

A practical guide to writing clinical articles for publication

NOP697 **Happell B** (2012) A practical guide to writing clinical articles for publication. *Nursing Older People*. 24, 3, 30-34. *Date of acceptance*: February 23 2012.

Abstract

The sharing of nursing knowledge between clinicians can strengthen the profession. Clinicians often underestimate the relevance and importance of what they may contribute and feel daunted by the idea of writing for publication. This article presents a practical approach to writing clinical articles for publication in professional journals such as *Nursing Older People*. It considers: what is a clinical article; the structure of a clinical article (Why? Where? How? What? What now?); choosing the journal; and understanding the editorial process.

Aims and intended learning outcomes

The aim of this article is to encourage nurses to recognise the value of their clinical knowledge and the importance of disseminating that knowledge for the benefit of their colleagues and the profession. Furthermore, the aim is to present a brief, user-friendly guide to help nurses to write clinical articles, submit them to an appropriate journal and deal positively with editorial and reviewer feedback.

After reading this article you should be able to:

- Identify the importance of clinical knowledge and its dissemination for the benefit of colleagues and the broader profession.
- Understand the components and structure required of a clinical article.
- Choose the most appropriate journal for submission.
- Understand the process of editorial and peer review, and how to respond to reviewers' comments.

Introduction

Nursing's theoretical knowledge is drawn from a broad array of disciplines including psychology, sociology, biosciences, law and ethics (Mowforth *et al* 2005). These foundation areas complement and contribute to the nursing-specific knowledge necessary for safe and high quality practice. They are fundamental components of nursing education and the socialisation of nursing students into the profession. However, it is acknowledged that theory alone is not sufficient to produce professional graduate nurses and clinical experience is how students learn the tools of the trade and gain confidence and competence in their developing

practice (Kim 2003, Levett-Jones *et al* 2007, Chen 2010). Clinical experience was once described as the mechanism through which students convert what they learn into action, reflect on what they have learned, consider its relevance to specific situations and adapt what is known to meet the needs of individual patients (Levett-Jones *et al* 2006). Often nurses encounter the unknown in clinical practice, and must draw on clinical skills to guide their practice in these circumstances.

This process does not cease when students graduate. Throughout their professional careers, registered nurses are updating their knowledge and skills in light of technological developments, changes in health and nursing practices, but perhaps most importantly because of the impact of expert nursing knowledge and experience that continually seeks to address problems and contribute to the improvement and articulation of nursing practice (Happell 2005a).

Clinical practice and what nurses learn from it is a powerful source of knowledge that is as valuable as more formal theoretical knowledge (Wollin and Fairweather 2007). One fundamental difference, however, is that it is more difficult to locate and use. While theoretical knowledge can be accessed from textbooks, journals and various internet-based sources, clinical knowledge often stays in the localised worlds of clinicians and is not readily accessed by their immediate peers, let alone the nursing profession (Happell 2005b). Clinical articles can make exchange of knowledge easier and can demonstrate problem-solving skills and clinical decision making, and introduce nurses to debates about professionally important issues. These are all essential components of a

Correspondence

b.happell@cqu.edu.au

Brenda Happell is engaged research chair, mental health nursing, and director, Institute for Health and Social Science Research, Central Queensland University, Australia

Conflict of interest

None declared

Keywords

Clinical articles, professional journals, writing for publication, writing skills

This article has been subject to double-blind review and checked using anti-plagiarism software. For related articles visit our online archive and search using the keywords

A version of this article also appears in the April issue of *Emergency Nurse*

robust and healthy profession and assist nurses who are grappling with the same or similar issues to benefit from the knowledge and experience of peers.

Now do time out 1.

1 Clinical skills

Time out

Recall an instance when you learned an important clinical skill from a nursing colleague; something you could not have learned from another source. Consider:

- How did this skill enhance your clinical practice and outcomes for patients?
- How valuable would this skill be to nurses practising in similar settings?
- How could this skill be communicated to others?
- Do you think this knowledge is worthy of becoming a clinical article?

