

Writing for Publication: Advice To Potential Authors

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If you have thought about writing for publication, then take the time to read this article! Plastic Surgical Nursing Editor Joyce Black, MSN, RNC, CPSN, will discuss each step of the process, including tips on generating a topic, writing the first draft, editing your work, and submitting to a journal. Advice to authors on submitting to Plastic Surgical Nursing will also be discussed.

You have thought about writing for a while now. You have actually taken pencil to paper and jotted down some ideas. But you can't seem to get any farther. If this sounds like you then read on. This article is for you. This article will focus on writing for publication. All the steps of the process will be discussed, including generating a topic, developing an outline, writing the first draft, editing your own work, choosing and preparing photographs, and finally submitting your article to a journal.

Generating the Topic

Have you thumbed through the journals lately and said "Great, I need to read that, I don't know much about that?" Some of the best articles come from frustrated nurses who want to solve an issue within patient care or work settings. These nurses search the literature to find the solution and then share their findings with others.

Sometimes though, the problem is not discussed in any journal articles. Voila! Another potential topic! In fact, the lack of writing on a topic is usually an excellent cue that something needs to be written. It is a topic that needs to be addressed and has not been, or perhaps it has not been addressed for a long time in the literature.

Joyce Black, MSN, RNC, CPSN, has served as Editor of Plastic Surgical Nursing since 1981, and has published journal articles and book chapters in numerous publications. She is also the Editor of Luckmann's Medical-Surgical Nursing, and also serves as Assistant Professor of Nursing at The University of Nebraska Medical Center in Omaha, NE.

Perhaps rather than solving a problem, you have had a lot of success with a particular approach to patient care. Then, just as your problems are often someone else's, your successes can also be used by others.

Other ideas for manuscript development are important ideas and timely issues. Today the issue of governmental regulation of health care agencies is an important and timely issue. So are use of lasers in plastic surgery, breast implants, dealing with the media, and augmented patients. Chronic wound care is increasing as people live longer. All of these topics have potential as articles.

Does your idea have merit?

Sending a Query Letter

A query letter can be sent to a prospective journal to ask about its interest in your topic. The letter should explain what you plan to write about, but it should not "sell" the editor on the topic. The topic should sell itself. Be careful not to tell the editor that the journal has not published anything on this topic recently. The editor knows what has been published and is not likely to be persuaded by your letter. Your letter can also include a short description of your position and ability to write up the material.

A query letter can spare you the work of preparing a paper for a specific journal and submitting it, just to find out that they have already accepted one on the same topic, and yours could not be used in the near future. The editor can also help you redirect the paper if it is not a good match to the journal's focus.

Developing an Outline

The outline is imperative, and is a crucial first step in developing the plan

for the paper. Outlines are like road maps that help you to know where you are going and how to get there. With word processors, most authors type the outline into the computer and then fill it in. This approach helps in managing time when writing, an important component that we will talk about later.

The outline should go from simple to complex or known to unknown. A typical format for the discussion of medical condition is:

- Introduction
- Definition
- Incidence/Prevalence
- Etiology
- Risk Factors and Prevention
- Pathophysiology
- Signs and Symptoms
- Diagnosis
- Medical Management
- Nursing Management
- Conclusion

An outline for a surgical procedure might look like this:

- Introduction
- Definition
- History of the Operation (optional)
- Etiology of the Underlying Condition
- Pathophysiology of the Underlying Condition
- Indications/Contraindications
- Patient Selection
- Preoperative Management
 - Medical
 - Nursing
- Intraoperative Management
 - Description of the Operation
 - Nursing Role
- Postoperative Management
 - Medical
 - Nursing
- Complications
- Follow-up Care
 - Long-term results
 - Conclusion

Outlines for research papers must follow a very specific format:

Purpose

Description of the Problem

Review of the Literature

Methods

Sample

Instruments

Results

Discussion

Conclusion

Obviously not everything important or timely fits into these neat outlines. The outline for other material should follow a logical presentation and move readers from concepts they know to new ones.

Incorporating nursing components. Since you will be writing for a nursing journal, it is important to describe the nurse's role in the care of the patient with a certain disease or following a certain surgery. Sometimes articles are written for nurses but contain mostly medical care and medical issues. Nurses must know what physicians are doing or will do in the care of clients, but there is a role for nurses in the care of patients (or else why would nurses write articles on the subject?) Illuminate that role. Do not understate the case. Nurses are pivotal professionals in care delivery and need to share their expertise.

