

Writing for publication: adapting academic work into articles

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Abstract

This article discusses how to transform material worthy of dissemination into a form that leads to successful publication. It focuses on publication of systematic and literature reviews, empirical studies and conceptual analyses undertaken as part of a course of academic study. An increasing number of nurses and midwives are undertaking healthcare-related courses at BSc, MSc, MPhil and PhD level. Many of their theses are ultimately left to gather dust on library shelves, and are only read by examiners. The authors have worked with many novice writers whose attempts to write up their theses have been unsuccessful for a number of reasons. These are explored in this article. Suggestions for avoiding the many pitfalls that can prevent publication are offered.

Key words: ■ Health care research ■ Research dissemination ■ Theses ■ Writing for publication

The purpose of this article is to encourage nurses and midwives to consider publication of work they have undertaken as part of an academic programme. An increasing number of nurses and midwives are undertaking healthcare-related courses at BSc, MSc, MPhil and PhD level. This trend is associated with growing acceptance of the philosophies of lifelong learning and continuing professional development (Nursing and Midwifery Council (NMC), 2004). Drives to strengthen evidence and knowledge-based practice, clinical effectiveness (NHS Executive, 1996, 1998) and user and carer involvement, as stated in the UK *Agenda for Change* (Department of Health (DoH), 1999), have all impacted on practitioners' motivation to pursue study beyond diplomate level. The expanding health professional uptake of undergraduate and postgraduate programmes of study has been associated with a corresponding rise in the completion of clinically based work with the potential for publication. This work includes systematic and literature reviews, conceptual analyses and empirical studies.

Although those undertaking MPhil and PhD work may be expected to publish as part of the process of achieving their awards, many theses, even at this level, never make it into the

public domain. Most BSc and MSc studies are read only by their examiners. While publication for its own sake is to be avoided, research and scholarship cannot influence practice and policy unless findings are disseminated. However, the current distance between the cultures of the health service and academia creates a barrier to the dissemination of work that has the potential to improve practice and contribute to the much called for accumulation of knowledge in the healthcare professions (McWilliam et al, 1997).

The authors' views about health professional academic writing have been influenced by their backgrounds and experiences. Patricia Cronin, a nurse academic, has been a programme leader for an MSc nursing programme, is a regular reviewer for research articles submitted to a nursing journal and has published. This article is based on these experiences, particularly that of supervising students who produce potentially valuable work that has implications for practice and future research. Although much of this work is small-scale and locally focused, the best raises pertinent and contemporary practice development and theoretical issues. Her own experiences of success and failure as an author, and of reviewing the efforts of others, contribute to the discussion of the issues outlined in the article.

Bob Heyman, a social scientist, has been publishing papers and books concerned with research into service user and practitioner perspectives on health and social care, particularly in relation to health risk management, for 30 years. His first experience of attempted publication, a paper based on his PhD thesis, illustrates many of the traps into which neophyte authors may blunder. He completed his PhD 4 years after the end of his period of full-time study and, by then, was both disillusioned with the methodology he had adopted, social psychological experimentation, and bored with his research topic, a decontextualized investigation of interpersonal communication. Nevertheless, he was determined to gain kudos from publishing his findings.

After many months of joyless toil, he submitted a paper to a top international social psychology journal. Three months later, the reviewers' comments came back, rejecting the paper. The author, they suggested, had tried to cram his whole thesis into one paper which was approximately 3000 words over the maximum length specified in the guidelines for the journal. As too much material had been included, the paper was incomprehensible to anyone who had not read the full thesis. He had not familiarized himself with the style and traditions of the august journal in which he was aspiring to be published. The author had discussed one aspect of his data interminably, while other crucial aspects, particularly the methodology, had been hardly touched upon. His

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interpretation of his data depended upon a critical but questionable assumption, which had not been addressed.

