

> I love moving my body – yoga, dance, and, during Covid lockdown, online Pilates was perfect. I frequently take health breaks by walking around my garden, sitting under a tree with a cup of tea, resting my eyes, [and] eating what I wanted to.

In both cases, respondents thus felt more able to engage in self-care due to studying at a distance.

Respondents highlighted the way distance modes allowed them to work with, rather than against, themselves and their needs or preferences. We interpret this self-attunement as an aspect of self-care. For example, one student wrote that an opportunity of distance doctoral study was that:

> I was able to focus more on my health and find out what type of working environment I thrived in. Being able to set my own hours (as no commute or parking woes existed) meant that I found I worked better by starting later, and did not need to 'work' for as long, as I was more productive after having a good night's sleep and waking up when was natural.

The advice respondents offered for other distance doctoral students echoed the idea of using the affordances of distance modes to work with rather than against themselves, with comments like: 'Make it work for YOU and your situation' and 'Find arrangements to make yourself most productive; be connected in whatever way is most comfortable for you; take opportunities and keep what is important in the forefront of life'.

Being cared for as a distance doctoral student

In addition to caring for others and themselves, a final manifestation of care within our data concerned the care that distance doctoral students received from others. This adds a further dimension of inward-flowing care that is not provided by the distance doctoral student themselves but is received by them and thus enables their doctoral and other pursuits.

Students expressed gratitude for the care and support they had received from their supervisors. One student wrote that: 'Distance made my supervisors more important to the PhD process.

[They were] essential to my success'; while another wrote: 'I am grateful for my supervisors who helped me through the bulk of Covid and the struggles I went through dealing with my family and financial circumstances'. These excerpts emphasise the importance of a care-full learning alliance created between supervisor and student (Halse & Bansel 2012), and extend emerging research on how care can be enacted within remote supervision (Wisker et al. 2021).

Interestingly, there were few mentions of care and support flowing *from* respondents' families or partners. One person acknowledged 'cooperation and encouragement from my wife', and another wrote: 'Find and build communities. Loved ones outside of the doctorate/academia are so important'. Aside from these two comments, however, the rest of the data clearly positioned families as consumers rather than as providers of care. One respondent (who had suspended their doctoral study due to overwhelming family and other demands) hinted at the complexity of this, writing that 'even supportive family forget that I'm working on a research project'. The lack of comments acknowledging care and support flowing from family toward respondents may seem unexpected if we anticipate families being key supports in the lives of doctoral students. However, as Grant, Sato and Skelling (2022) have found, when doctoral students come to write the acknowledgements section of their thesis or dissertation, it is not uncommon for them to recognise that the support of families and other loved ones in their educational journeys has been somewhat limited. Building from our study, we suggest that students' lived experiences of receiving care from others during doctoral study seems to be an avenue warranting further research.

By far the main source of care that our respondents talked about was other doctoral students. Peer support and a sense of connection to peers were prevalent through the data, both as something students had experienced (and found helpful) and as something they strongly recommended other distance doctoral students actively pursue. One student advised: 'Find your people and build your team of supporters, advocates and critical friends. Seek out others who are doing something similar or something different—but those who are doing and have done doctoral study'. Another touched on the benefits of this community support, saying: 'Get a support network in place as early as possible … Try not to let yourself get isolated – that spells danger for your personal wellbeing which in turn will start to impact your work'. Looking at our data through a care lens, the pursuit of peer connections can be understood as an act of self-care.

When this peer connection was absent, this was described by respondents as a barrier to their success. Some respondents indicated that studying at a distance made these peer connections harder to attain; for example, one respondent wrote: '[As a distance student] I feel left out and somewhat forgotten, both socially and academically. The daily inputs that help boost work morale, solve problems and get ideas are not so easily accessible [at a distance]'. Others, however, had found strategies to overcome this; one respondent wrote: 'Definitely connect with online communities where you can share your research and be open about all of the struggles and wins that come with doing a doctorate. Try and be an active member of your institution, whether that be by attending online seminars or "check ins" – these small connections make all the difference'. Other students cited social media, networks outside their enrolling institutions, or classmates from cohort-model doctoral programmes as places where these crucial care communities could be found.

Conclusion

Doctoral education research and practice have tended to render both off-campus students and student carers invisible. This paper brings new insights into the important nexus between distance modes of study and care responsibilities for doctoral students, shining a light on students' experiences and perceptions.