Deciding on content

The first step to writing a clinical article is recognising that you have something of value and interest to others to say (Wollin and Fairweather 2007, Price 2010). Nurses often see their skills and knowledge as basic and so find it difficult to appreciate that others might learn from their experiences. It is so easy to take your clinical skills for granted and see them as nothing special. It is important to acknowledge that much of what you know and can do has resulted from encountering challenging or problematic situations. The strategies developed, lessons learned and approaches tried in response provide valuable skills and knowledge to other nurses who encounter and struggle with similar problems and wish they knew what you know.

Now do time out 2.

2 Knowledge to share

Time out

Think about when a new nurse or student comes to work in your unit. What are some of the specific skills and information they need to know to work effectively in this setting? Consider:

- Why did you choose this specific skill or information?
- Is it documented anywhere?
- How did you develop the skill or acquire the information?
- Is it worth writing about?

Clinical articles

As the name suggests, a clinical article relates specifically to practice but is not based on research findings. They can include:

- Synthesis of existing knowledge and guidelines for best practice.
- Innovative clinical practices.
- Use of existing practices in different clinical settings.
- Clinical dilemmas and how they might be addressed.
- Case studies.

While such an article focuses on clinical practice rather than research, it is important that it has something new to say (Price 2010), rather than restating what could be accessed in a nursing text or procedure manual. This does not mean inventing a new technique or conducting a complete research project.

The synthesis of existing knowledge can provide nurses with succinct and accessible information that can improve their practice. For example, an article published in this journal on the use of hypodermoclysis to manage dehydration (Scales 2011) provides a collation of information that can assist in maintaining fluid balance. This is a convenient way for busy nurses to access information from one source.

Another article on managing depression in older people with visual impairment (Watkinson 2011) presents the reader with an overview of depression, the increased likelihood of the condition occurring in people with visual impairment, signs and symptoms of depression and treatment approaches. The author reviewed a broader base of literature and other resources to provide an accessible guide, with clear relevance and ready applicability to clinical practice.

Now do time out 3.

3 Read a clinical article

Time out

Access and read a clinical article. You may choose Scales (2011), Watkinson (2011) or another that takes your interest more. Consider:

- Is it relevant to your clinical practice?
- Is it interesting and easy to read?
- How easily can you use the information?
- How does the content and presentation differ to that of a textbook or a more academic article?
- What in the article gives it authority?
You might consider here the clarity of how context and clinical action are discussed, and how the author's clinical reasoning process is explained.

Structure of an article

While there is a significant literature base to assist potential authors interested in writing a research article (Happell 2005b, Oermann *et al* 2006, Dunning 2011), the literature supporting the writing of clinical articles is limited. Essentially clinical articles need to articulate their contribution to practice (Price 2010) and therefore

should be structured in a way that allows the following questions to be answered in relation to the intervention or issue: Why? Where? How? What (outcomes)? and What now (implications)?

Why? This section places the focus of the article in context. The rationale for best practice guidelines, a new approach to nursing care or a novel technique or intervention is described. This places the reader in the context of the specific issue. This section should be supported with a review of the literature to place this work in the broader context of what is already known and describe the gap in the existing literature, where relevant, that the clinical intervention, for example, has sought to address. An article that presents recommendations for the management of obesity in people with Down's syndrome (Murray and Ryan-Krause 2010) provides an excellent example of articulating the 'why'. The authors provide an overview of Down's syndrome and the risks of weight gain. This background section creates a strong rationale for the importance of the topic and the recommendations for nursing practice that are presented.

Where? This section refers to the setting or broader context to which the content relates. A full description of the setting enables readers to further understand the rationale and consider the applicability of the outcomes to their settings. The setting may refer to specific aspects of the client group such as age, for example, older people, gender or ethnicity, a geographical location, such as rural, or a specialty, such as mental health. By way of example, an article describing the impact of diabetes on people diagnosed with a mental illness (Pendlebury and Holt 2008) applies information to a context that may be unfamiliar. The nurses reading this article may well know about diabetes and its management in a medical context. However, the comorbidity of mental illness and diabetes creates its own challenges. This article provides specific information to assist nurses who are not specialists to provide support for people with mental illness to change their lifestyles and so improve their physical and psychological health.

