The adage “publish or perish” is fundamental for academicians; however, encouragement and support for hospital-based nurses to write for publication have traditionally been lacking. Nursing administrators and educators are well positioned to create a preferred future by encouraging clinical staff to step beyond their comfort zone.

Writing for publication affords an optimal forum for nurse leaders and staff nurses to share innovative advances in clinical practice, leadership, education, and research through dissemination. Direct care providers and clinical managers often have innovative ideas about delivery of care models, but they may view manuscript development for publication as an insurmountable task. “Transformative change involves risk-taking, innovation, and creativity to move beyond the well established status quo” (Broome, 2009, p. 119). Fostering new ways of thinking about collaborative educational partnerships, supporting staff in implementing change models, and investing in new methods are imperative for long-term sustainability. Implementation of care delivery models (i.e., Transforming Care at the Bedside), incorporation of innovative educational pedagogies (i.e., Versant RN Residency™ program), and translation of newly created or existing data are some ways in which nurses can enhance patient outcomes, inform policy development, and contribute to nursing knowledge.

The study hospital network includes four Magnet® and five Pathway to Excellence facilities. As part of the Magnet® designation, special attention is given to providing a professional environment that supports nursing excellence (McClure & Hinshaw, 2002). To achieve this goal, the strategic planning process for the hospital system included the identification of needed investments. One of the essential investments was supporting a variety of nurses in their efforts to publish their creative ideas.

A successful hospital network and university faculty collaboration offered 21 staff nurses and nurse leaders opportunities to develop clinical manuscripts that would be suitable for publishing their innovative ideas. This process prepared them to synthesize relevant literature and develop their ideas into manuscripts. Ten nurses submitted their final manuscripts to refereed journals, and nine individuals or team members had their articles accepted. These accepted publications provided a boost to individual career development and stimulated further valuable professional dissemination goals. One major challenge was to seek further ways to find time to write while working in today’s healthcare arena. Suggestions for future manuscript development are provided.


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clinical work in nursing practice, education, administration, and research. Even though a few nurses from the hospital system already had had success in submitting manuscripts for publication, a myriad of clinically relevant practices were being shared only within the confines of the hospital network. A previous attempt to discuss rudimentary aspects of publishing had been provided in a 1-day seminar led by a doctorally prepared biologist. Evaluative comments from this seminar included a suggestion for offering a more intensive series on publishing, facilitated by nurses experienced in writing for refereed journals.

After multiple conversations among the authors, an innovative academia-practice collaboration was formed to offer an inter-institutional publishing workshop to assure success with this goal. This article describes the collaborative journey and the individual and group mentoring used to develop manuscripts suitable for publication. It also offers suggestions for further success of this project in the context of today’s health care arena.

CREATION OF AN IDEA

An e-mail message was sent to invite hospital network nurses interested in writing for publication to participate. Twenty-one nurses enrolled in the workshop. The nurse leaders also pledged their support for this process by providing the selected staff nurses and managers with dedicated, protected time to attend the writing workshop.

PHASE I: INITIAL WORKSHOP SESSIONS

Nurses who have published know the extreme satisfaction of sharing their ideas in print (Heinrich, 2009; Yoder-Wise, 1992), and the authors’ goal was to ensure that the participants were as successful as possible in their journalistic attempts. The authors were also aware of the tumultuous path that a publication journey can present (Lockhart, 2000; Yoder-Wise, 1992). The proposed schedule of educational and experiential strategies included a series of six face-to-face meetings extending over 5 months (January to May) with the collaborative efforts of the workshop presenters, a university faculty, and a hospital nurse researcher. This dual presenter structure was successful because it meshed the expertise in research and systems of the hospital nurse researcher with the perspectives on publishing of the university faculty.

Attendees from clinical, education, and administrative nursing areas were present for the first two sessions, which were held 3 weeks apart. The participants were all extremely busy, dedicated nurses, who had wonderful patient care outcome projects that needed to be disseminated. Their enthusiasm was evident in the eagerness they displayed.

Content for the first two sessions included initial information about the publication process. Other topics included (1) why dissemination of clinical outcomes was so important; (2) applicable stories from widely published nursing authors about their writing journeys; and (3) the decision making that would be needed for the participants’ personal writing topics. Concerns about what constitutes “fair use” and plagiarism were also discussed (Ketler, 2010; Mason, 2002). The university faculty and hospital nurse researcher also shared their own publishing experiences to ease participants’ trepidations. Participants were encouraged to create an outline of their publication topic as soon as they were ready to begin to record their initial thoughts on paper. Each session also included important time for participants to write down, and later verbalize, initial concerns about the proposed writing topics. This sharing time was essential because other participants often identified with the same barriers and perceived stumbling blocks. This opportunity created further discussion about the manuscript development process.