The sympathetic tone of Bob Heyman's rejection enabled him to learn from his mistakes, although his PhD findings were never published. Subsequently, he has realized that many new academic writers make similar mistakes when they attempt to write up an MSc or PhD thesis, including inappropriate journal choice, attempting to force the entire thesis into one short paper, not considering the perspective of readers with no knowledge of the project background, imbalanced use of a limited word count, failing to debate key assumptions and even ignoring instructions to authors. His reviewers' wry tone, perhaps, reflects their all too frequent reading of similar papers.

Some novice writers are not so lucky and contemptuous reviews of papers can crush their enthusiasm. However, it should not be assumed that referees will necessarily provide an uncontested judgment about a paper's merits. Judging academic quality is more problematic than is sometimes acknowledged. Referees are inevitably influenced by their own biases, implicit rivalry (Resch et al, 2000) and even their mood at the time of reading. Obtaining multiple referees' comments offers an element of intersubjectivity, but luck still plays a part. Editors will often opt conservatively for the least favourable judgment when referees disagree. Rejected authors need to take a non-defensive but robust view as to whether they accept the grounds for rejection. If they do take on board the criticisms, they need to decide whether the weaknesses identified can be overcome, allowing a strengthened resubmission to another journal.

The present authors have worked with many healthcare professionals who, inexperienced in academic writing, reproduced the above and other shortcomings when they attempted to convert their thesis into a journal article. Students are rarely taught the craft of writing for publication which is often added onto an MSc or PhD programme rather than integrated and planned. It is assumed that postgraduates can simply acquire these skills for themselves. Although writing skills at any level cannot be wholly taught, as their acquisition requires a combination of talent and development through practice, an element of early training can provide beginners with a tool kit which they can draw upon so as to avoid obvious pitfalls (Whitehead, 2002). Even if all new authors are doomed to repeat the same mistakes, they will, at least, be better able to acknowledge them, rather than blame the reviews when the rejection letters arrive.

Why publish?

Dissemination involves enabling a flow of information to an intended audience, with or without feedback, and can be undertaken through a variety of reporting mechanisms, only one of which is publication in the written form. Visual and oral presentations are also used increasingly, via the expansion of local, national and international conference circuits. Although academic publication is by no means the sole method of dissemination, it does offer an effective means of reaching a wide audience, and thereby maximizing the long-term impact of research findings (Duff, 2001). Conference and written publications can be effectively combined in a dissemination strategy targeted at different audiences, and the former can serve as the formative stage of writing up a paper.

Publication for its own sake should be avoided. It does not benefit the academic or healthcare communities or, in the longer term, the authors themselves. However, academics are required to publish their findings for the sake of their credibility and that of the institutions for which they work. Funding for research in higher education institutions is based on their score in the Research Assessment Exercise (RAE), a powerful incentive for publication in peer-reviewed journals directed at the academic community. Nursing and midwifery practitioners sometimes feel that too much of this work lacks relevance for clinical practice, or is presented in such a way as to be of limited use. They may see research as removed from practice, and feel disenchanted with an activity which they view as specialized, esoteric and elitist (Cronin and Rawlings-Anderson, 2004).

However, small-scale and locally embedded research and clinically focused reviews and conceptual analyses, undertaken by health professionals as part of an academic programme, may have useful implications for practice, may contribute to practice development, and may illuminate issues about which little work has been undertaken. The findings of small-scale studies can provide the basis for future research, and stimulate discussion among the practice community.

Practitioners may feel that their work is not worth publishing because it only applies to a small area of practice or population. This low sense of research esteem may be attributed in part to the previously mentioned notion that research is an elitist activity. Dickson (1996) reported that practitioners also lack confidence in their chosen methodology. Studies undertaken by nurses and midwives are often qualitative in nature, and may be compared unfavourably against the 'gold standard' of the randomized controlled clinical trial (Hicks, 1998). Nurses and midwives need to argue that qualitative research has much to offer in the investigation of complex healthcare processes, particularly where a clearly optimal treatment package is not available.