How? This section refers to how the intervention can be introduced or used in the clinical setting. To maximise the usefulness of a clinical article, readers need to be able to see how they could replicate it in their own service, or how the issue in question might affect practice. It is therefore important to be direct and honest about the process involved. An overview of the process used to introduce the intervention is an important component of a clinical article. Changes to practice rarely occur without controversy or resistance. Readers

will benefit from knowing what preparation was required before implementation, for example, did staff require education or training? Was resistance evident and, if so, how was it addressed and how successfully?

An article describing the introduction of a nurse practitioner role in Quebec, Canada, provides a useful guide to implementation based on a specific, evidence-based model (McNamara *et al* 2009). Each step of the process is articulated to allow others to follow a similar path. A strength of this article is the frank discussion of the problems encountered, including the political implications of nurse practitioners. Those with an interest in a similar role can learn from these experiences. The more information about the barriers as well as successes, the more useful the article is likely to be.

What? This section, which should describe observable outcomes that have occurred, is essential for showing benefits and contributing to the development of best practice. In an ideal world, a structured evaluation would have accompanied the new practice. Such an evaluation would provide convincing evidence to support ongoing and sustainable practice change by showing better outcomes or cost savings, for example. The development and implementation of a falls prevention intervention was accompanied by a structured evaluation in Neiman *et al's* (2011) article. However, the reality of clinical care means that change is often implemented without a structured evaluation. In this case it is still useful to find what data can be used; for example, the number of people who attended the training or professional development event, informal feedback given, or routinely collected data such as length of stay or frequency of falls.

A physical health intervention for people with mental illness was evaluated using physical health measures before and after its introduction (Ohlsen *et al* 2005). The improvement in measures suggests the effectiveness of the programme. This type of evaluation is based on data that are routinely collected and therefore does not create a significant additional workload for busy clinicians.

What now? This section addresses the implications for nursing and healthcare practice. For example, is there a need for clinical practice guidelines to be implemented? Is there a need for training to enhance the skill and knowledge required for a nursing practice? How the findings could apply to other services and practice settings may also be considered.

Now do time out 4.

Which journal?

Finding an appropriate journal to submit your article to, amid the hundreds that are available, can be daunting.

4 Choose a topic

Time out

With a group of colleagues, consider a topic or skill that would make a valuable clinical article. After discussion, write a sentence or two to describe each of the headings: Why? Where? How? What? What now?

Once you have revised this work, show it to another group of colleagues and ask:

- Is this relevant to clinical practice?
- Is the message clearly conveyed?
- Do you find this interesting?
- Should we write an article on this topic?

This becomes apparent when browsing the list of nursing journals online at MedBioWorld (2011).

Choosing which journal should begin by considering the audience you wish to influence (Happell 2005b). A clinical article is intended for a clinician audience, so journals with a strong scholarly or research focus should be avoided. You should consider whether you are writing for nurses working in a particular specialty (Price 2010). For nurses working in gerontological care, *Nursing Older People* is a relevant journal for submitting a clinical article. Nurses working in oncology may choose *Cancer Nursing Practice*. Professional journals such as these are generally read by more nurses than journals with a stronger academic focus, so it is more likely that more people will be reached and the opportunity to influence practice becomes greater.

It is important that you use yourself and your peers as a resource. It is likely that the clinicians interested in your work will read similar journals to those you read, so your favourite journals are a good starting point. Discussions with colleagues are also helpful (Price 2010); asking what they read can help you decide if you are on the right track.

Each journal's internet home page includes the aims and scope that outline the types of articles the journal is seeking and can further assist potential authors in understanding the likely readership. It is also important to read the author guidelines to understand the structure of articles sought, preferred style and length. If you plan to write a brief report then make sure the journal publishes them. If the journal publishes articles with a maximum of 1,500 words and you require 3,000, you will need to seek a more suitable journal. If the journal does seem the most appropriate one for your article, it may be worth contacting the editor to clarify whether a longer article might be considered.

