

How to write scientific papers for publication

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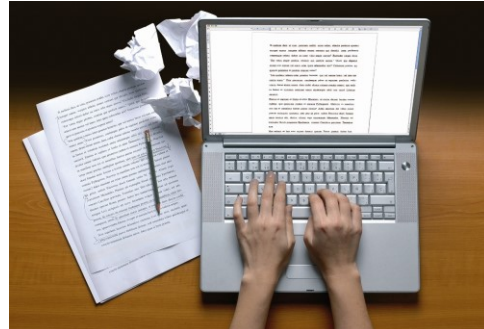


HOSPICE CASA SPERANTEI
MAKING EVERY MOMENT COUNT

Learning objectives

- Describe the process of writing a research manuscript for publication in journals
- Understands the use of different international standards for the drafting of bibliographic references
- Awareness of how to deal with reviewers comments

Writing



Content of the session

- Transforming your research findings into publishable papers
- Selecting a suitable journal(s)
- Citing and referencing the work of others (plagiarism)
- Submitting your paper
- Dealing with editors and reviewers comments
- Revisions, rejections and success!

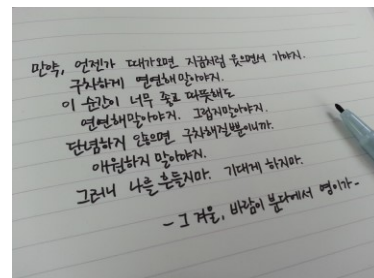
Start writing now

- Write one sentence with your key message



Writing plan or writing map

- One piece of paper – write or draw the outline of your paper



Structure of a scientific paper

- Abstract – write last
- Introduction – write third
- Methodology and Methods – write first
- Results – write second
- Discussion – write fourth

Methodology and Methods

- Research design – justify methodology
- Population, sample, recruitment
- Data collection
- Data analysis
- Data synthesis and presentation
- Data quality appraisal – depending upon methods
- Ethical considerations

What did you do? How did you do it?

- Write an outline of your methods section now – using bullet points

Results

- Describe characteristics of your population and sample
- Who took part in your study?
- Presenting results: tables, figures, diagrams, text
- Remember to answer your research question(s)
- Presenting quantitative analysis
- Presenting qualitative analysis

Describing your sample

Table 1 Participant characteristics by biographical category

	Reference ¹	Age range (years)	Sex	Tumour	EDS score	Lives alone	Attends hospice
Biographical flow	Albert	80s	M	Respiratory	6	No	No
	Ron	60s	M	Haematological	10	No	No
	Helen	60s	F	Gastrointestinal	16 ^b	Yes	No
	Nora	60s	F	Respiratory	16 ^b	Yes	No
	Marjorie	60s	F	Respiratory	20 ^b	No	Yes
	Jenny	70s	F	Respiratory	17 ^b	No	Yes
	Mary ^a	60s	F	Respiratory	18 ^b	Yes	No
	Linda	50s	F	Breast	17 ^b	No	No
	Peter	60s	M	Urological	12	Yes	No
	Jim	80s	M	Gastrointestinal	12	Yes	No
	Pat	60s	F	Respiratory	12	No	No
	Bob	40s	M	Respiratory	5	No	No
	Ruth	70s	F	Gastrointestinal	7	Yes	No
	Stuart	40s	M	Soft tissue	^c	No	Yes
	Joyce	80s	F	Breast	^c	No	Yes
	John	60s	M	Urological	^c	No	Yes
	Angela	40s	F	Gynaecological	6	No	No
Fracture	Mark	40s	M	Respiratory	16 ^b	No	Yes
	Joan	50s	F	Breast	^c	No	Yes

¹Names given are pseudonyms.

EDS, Edinburgh Depression Scale.

^aHad confirmed ICD depression at time of interview.

^bHigh-risk scores.

^cSelected as high risk/expressing distress by MLW.