A folder filled with helpful publication information was also provided (Sidebar). Because many of the participants had contributed to the Transforming Care at the Bedside project, providing examples of what had been included in a journal supplement (Hassmiller & Bolton, 2009) was valuable because it showed what other colleagues in the hospital network had accomplished with their writing efforts (Benzel et al., 2009; Perez, Viney, Batcheller, & Chappell, 2009; Zant, 2009). The librarians from the hospital system were also invited to the first session to re-acquaint everyone with their invaluable services. Their resources were very helpful throughout the publication endeavor.

Although many nurses struggle to find a topic (Heinrich, 2009), the 21 study participants provided 19 unique ideas about their work that could be developed into manuscripts; some even had an initial experience of discussing their proposed manuscript topic by providing a podium presentation. Publication ideas included the use of simulation as a teaching and training tool, a qualitative study of phlebotomy device selection, and methods to unlock front-line nurse engagement, as well as the results of three nurse-led research studies. Some of the intended topics included collaboration with other disciplines in the hospital network. To promote this valuable interdisciplinary work, the university faculty and hospital nurse researcher provided examples of how to incorporate health care colleagues into manuscript development, for either nursing journals or journals in other
disciplines. This collaboration also provided an opportunity to discuss how to develop manuscripts for specific readerships.

PHASE II: INDIVIDUALIZATION

The other four sessions were scheduled 3 to 4 weeks apart to give the participants a time frame for recording their ideas. The schedule was designed to provide participants with focused time for individual mentoring. If schedules did not permit face-to-face attendance, then telephone calls were arranged and e-mail communication was used. During each interaction, the university faculty and hospital nurse researcher emphasized the importance of publication as an important element of professional leadership and provided as much individual support as possible.

Understanding the need for patience during the manuscript development process was revealing for the participants. As clinical and administrative leaders, they were accustomed to seeing a problem, making quick decisions to solve it, and moving on to the next situation. Over the next four sessions, the participants were trying to internalize the concepts of professional leadership, yet some were feeling overwhelmed. One called the process of recording words on paper, having enough time to complete a manuscript, and fulfilling the usual clinical and departmental workloads “the gigantic elephant in the room.”

The number of participants started to dwindle from 21. Some viewed writing a manuscript suitable for publication as one more project added to other important priorities of staffing and administrative responsibilities, and some found reluctance and hesitation creeping into their manuscript goals. For others, getting them to write a few ideas on paper and encouraging them to build on their initial ideas stimulated more and more written content, and they were able to complete a draft. This seemed to spur more patience for the many critiques and revisions that are needed during manuscript development (Stepanski, 2002).

The initial projection of allowing 5 months to write a manuscript suitable for publication began to expand into the summer, when there were more vacation interruptions, but both the university faculty and the hospital nurse researcher continued individual telephone call support and encouraging e-mail guidance for participants and teams, who were slowly, yet consistently working on their manuscripts. An initial plan to implement peer critique after the participants had completed the initial full manuscript draft, as another way for respondents to obtain constructive feedback, was eliminated because it became evident that this experiential strategy was not appropriate for these busy nurse leaders and staff nurses. They needed prompt, positive, constructive suggestions for manuscript improvement, not the additional task of reading and critiquing another manuscript while they were trying to write their own.

PARTICIPANT OUTCOMES

This academia-service collaboration provided information for 21 staff nurses and leaders to synthesize their innovative clinical work and relevant literature to prepare a manuscript. Ten participants completed the process of writing a suitable manuscript for publication, analyzing faculty critiques, and submitting their manuscripts to national peer-reviewed journals. Currently, nine individuals or team members have had manuscripts accepted for publication. Other participants are in various stages of manuscript development, and the university faculty and hospital nurse researcher are continuing to support them, on request. Those who were able to follow through with the whole process found that the acceptance and documentation of their innovative clinical work bolstered their individual career development by illustrating their personal value (Lockhart, 2000) and stimulating future valuable professional dissemination goals.

PROJECT EVALUATION

From the time of the online workshop evaluation that was conducted during the late summer, the participants

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SIDEBAR

CONTENTS OF THE PUBLICATION FOLDER FOR WRITING RESPONDENTS/TEAM

Series faculty and participant names and contact information, series objectives, date schedule, and agendas.