Consideration of the most appropriate journal is an important step in the process and requires time. Time spent here may well be time saved later by avoiding submission to inappropriate journals.

Now do time out 5.

5 Select a journal

Time out

Select three journals that you have read. Research the journal home page and author guidelines to find out:

- Is the journal peer reviewed?
- Does it publish clinical articles?
- What word length does it require?
- Is there any other helpful information?

Compare the three journals:

- What other information would be useful?
- Which do you most want to write for?
- Why?

Understanding the editorial process

What happens to the manuscript after it has been submitted can be a mystery to authors. This lack of understanding can contribute to delays and problems with the review process (Wade and Tennant 2004, Moos and Hawkins 2009, Happell 2011). Terms like 'refereed', 'peer-reviewed' and 'double-blind' are common in academia but may be foreign concepts to a clinician audience. So what is the difference between a refereed and non-refereed article, and does it matter?

Essentially refereed and peer-reviewed mean the same thing. They refer to the process of sending a manuscript for review by nurses or other experts with knowledge in the general topic area (Bedeian 2003). Non-refereed manuscripts are generally reviewed by the editor or a small editorial team.

For refereed manuscripts, the reviewers are asked to determine whether the manuscript is suitable and good enough to warrant publication. Rarely is a manuscript accepted without change from its first version and reviewers are asked to provide constructive feedback so that the authors can improve and ultimately revise it to a publishable form. Double-blind refers to the anonymity associated with the process. Each reviewer undertakes the task without knowing the identity of the author, avoiding possible bias. Because the reviewer's identity is unknown to the author, the former can provide honest feedback without concern of possible reprisal (Happell 2011).

The choice of refereed versus non-refereed should be determined by considering the audience the author is seeking to influence. In academic circles, publications generally have little credibility unless they are refereed (Happell 2011). However, clinicians may find shorter and more focused articles from professional journals more relevant and easier to access. If in doubt, always check a journal's peer-review policy with the editorial office. For example, while it is a practice-focused professional journal, *Nursing Older People* operates a double-blind peer-reviewed process for clinical articles.

Not surprisingly the time taken for review is longer for refereed manuscripts (Happell 2011). It can take between one and six months for the initial response to be received by the author, and it can take up to one year after acceptance before the manuscript is published in print, although many journals now publish articles online shortly after acceptance. While these delays are important for ensuring high quality, a more timely publication with a non-refereed publication may be preferred to ensure the work is topical.

Authors who choose the peer-review path need to prepare themselves for reviewer feedback. As previously stated, rarely are manuscripts accepted without changes. The manuscript may be rejected outright as not relevant to the journal audience or because it is perceived to be of insufficient quality. Requests for revisions can range from minor, usually typographical and grammatical changes, to major changes to the content and structure. It can be difficult to receive criticism without considering it to be an indication of your inability to write articles suitable for publication. However, this level of review contributes to a better, and more relevant, published article (Happell 2011).

To gain the greatest benefit from the review process, the author should consider reviewers' feedback as a contribution to the desired outcome. Although being upset and angry are normal responses when others fail to see your work as positively as you do, it is wise not to respond too hastily (Happell 2011). It is common and sometimes reasonable for the author to disagree with comments. In such cases, the author should write

a clear response to the editor, providing a justification for not making the suggested changes. It is important to be polite and courteous, no matter how ill-informed you consider the reviewer. Reviewing is a voluntary activity and usually an addition to an already busy schedule (Happell 2011).

Conclusion

Nurses have a wealth of knowledge gained through direct clinical experience. Writing for publication provides an opportunity to share this knowledge with colleagues and contribute to nursing knowledge in a broader sense. This article has provided an overview of writing a clinical article with the aim of assisting prospective clinician authors to take the plunge.

6 Practice profile

Time out Now that you have completed the article you might like to write a practice profile. Guidelines to help you are on page 36.

