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### Original Citation

Kendal, Sarah (2014) A Painful Journey from Clinician to Academic: Reflections on Learning the Art of Writing for Publication in Nursing Journals. *Health and Social Care Education*, 3 (1). pp. 41-43. ISSN 2051-0888

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## Front Sheet

**Title:**

A painful journey from clinician to academic: reflections on learning the art of writing for publication in nursing journals

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**Type of Article:**

Reflective piece

**Word count:** 1159

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## **Introduction**

Clinical managers in the NHS read case notes, timesheets, policies and job applications (McVicar 2003) – and perhaps not academic journals. Yet in the blink of an eye (actually three years), a confident and respected health practitioner can be installed as a lecturer in nursing, clutching a probationer academic's contract that contains some terrifying targets relating to academic publication (Dempsey 2007). This essay describes a probationer's perspective on the process of co-writing a paper for publication following completion of a PhD. The paper had two authors, one of whom had previously published several research papers. I was the probationer, and just starting out. We had discovered common ground during our PhDs and our proposed paper was an attempt to disseminate our insights.

## **Background**

We know that clinicians can lack the time and perhaps the inclination for reflection (Marine et al. 2009) and it seems reasonable to rely on nurses in higher education to carry much of the responsibility for pondering philosophical issues. For instance, there are questions within mental health nursing that can exercise a mental health practitioner for a lifetime. What is reality? What is madness? Who should decide? Yet paradoxically, the work of nurses in higher education also seems characterised by deferred reflection and rushed decisions. Accommodated in silent corridors, academics wrestle with strange, relentless pressures that do not appear to represent what any sensible person would call an emergency (Anderson 2006). They may be forced to eschew human contact during the working day, avoid their families in the evenings, and work during the night, because of

deadlines. Yet without the reality of an expiring body on the floor, it seems odd that this work culture is so compelling for people with a clinical background.

Four academic papers, in high impact journals, in four years, could nudge a probationer academic towards the holy grail of a substantive lecturer contract. Compared with writing a doctoral study in three, that might seem plenty of time to develop writing skills and refine key messages. But oddly, the life of a new academic is so suffused with learning the social culture, administrative systems and departmental deadlines, that honing the skills of scholarship can slide down the 'to do' list.

Comment [m1]: I have rephrased this

### **Planning for publication**

My co-author and I planned a paper that discussed how working in schools is a challenging environment for a health researcher (Inchley et al. 2007). School settings throw up many obstacles that could compromise agreed standards for qualitative health research (Popay et al. 1998, Miles and Huberman 1994). The paper argued the case for a discourse about certain methodological and ethical issues and suggested a way forward. These messages had already generated enough interest that we had been invited to present them at several workshops and seminars. Thus far, the signs were promising.

### **The cycle of submission and rejection**

Having debated the topic with several audiences, the arguments seemed mature and well rehearsed (Keen 2007) and we, the two authors, were hoping for a swift result. The paper was duly written and sent to a child-focused journal, after an initial phone call to someone on the editorial board, who seemed enthusiastic. Surprisingly, we quickly received a

message informing us that the paper was so unsuitable for the journal that it was not even going to be sent out to peer review. That was attempt number 1.

During our PhD studies we had become acquainted with an online publication about research with children and young people that is aimed at post graduate students. We optimistically reshaped our paper and sent it off with the required detail demonstrating that, as recent graduates, we fit the profile for the journal. So far, so good, but we were then asked whether we were working as researchers. We were, and this rendered us ineligible to submit a paper. The logic of this approach was unclear to us but we moved on.

The next choice was an ambitious one: a highly cited UK nursing journal with an international readership. An esteemed colleague advised us that perhaps our paper was an awkward mix of discussion and empirical research. Could we perhaps emphasise the data? Taking this advice, we re-wrote the paper with more data and less argument. We thought about it a lot, re-worked it a few times, and finally decided to reduce the data and increase the discussion, but direct the paper elsewhere. This foolhardy approach no doubt reflected our naïve faith in our project. We turned to a US journal with a chief editor whose methodological approaches we admired and had adopted in our research, thinking that our insights added to the discourse about real world qualitative methods and might be welcomed here. Making inquiries about the journal, we were warned about a 12 month time-lag between submission and any kind of response, including rejection without peer review (Dong et al. 2006). This was too daunting for us so we started again.

Losing some confidence by now, we submitted the paper to a research journal aimed at

clinicians. This one had no impact factor, but after 6 months of trying, we wanted to get our message out. We reasoned that clinicians had shown a lot of interest in our work so this might be just the right environment . Although we were aware that we were swinging wildly between high and low ranking journals, we still believed that our messages were worthwhile, and we wanted to share them. The reviewers took deep exception to our paper. They thought it reported unethical and methodologically unsound research and wondered whether we had obtained ethical approval (we had) and if our supervisors been aware of our methods (they had). The irony of rejecting, on these grounds, a paper that attempts to open a discourse about methodological and ethical issues in a specific research context, was not lost on us.

### **Perseverance**

Despite this further blow to confidence, the paper is now being worked up for another submission to a practice journal. We have taken up and reflected on much of the formal and informal support, advice and training that is available with our School and Faculty. Probationer targets may yet be achieved, but the fate of this paper is uncertain. Potentially, any attempts by newcomers to challenge established methodological and ethical norms could be viewed with suspicion at best, if not dismissed as irrelevant squeaking. It may be necessary to draft in a third author to add gravitas.

### **Conclusion**

This is the world of academic writing and it seems drawn out, complex and difficult. The Research Excellence Framework (REF) is an additional shadow looming over researchers in universities and often the time lag between submitting a paper and seeing it published can exclude it from being counted in a particular cycle, with resulting impact on promotion

prospects. My probationer's targets were scary, but my contract and lowly status protected me. My department took the view that I was a work in progress and I was not pressurised to write for inclusion in the REF.

Experienced academics have warned of the time it takes for a paper to appear in the public domain as a publication (Dong et al. 2006), but this still comes as a surprise. Perhaps inexperience is accompanied by enthusiasm that drives a project over hurdles, while time served brings skills and knowledge that eliminate some of them. Either way, for a clinician to turn into an academic, swapping life or death decisions for administrative deadlines, is a painful metamorphosis. With luck, patients will benefit- one day.

Endnote: The paper was ~~subsequently~~ finally accepted for publication by a practitioner journal.

Acknowledgement: Dr Linda J. Milnes

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