Many writers use the nursing process to discuss nursing care. The nursing process has five traditional steps:

- Assessment
- Diagnosis (usually a nursing diagnosis is given)
- Goal Setting
- Implementation
- Evaluation

You may not be familiar with nursing process, and certainly it does not have to be used. It is important to remember though that your reader might be familiar with it. Nursing process using the above five steps has been used in nursing education for 15-20 years. If you opt not to use nursing process, you will still want to describe the assessment of the patient prior to the care of the patient, as it is a logical discussion.

When writing the outline, look at a previous issue or two of the journal to which you intend to submit your paper. Try to model your outline after the journal's style. Does the publication use subheads? If so, use them in your paper. Do they write in first person or third person? Follow that style in your writing.

This paper is written in first person, the terms "I" and "you" are used rather than phrases like "The nurse." Third person is the preferred style in articles.

Writing the First Draft

Most authors get writer's block when attempting to write the introduction. They want it to be "catchy" and "exciting" to entice the reader to read the article nonstop. That is what an introduction should do, but that is a tough first assignment. So, start with what you know best. Scan the outline. What areas do you know best? Perhaps it is preoperative nursing care. Then write that section first. Later when you have most of the parts filled in, you will be more motivated to complete the entire paper. Even though a paper is read from beginning to end, it does not need to be written in that order.

Writing the introduction and conclusion. The introduction should state the purpose of the paper and introduce some of the main points. Sometimes questions are posed to highlight probable problems.

The conclusion is basically the introduction all over again, with the addition of a spur of encouragement to implement the procedure explained, change the practice, or act on the information. New information is not introduced in the conclusion. During the conclusion, the reader's brain is storing this information for future use and attaching value to it. New information is seldom processed here. An analogy is that if you are lecturing to students who have watched the clock and closed their notebooks, it is time to quit. They won't hear a word you are saying. They have closed their brain to new learning.

Editing Your Own Work

Once you have completed the paper, you can check it for spelling errors with many of the available computer word processing systems (for example, Word Perfect). Make use of this system; but be aware that correctly spelled wrong words will not be picked up. For example, if you meant to use the word "nurse" and instead typed "nerve" the computer will not detect an error because "nerve" is a word. Likewise computer programs can check for grammatical errors also.

Put the paper aside for 3-4 days. During that time, you lose some of your attachment to your own writing and can

be a bit more objective when rereading it. Read your entire paper over again. You may want to read it aloud. Do sentences make sense? Does the paper flow? Is the writing clear?

Common grammatical errors. There are several common grammatical errors. They will be discussed one at a time with an example.

Use of the passive voice. Good writing uses active verbs that can be seen or felt for full understanding. For example, "Tom was hit by Jon" is a passive verb and is stronger and more active when stated "Jon hit Tom."

Run-on sentences. Good writing uses sentences of varying length. You will remember from American Literature classes that Ernest Hemingway stood while writing to keep the sentences short. You don't need to do that. Short sentences are usually strong and impactful. But long sentences are OK to break up text. Run-on sentences are usually two or three ideas in one sentence. For example, in the sentence "The patient was assessed prior to surgery and found to have several problems that required immediate intervention before surgery could begin," the ideas of assessment and intervention could be separated.

Placement of commas. In addition to separation of lists within a sentence, a comma should be used to separate introductory clauses or ideas. Sometimes placement of commas can be seen if the material is read out loud. Where pauses are made in speech, commas can be placed.

Lack of noun and verb agreement. Lack of noun and verb agreement is an easy mistake to make in writing. The writer is concentrating on what is being written rather than on subject and verb congruence. For example "The client have a cleft palate," should be written as "The client has. ." because "the client" is singular; the verb "have" is plural. Some common problems are with the words "none" and "data." None is a singular term; a shortened word for not one, therefore uses a singular verb. The term data is plural; for example "data are" rather than "data is."

Separation of noun and verb. Another easy mistake to make is separating the noun and verb with several phrases of text. This type of communication is fairly common in verbal communication, where emphasis can be placed by voice inflection. For example,

"Retrobulbar hematoma, fortunately not common, is a serious complication of blepharoplasty." This sentence is clear when spoken due to inflection in the voice, but when reading it, the reader can get "lost." It is better when written as "Retrobulbar is a serious complication of blepharoplasty; fortunately it is uncommon." Sentences should begin with the subject followed immediately by the verb.

Nonparallel sentence structure.

This grammatical error occurs in long sentences where there are many phrases following the verb. Each portion of the sentence should flow equally from the verb just as if it were there alone. The following sentence is not parallel:

"Prior to reduction mammoplasty, women should be asked about personal and family breast history, pregnancy and breast-feeding history, problems with back and shoulder pain, and assessment findings of shoulder grooving, and neck pain."