Invitation for authors

Nursing Older People welcomes clinical articles on all subjects of interest to nurses caring for older people in acute, community and care home settings. To discuss your idea, contact Lisa Berry on lisa.berry@rcnpublishing.co.uk or 020 8872 3169

References

- Bedeian A** (2003) The manuscript review process: the proper roles of authors, referees, and editors. *Journal of Management Inquiry*. 12, 4, 331-338.
- Chen J** (2010) Morale and role strain of undergraduate nursing students in a pediatric clinical setting. *Journal of Nursing Research*. 18, 2, 144-153.
- Dunning T** (2011) Research and diabetes nursing. Part 6: writing a research article. *Journal of Diabetes Nursing*. 15, 6, 222-225.
- Happell B** (2005a) Education for life: the evaluation of an innovative approach to facilitate ongoing learning for nurses. *International Journal of Psychiatric Nursing Research*. 10, 2, 1117-1128.
- Happell B** (2005b) Disseminating nursing knowledge – a guide to writing for publication. *International Journal of Psychiatric Nursing Research*. 10, 3, 1147-1155.
- Happell B** (2011) Responding to reviewers' comments as part of writing for publication. *Nurse Researcher*. 18, 4, 23-27.
- Kim K** (2003) Baccalaureate nursing students' experiences of anxiety producing situations in the clinical setting. *Contemporary Nurse: A Journal for the Australian Nursing Profession*. 14, 2, 145-155.
- Levett-Jones T, Fahy K, Parsons K et al** (2006) Enhancing nursing students' clinical placement experiences: a quality improvement project. *Contemporary Nurse: A Journal for the Australian Nursing Profession*. 23, 1, 58-71.
- Levett-Jones T, Lathlean J, Maguire J et al** (2007) Belongingness: a critique of the concept and implications for nursing education. *Nurse Education Today*. 27, 3, 210-218.
- McNamara S, Giguère V, St-Louis L et al** (2009) Development and implementation of the specialized nurse practitioner role: use of the PEPPA framework to achieve success. *Nursing & Health Sciences*. 11, 3, 318-325.
- MedBioWorld** (2011) *Nursing Journals Links*. <http://tinyurl.com/7v3d2rf> (Last accessed: February 28 2012.)
- Moos D, Hawkins P** (2009) Barriers and strategies to the revision process from an editor's perspective. *Nursing Forum*. 44, 2, 79-92.
- Mowforth G, Harrison J, Morris M** (2005) An investigation into adult nursing students' experience of the relevance and application of behavioural sciences (biology, psychology and sociology) across two different curricula. *Nurse Education Today*. 25, 1, 41-48.
- Murray J, Ryan-Krause P** (2010) Obesity in children with Down syndrome: background and recommendations for management. *Pediatric Nursing*. 36, 6, 314-319.
- Neiman J, Rannie M, Thrasher J et al** (2011) Presenting research to clinicians: and evaluation of a comprehensive fall risk program. *Journal for Specialists in Pediatric Nursing*. 16, 2, 130-139.
- Oermann M, Galvin E, Floyd J et al** (2006) Presenting research to clinicians: strategies for writing about research findings. *Nurse Researcher*. 13, 4, 66-74.
- Ohlsen R, Peacock G, Smith S** (2005) Developing a service to monitor and improve physical health in people with serious mental illness. *Journal of Psychiatric and Mental Health Nursing*. 12, 5, 614-619.
- Pendlebury J, Holt R** (2008) Supporting the lifestyle modification and treatment of type 2 diabetes for people with severe mental illness. *European Diabetes Nursing*. 5, 2, 58-63.
- Price B** (2010) Disseminating best practice through publication in journals. *Nursing Standard*. 24, 26, 35-41.
- Scales K** (2011) Use of hypodermoclysis to manage dehydration. *Nursing Older People*. 23, 5, 16-22.
- Wade D, Tennant A** (2004) An audit of the editorial process and peer review in the journal *Clinical Rehabilitation*. 18, 2, 117-124.
- Watkinson S** (2011) Managing depression in older people with visual impairment. *Nursing Older People*. 23, 8, 23-28.
- Wollin J, Fairweather C** (2007) Finding your voice: key elements to consider when writing for publication. *British Journal of Nursing*. 16, 22, 1418-1421.