Their established clinical position can make health professionals reluctant to accept their academic status as unrecognized beginners. Yet, failure to publish such work represents a missed opportunity to contribute to the development of clinical practice, to contest conventional wisdom, or to stimulate novel lines of thought. It can therefore be argued that nurses and midwives have a moral obligation to seek to publish the outcomes of useful enquiries.

Transforming a thesis into a publication

Only a small proportion of theses are translated into papers submitted for publication, as noted above, and many of the papers which develop to this stage are eliminated when the authors give up after initial rejection. In some cases, the failure of a paper to fight its way to survival in the public world of academic discourse can only be considered unregrettable. However, much research which could contribute to both service development and the knowledge base of healthcare disciplines is not published simply because researchers lack the motivation, time or skills to produce a publishable paper from potentially worthy material. Some of the main barriers to achieving the transformation of a thesis into a published paper, and possible means of overcoming them, are discussed below.

Audience and story

Authors need to think through why they want to publish from their thesis, and for what audience, at the start of the enterprise. Acquisition of a publication list, to be displayed on their CV, does not harm career prospects, whether clinical, managerial or academic or, increasingly frequently, movement between these three healthcare spheres. Before typing their first keystroke, the authors need to answer the crucial questions of what messages they wish to communicate to which audiences.

Having lived through a project can often make it difficult to identify an appropriate focus for a paper for publication. The authors need to select one theme around which the first paper is oriented, and to choose whether to write in the first instance for an academic or a professional journal. A single paper should tell one story to one audience. For example, a paper that focuses on theoretical or methodological issues designed to generate discussion may be more appropriately placed in an academic journal. A paper which aims to inform practitioners of potentially useful findings for practice might be best suited to a journal whose target audience is practitioners and clinicians.

It can be difficult to omit hard-won material from the first paper written about a project. Theses often offer a range of plots and subplots, and are oriented towards overlapping but partly distinct academic and healthcare practitioner audiences. The trap of writing a paper which attempts to tell multiple stories to diverse audiences can be avoided by planning to write several papers from the same thesis. Such an approach may also resolve the dilemma of wide dissemination *vs* publication in a prestigious journal.

With respect to selection of an academic *vs* professional journal, most healthcare professional researchers are quite rightly opposed to research which does not contribute to the improvement of health care, and will often, if asked to choose, opt for professional journals. However, the same story may justifiably be presented twice, in academic and professional format. The case for starting in academic mode and then translating for a professional journal, is that the first mode is usually easier to achieve for health professionals who have been immersed in academic culture in their student role. The paper can be shortened, stripped of academic jargon, and reoriented to emphasize practice and policy development implications for a professional journal.

With respect to the storyline, the thesis might, for example, plod through the results of a survey, section by section. The subsequent paper will become interesting and readable only if a major conclusion is selected, and the data presented from this perspective. Similarly, instead of listing themes generated from qualitative data analysis, the authors may select one crucial theme around which to organize the paper. In each case, other material can be included providing that it is linked to an overall storyline. The key idea, and the data which document it, should be located upfront, and discussed in most depth.

The introduction, literature review and discussion sections should also be oriented to the story line. Bringing them into alignment will often require re-engineering, particularly of the literature review, which, in a thesis, will have been written with more general aims in mind. Papers are often rejected because the individually solid literature review and data analysis sections do not engage with the same story. Although obvious to the reviewers, this disharmony is not identified by authors

who are too immersed in the detail of their project to be able to take an overall view.

Writing style

Many papers submitted for peer review are poorly presented with respect to style, grammar, punctuation and formatting (Webb, 2004). The liberal educational philosophy of favouring free expression over formal writing has left a legacy of problems for the cohort of budding writers currently in youngish middle age. Even those who have been trained in basic skills such as recognizing a grammatical sentence need to dedicate a substantial part of their writing time to the editing process. The real writing work comes after the content of the paper has been first drafted, and should take about 70% of the total time. Few authors are gifted enough to both think on screen and write well at the same time. Moreover, the editing process will inevitably enable the writers to develop and sharpen their ideas as they polish their expression. Too many healthcare authors write in an action painting style, spattering their words fairly randomly over their metaphorical canvas.