To check your writing for parallel structure, find the "stem" of the sentence. In the sentence above, the stem is "Prior to reduction mammoplasty women should be asked about." All other ideas develop from this stem. Read each section of the sentence alone with the stem.

Prior to reduction mammoplasty, women should be asked about. . . personal and family breast history.

Prior to reduction mammoplasty, women should be asked about. . . pregnancy and breast feeding history.

Prior to reduction mammoplasty, women should be asked about. . . problems with back and shoulder pain.

Prior to reduction mammoplasty, women should be asked about. . . assessment findings of shoulder grooving and neck pain.

The last portion of this sentence is not parallel and does not flow from the sentence stem. It would be parallel if rewritten as:

Prior to reduction mammoplasty, women should be asked about. . . shoulder grooving and neck pain.

Have Other People Read Your Paper

Once you have advanced to a final form, you can ask others to review your paper. It is helpful to print the paper using a double spaces and wide margins for notes, comments, and corrections. Again word processors are a big help

with this step. The margins and line spacing can be set to leave a lot of room along the sides and between the lines of the paper. It is advisable to leave the paper with the people who will review it, rather than stand and watch them do so. You may be too close to your paper and feel hurt when you see someone write on it, changing the words you struggled to find.

Photographs

Photographs are another important part of your paper. They serve several purposes: (a) to show the reader pre- and postop patients, (b) to explain a difficult concept, and (c) to serve as window-dressing for your paper, inviting people to read it.

Most journal photographs are black and white. Color photographs are wonderful but extremely expensive to print. Most patient photographs are taken with color slides or instant picture cameras (Polaroid™) for documentation. Slides can be converted to black and white pictures, but they tend to be very gray with little contrast. Instant pictures would need to be rephotographed onto black and white film. This process decreases the amount of contrast in the picture.

If you know you will be writing on a topic, it is best to buy black and white film (high contrast, low ASA speed). The film can be stored in a separate camera or just kept in the office.

Once exposed, film should be developed by a professional film developer, not a color film processor, such as is found in most grocery and drug stores. Photographs submitted with an article should be 5 x 7 inches. They also should be softly marked with a pen near the top of the picture with the word "top," using caution not to crease the picture. The layout artists may not be able to recognize the photograph and can inadvertently place it sideways or upside down.

Have your photographs ready at the time you start writing. The paper can reference the photos as they apply to that portion of the paper with phrases such as "see Figure 1." Photographs and other drawings are numbered in the order that they appear in the text and placed at the end of the paper.

In addition to the photograph, a caption called a "legend," should be written. The legend should explain the photograph completely and should not require that the reader search the text for the complete discussion (unless long

and complicated). Legends should be typed on a separate page and placed at the end of the paper.

Submitting For Publication

Make sure you choose the appropriate journal to submit your manuscript to. Each journal has defined its purpose, goals, and intended audience, and your article should be sent accordingly.

Your final draft should be typed, double-spaced, and written in the style specified by the journal you are submitting to. If you do not have a copy of the journal's guidelines for authors, contact the publication's office and request a set. Writing your manuscript according to the guidelines established by the journal you have selected will increase the chances of your manuscript being screened carefully for publication.

Review of the Paper

Most nursing journals have a panel of professionals who review papers prior to publication. Papers are examined for several criteria that vary from journal to journal. A research journal review would focus on study design and statistical analyses. A clinical journal would focus on application of the content to its readers.

The paper can be accepted as submitted, which is quite rare, or returned to the author for revision, which is common. The paper can also be rejected. The incidence of rejection varies with the journal, the number of manuscripts submitted to the journal annually, and the quality of the paper. Some causes of rejection are within control of the writer, and some are not. Common causes for rejection are:

1. Lack of space in the journal
2. Previous publication of the same topic
3. Length of the paper (too long or too short)
4. Dull writing
5. Dogmatic ideas
6. Poor illustrations, graphs, or charts
7. Nonconformity to journal style

Clearly, some of these problems can be prevented by designing a paper well and writing it well.

Request for Revision

Many times, a paper is returned to the author for revision. Reviewers, who are not told who the author of the paper is, submit comments back to the editor in most cases. The editor forwards the

comments back to the author, holding the reviewers' names in confidence (this process is called a blind review).

When the review is received, the author needs to consider the reviewers' suggestions. If the author feels a reviewer's suggestion would not benefit the paper, those concerns should be submitted back to the editor.

The turnaround time for revision is usually short. Often a publication sets aside space for the paper once it is accepted, therefore it is important to revise the paper quickly.