Quantitative data example

P. May et al. / Health Policy xxx (2013) xxx–xxx

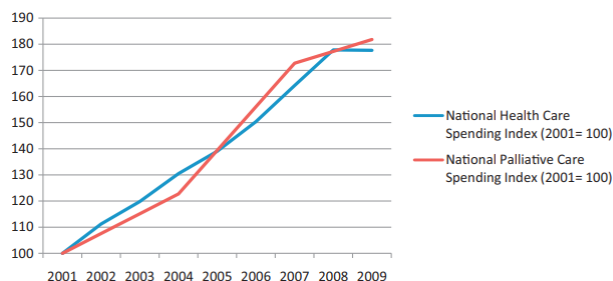


Fig. 2. Health and palliative care budgets in Ireland (2001–2009).

Quantitative data examples

Figure 1. Average % of persons receiving specific bereavement services.

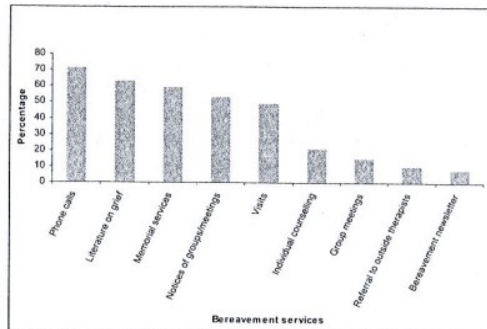
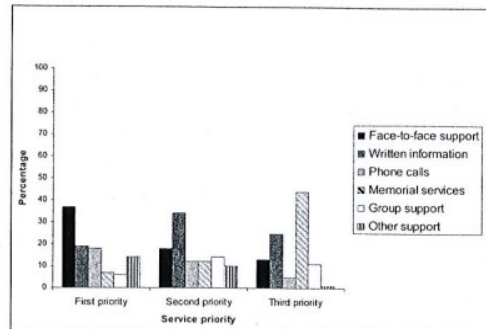


Figure 2. Service priorities for providing bereavement support.



Qualitative research example

Reeve et al. Management of distress in palliative care patients: the self-integrity model

BOX 1 Case studies illustrating and comparing categories of biographical flow and fracture

Biographical flow

Helen describes maintaining continuity of daily life in the face of threats arising from the disruptive impact of illness. Helen was a 66-year-old woman with metastatic bowel cancer. She had worked hard all her life to bring up her children and protect her family in deprived and sometimes difficult circumstances. Caring for her family was both her main struggle but also that which was most important to her.

I've always been a strong person. I always have you know ... And, the strength comes from my mother. She was a very strong woman. And I'm like her...

After I had the operation, the surgeon came round at half eight in the morning ... And he said 'Oh and by the way, it was cancer'. And then I had to phone and tell me husband. So I had to be brave for him ... I had six months of chemotherapy – in the backs of my hand where I couldn't stand. My veins collapsed all the time. But I stuck it out ... I got over the bowel cancer ... [Some months later], it was on my lung. So they took the lower lobe out. And it must have been two years, or less, and it was in my liver ...

I have my [bad] days. But that's when I get stuck into the house then. Really scrub the wood – that gets the anger out ... I get a book out and I start to read. And I read for like 2 or 3 hours, then I'll fall asleep again. But as I say when it really gets me down – and that's when I go out in the garden and do all sorts ... It's no good having people round you all the time. It wears you out – it really does. Just some time to relax, to chill out. Do what you want. Sit with your pyjamas on all day if you feel like it – you know. You go and do nothing at all ... I get angry with God. You know. I go "Why me?" I didn't mind once, but three times. But – that's what I'm here for ... I am a Catholic. I don't go to church – I used to. I don't bother now. But I pray every night – you know. I still have my faith.

SIM themes

Core-self
Strong woman

Threat

Turbulence
(threats and
balances)

Introduction

- The purpose of the paper
- Define key terms and concepts
- Provide the (international) context – what is known and not known already
- Rationale for your study
- Research question, aims and objectives

Discussion

- How did your research answer the research question?
- Key findings – do not repeat results or add new results
- Interpreting your findings in the context of what is already known
- Strengths and limitations
- Implications for theory/policy/practice/education
- What additional research is required
- Conclusions

Write your Conclusions now

- One paragraph

Conclusion

Bereavement care is an integral part of the suite of services now provided in palliative care settings in Australia; it is an expected component of palliative care¹⁹. Yet, our data suggest that many services struggle to provide what they would wish, because of the models of bereavement support used, the lack formal assessment of risk, and personnel and funding constraints. Questions remain about the value of providing bereavement support to all, rather than allocating services based upon level of need. Further research with a larger, more nationally representative sample, is required to assist organisations to evaluate the effect of their care and to move them to an evidence-based model of care based on risk.