Formal language should be treated as a precise tool, with every aspect of structure, order and wording carefully considered. However, there is not a single 'correct' writing style (Sharples, 1999), and those who write regularly will find that their personal style evolves over time, hopefully becoming clearer and more fluent. The final article should convey clearly to the reader its intended meaning in a readable fashion which follows the conventions of grammar and punctuation.

Knight (2002) offers some strategies for assisting with the process of ensuring that the final submitted paper constitutes 'good academic writing'. Having prepared a first draft, he suggests that the author should seek intelligent or critical comments as soon as possible. He considers this to be one way of 'distancing' oneself from the writing and rectifying potential misunderstandings and confusions early in the writing process. One possibility is to involve the supervisors, who can ethically be offered second authorship providing that they make a significant contribution in terms of ideas and constructive advice. This approach can also help to balance the student's clinical expertise with the craft skills of a more experienced academic.

As part of the editing process, authors should consider carefully their writing style. According to Mulhall (1996), writing style may be the single most important ingredient for success in publishing, and needs to be directed towards the target audience. For example, appropriate terminology should be selected, with use of academic jargon minimized or terms explained, for a primarily professional audience. Knight (2002) suggests that links between the main theme of the paper and the points discussed should be carefully clarified as the argument is followed through.

Following journal guidelines

Having clarified the story line and intended audience in advance, the authors should stick rigorously to the guidelines issued by the chosen journal. Editors will expect their standard instructions to be followed. Although authors may be invited to revise their paper after it has been provisionally accepted, a better impression will be created if the paper conforms to the journal house style when it is first submitted.

Most credible journals operate a peer-review system, whereby submitted papers are sent anonymously to two or three reviewers whose opinions as to whether publication is warranted are elicited. Those who have prepared a paper for submission may find that, despite their best efforts, it is rejected by the journal in question. Although most contemporary reviewers provide a clear rationale explaining why a paper might be rejected, the receipt of such a rejection is often the final straw for practitioners who are attempting to publish. Negative feedback is often taken personally, and tends to exacerbate any lack of confidence about the value of the work. The authors need to take a view about the validity of the criticisms, and about whether any justified criticisms can be taken on board. Many rejected papers can be rescued and resubmitted to the journal, if this option has been granted, or sent elsewhere. Eventual publication can generate considerable satisfaction for the authors, whose work might just be read and stimulate better health care.

Publication timing

Having exhausted themselves producing an acceptable thesis, frequently at great personal cost, students often struggle to find the time or energy to do anything more than thankfully drop their work. Many may feel the need to take a break and prioritize other aspects of their lives such as work and family. However, leaving too long a gap can make it difficult to complete the final step of writing for publication, as the project goes cold, and vital details are forgotten.

Conclusion

Increasing numbers of nurses, midwives and other health professionals are undertaking higher degrees which entail completing healthcare research and other kinds of scholarly activity. Some of this work is good enough to be of interest to a wider audience, and may contribute to service development, but very little is widely disseminated. This article has discussed barriers to the publication of good work, and ways in which they may be overcome. Attempting to write for publication requires persistence, readiness to take risks and acceptance of the need to develop new skills. Those who are willing to make the required effort, preferably with appropriate advice and support, will find successful publication highly rewarding, both personally and in terms of ensuring that their work has the potential to make a difference. BJN

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KEY POINTS

- Theses produced for academic programmes, e.g. MSc, MPhil and PhD, have the potential to contribute to practice and service development.
- Publication is an effective method of dissemination to wide audiences.
- Publication should not be undertaken for its own sake.
- Each paper should tell just one story to one audience.
- The target audience and journal should be carefully chosen early on in the writing process.