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emphasized the importance of (1) dedicated, protected time for writing; (2) continued encouragement and support from experienced authors; and (3) a variety of feedback methods from both faculty and peers for manuscript assistance. The participants who did not complete manuscripts have identified innovative clinical ideas, have received helpful workshop information, and know where to obtain support when they are ready to initiate the process. Given today’s hectic, stressful clinical environment, the authors are pleased with the participants’ initial productive work. Participants whose manuscripts were selected for publication expressed a tremendous sense of personal pride and accomplishment. Their peers were also aware of their significant achievements and expressed a desire to write for publication. Six other nurses (who were not participants in the workshop, but have been mentored individually by the hospital nurse researcher and university faculty) have had manuscripts accepted by peer-reviewed journals. Six abstracts have also been accepted for podium or poster presentations at refereed regional, national, or international conferences. The workshop leaders continue to work with these nurses to develop manuscripts based on the work presented in their abstracts. The writing workshop provided clinical benefits by helping nurses to share new knowledge through publications and improve the practice readiness of other novice and tenured nurses. Administratively, this project enhanced the educational capacity and innovations of the hospital network and the academic setting through information dissemination.

FUTURE PLANS
Continuing Dissemination
The Institute of Medicine (2010) called for nurses to be full partners with physicians and other health professionals in redesigning health care in the United States. Instilling this philosophy and continuing to emphasize the value of publishing as a professional responsibility remains essential to ensure ongoing success in the investment in excellence in nursing development (McClure & Hinshaw, 2010). Publishing new clinical knowledge and innovations is one way for nurses to share their contributions as the health care system undergoes substantial changes.

All of the participants had exciting, innovative ideas for manuscripts. Administratively, further work is needed to encourage more top nursing leaders to publish. Dedicated help is needed to support clinical nurses in developing manuscripts on innovative care delivery activities. Providing this support may include more dedicated, protected paid time, workshops, and mentors, as well as recognition for publications. An organization that supports these kinds of investments will create a work environment that allows nurses to flourish.

Keep Nurses Writing
Although all nurses write clinical observations, memos, and reports, developing their thoughts for journalistic expression requires different writing skills. This change to another writing style does not happen immediately; the process is similar to learning a new clinical skill. To perfect this skill, the nurse needs to write, allow the ideas to gel, and then rewrite as necessary (Stepanski, 2002). For most participants, this project offered their first journalistic endeavor and they had to experience the process. Their reflections will likely produce even more manuscripts. The participants stated that trying to write when they were hurried and fatigued produced an “act of writing” rather than a good paragraph that actually expressed their ideas. Although the university faculty and hospital nurse researcher encouraged the study participants to take some dedicated, protected time away from their unit or office for manuscript development, many did not choose to do so. This importance of devoting adequate time to writing tasks will be emphasized more strongly in the future.

Additionally, writing improvement comes from strengthening critical reading skills (Stepanski, 2002). For example, journal clubs allow both positive and negative perspectives on articles to be discussed, not only for content but also for style and delivery. In an effort to promote evidence-based practice, several hospital facilities have active journal clubs geared toward accessing and critically appraising the literature.

To further promote critical analysis of the literature, the study participants received extensive training in the use of both research and nonresearch evidence appraisal forms after the hospital system adopted the Johns Hopkins Evidence-Based Practice Model 3 years ago (Newhouse, Dearholt, Poe, Pugh, & White, 2007). Now members of the nursing research council, the hospital nurse researcher, and the librarians meet regularly with nurses at the hospital sites to promote use of the model for critical appraisal of the literature and to lead discussions of methods for translating information into practice.

More Interdisciplinary Manuscript Collaboration
This academic-service collaboration provided an important avenue for hospital-based nurses to disseminate their ideas. As they become more comfortable with manuscript development, engaging partners from other disciplines collaboratively and building interdisciplinary writing teams could lead to dissemination of clinical solutions for a wider health care audience. Examples
include information technology, to describe the implementation of electronic medical record systems, and the laboratory, in finding cost-effective approaches to emergency situations.

In summary, the collaborative academic-service approach of helping hospital system nurse leaders and staff to write clinical manuscripts suitable for publication provided recognition of their important contributions and a forum to enhance clinical outcomes through dissemination of information. Could it be that to “publish” nurses’ valuable clinical knowledge and innovations will help to redesign future health care systems and thus “perish” concerns about the substantial changes that are expected?

REFERENCES