Checklist for Plastic Surgical Nursing

Plastic Surgical Nursing encourages you to submit your manuscript for publication. The goal of the journal is to inform nurses of advances in all areas of plastic surgical nursing. *Plastic Surgical Nursing*, which is published quarterly, is a refereed journal. All manuscripts submitted undergo review by the Editor and blind reviews by the Manuscript Review Panel and/or Editorial Board. Articles are evaluated on timeliness, importance, clarity, and applicability to practice.

Write your manuscript using the guidelines of the *Publication Manual of the American Psychological Association*, Fourth Edition. Copies of the APA stylebook may be ordered from: Order Department; APA; P.O. Box 2710; Hyattsville, MD 20784.

All manuscripts must include a title page, abstract, subheads in the body of text, a reference list, along with figures and photographs (see *Plastic Surgical Nursing's* Guidelines for Authors).

Ready, Set, Go!

Now, you've made the decision to write your manuscript and submit it for publication. Follow the process through, and work closely with the Journal staff to ensure that your manuscript becomes published. The experience of seeing your article in print is worthwhile and will "hook" you into submitting more manuscripts in the future!

The goal of *Plastic Surgical Nursing*, the official journal of the American Society of Plastic and Reconstructive Surgical Nurses (ASPRSN), is to inform nurses of advances in all areas of plastic surgical nursing. Unless clearly specified, the views expressed in articles, editorials, book reviews, and letters published in *Plastic Surgical Nursing* represent the opinions of the authors and do not reflect the official policies of ASPRSN.

The journal accepts original articles, case studies, letters, and descriptions of clinical care and surgical techniques. Query letters are welcomed, but not required. Material must be original and never published before. Material is submitted for review with the understanding that it is not being submitted to any other journal simultaneously.

Five copies of the manuscript should be submitted to the editorial office; author retains one copy. Manuscripts not accepted for publication will not be returned to the author unless requested within 30 days of notification of rejection.

Plastic Surgical Nursing is a refereed journal. All manuscripts submitted undergo review by the Editor and blind reviews by the manuscript review panel and/or editorial board. Each article is evaluated on its timeliness, importance, accuracy, clarity, and applicability to plastic surgical nursing.

Upon acceptance of the manuscript, the author will yield copyright to *Plastic Surgical Nursing*. Acquiring permission to reprint previously published material is the responsibility of the author.

Manuscripts accepted are subject to copy editing. The author will receive galley proofs for review prior to publication.

Manuscript Preparation

Manuscripts must be typed double-spaced on 8 1/2 x 11-inch white paper, and should not exceed 12 pages. Style should generally follow the *Publication Manual of the American Psychological Association* (APA). Use the author-date method of citation, e.g., (Doe, 1996) or Doe (1996) states . . . With multiple authors, the first citation must list all authors, and subsequent citations should list only the last name of the first authors and et al. (Doe et al., 1996).

Format of Manuscript

Title Page: Include the manuscript title, authors names, credentials, and a biographic statement. Also include an address for correspondence and day and evening phone numbers.

Abstract: The abstract should appear on the first page after the title page and should be limited to about 30-35 words. This information should be substantive, not descriptive.

Text: Double space all typing, using 1 - 2 inch margins. Include the title, or short descriptor, on the top of each page, but do not include the author's name.

Subheadings: Include subheadings in the manuscript where possible. Type all subheadings flush to the left margin.

References: List all references in alphabetical order. Sample references are shown below:

Book:

Drain, C.B. (1994). *The post-anesthesia care unit* (3rd edition). Philadelphia: W.B. Saunders Company.

Chapter in a Book:

Black, J. (1993). Nursing care of clients having plastic surgery. In J.M. Black & E. Mastassarini-Jacobs (Eds.), *Medical-surgical nursing* (pp. 600-645). Philadelphia: W.B. Saunders Company.

Periodical:

McCain, L.A. (1995). A review of autoimmune disorders anecdotally linked to mammary implants. *Plastic Surgical Nursing*, 15(2), 68-77.

Figures: These include line drawings, photographs, diagrams, and graphs. Each figure needs to be numbered, and the number must correspond to a statement in the manuscript directing the reader to see such figure. (see Figure 1). Include a separate legend sheet, with captions typed double-spaced. When using figures adapted from another source, the author must obtain written permission from the original publisher.

Photographs: All photographs must be black and white, glossy, 5" x 7". On the back, label the photograph and mark "TOP." The author is responsible for obtaining permission for the use of photographs of identifiable persons.

Manuscripts should be submitted to:
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