Abstract

Structured – use headings from your selected journal

- Background
 - Aims
 - Methods
 - Results
 - Conclusions
 - Word limit?
-
- Key words
 - What is already known, what you did, what is new?
 - Title of the paper – should include the methods used

Write, revise, edit, revise, edit, repeat.....



Selecting a suitable journal

- Purpose and remit of journal – check website
- Readership
- Focus – methods?
- Fees
- Language
- National/international
- Impact factors and reach

Citing and referencing the work of others (plagiarism)

- Draw on the work of others (citing) but always acknowledge their work
- Plagiarism is the representation of another author's language, thoughts, ideas, or expressions as one's own original work.
- Try not to use direct quotes from other's work – use your own words

Referencing systems and software

- **Referencing in the Harvard style is a two-part process:**
- Citation in the text: this is the brief indication of the source within the text of your work immediately following the use of the source whether quoted or summarised.
- Reference list: a complete list of all the cited references used in your work with full bibliographic details, to allow the reader to follow up these references and find the original text (A-Z listing).
- **Vancouver** is a **numbered** referencing style commonly used in medicine and science, and consists of: Citations to someone else's work in the text, indicated by the use of a number. A sequentially numbered reference list at the end of the document providing full details of the corresponding in-text reference.

Submitting your paper

- Read and follow the author guidelines from the journal
- Check the format and length of each section, total length of manuscript, number of tables and figures
- Covering letter
- Complete all required checklists
- Acknowledgements
- Attributions: funding, authors contributions, data archiving, ethical approval, etc
- Proof read
- Check the language (if English is not your first language, use a native speaker to check the text)



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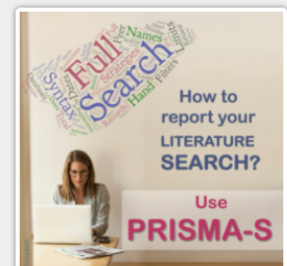
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Proof Reading

Read your work aloud

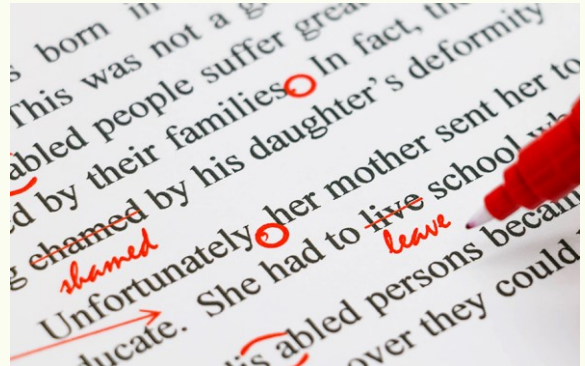
Check first sentence/paragraph

Check sentence length (two-comma rule)

Use software (Grammarly)

Have peer / non peer proof

- Grammatical
- Conceptual



Example



Dealing with editors and reviewers comments

- Carefully read all the comments
- Deal with your emotions!
- Craft a response to every comment
- Revise the manuscript
- Proof read
- Agree changes and responses with all authors
- Resubmit

Writing blocks and strategies

- There will never be enough time
- Prevarication
- Small chunks
- Free writing
- Set yourself writing goals
- Writing activities – in a group
- Reward yourself



Revisions, rejections and success!

- Revisions to a manuscript are normal
- Everyone gets rejections
- Resilience – adapt your paper to another journal, resubmit, do not give up...revise, resubmit, repeat...
- Paper accepted – success! Remember to celebrate and disseminate it before starting to write your next paper.



Thank you for your attention



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