While previous studies have found that distance pathways create important bridges for students in higher education (e.g. Dodo-Balu 2018; Shah et al. 2014; Stone & O'Shea 2019), our study contributes by extending these findings to the level of doctoral study. Care was prevalent across our dataset with: more than half of our 521 respondents reporting that they had caring responsibilities for others; more than half reporting personally experiencing physical and/or mental health issues that affected their daily lives (thus indicating particular needs for self-care); and almost a third of respondents reporting both care responsibilities for others and personal physical or mental health issue/s that affected their daily lives. These figures may also be augmented by other forms or care contexts that respondents engaged in but did not specifically report (and our survey did not explicitly ask about), such as care for pets, incidental forms of care for others, or other aspects of self-care.

For our respondents, care intersected in complex ways with doctoral work and the distance study modality. Many found distance modes enabling or even essential as doctoral students with caring responsibilities and/or health issues. However, there were nonetheless tensions around respondents' multiple roles and responsibilities – including care for themselves and for others – which were not always able to be resolved. Receiving as well as offering care was important to our respondents, and particular emphasis was given to doctoral peer communities as sites of care.

Overall, then, care thus appears to be a significant element of the experiences of this group of distance doctoral students, suggesting that care may likewise be important for other distance doctoral students not surveyed in the present study. We do not claim that our sample is representative of all distance doctoral students or distance doctoral student carers, and we acknowledge that a survey, such as the one drawn upon for this paper, can never equal the depth of insight that more qualitatively rich data collection methods (such as interviews, diaries, and autoethnographies) can provide. However, given the lack of larger-scale data around distance doctoral students, doctoral student carers, or the intersection of these two groups, this paper offers unique insights into the presence and experiences of distance doctoral student carers across a broad range of geographical, disciplinary, and sociocultural contexts. Further research is required to further enhance collective understandings of the experiences of doctoral student carers, and we suggest that a balance of in-depth and broader-scale research would be optimal.

In terms of practical implications, a fundamental implication of this paper is the need to recognise and respond to the cohort of distance doctoral students whose engagement in caring for themselves or for others intersects with their doctoral journey. Stone, Dowling and Dyment (2021) have gone as far as to argue that we must understand online postgraduate cohorts as 'largely *different* from the on-campus cohort' (p. 164), and as a group for whom it is more likely that 'family and work must come first… and study has to fit around these primary responsibilities' (Stone et al. 2019, p. 88). As such, supervisors, institutions, and policymakers must remain mindful that distance doctoral students are a diverse group and that the many factors creating this diversity – including care responsibilities and personal health and wellbeing circumstances that demand responses of self-care and protection – will construct barriers, affordances, and opportunities for students in different ways.

We acknowledge that inclusive and accessible campus-based routes are important and should also be made available for carers in higher education (Hook 2016). However, even as we improve our on-campus offerings, we must continue to recognise that there are students whose circumstances (including care responsibilities for self and others), location, or even preferences mean that they will study off campus. Rather than allowing these students to remain invisible and under-supported, we must seek to better understand how institutions and supervisors can develop more *care-full* doctoral systems and learning environments. While our survey did not invite students to suggest possible supervisory or institutional responses, the clear emphasis on peer connectedness suggests that this should be actively fostered, ensuring that the times, places, and ways students are invited to connect are accessible for distance doctoral student carers.

We also acknowledge that while our framing of this paper has drawn attention to the relative invisibility of doctoral students, distance doctoral students, and distance doctoral carers in higher education, in/visibility can be a double-edged sword. At a micro level, for an individual to be visible in the fullness of their intersectional identities and complex circumstances may require a risky disclosure of personal circumstances or an exhausting amount of self-advocacy within an institution still governed by normative constructions of the ideal or typical student. In such cases, individual students may prefer to 'keep their heads down' and make the best of their circumstances without attracting attention that they may fear could generate further pressure or discrimination. At a macro level, however, we suggest that distance doctoral students and carers *as groups within higher education* must become more visible constituencies if we are to achieve our aspirations for equity in doctoral education. Studies such as ours that highlight the experiences of multiple students in these equity groups shine a light on such students' experiences and, we hope, will contribute to informing more inclusive practices.

Finally, we echo Stone, Dowling and Dyment's (2021) stance that when considering students' diverse circumstances, '*difference* should not be mistaken for *deficit*' (p. 165, emphasis in original). While this paper has focused on how care was manifested for our distance doctoral student respondents, it is also beholden upon us as supervisors, researchers, and institutions to enact an ethic of care towards this group of students. The wisdom of care scholars reminds us that we are all engaged in 'a complex, life-sustaining web' of care (Fisher & Tronto 1991, p. 40) and that teaching (construed broadly here, to encompass postgraduate supervision and other practices of higher education) is itself underpinned by care (Noddings 2012). Noddings' challenges to us all as teachers – to listen to students, to think with empathy about their experiences and perspectives, and to 'create a climate in which caring relations can flourish' (2012, p. 777) – offer touchpoints as we seek to better understand and respond to our distance doctoral students engaged in care.

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