Improving your journal article using feedback from peer review


Abstract
While preparation of a journal article for submission may often include informal review by colleagues, an article is not accepted for publication until it has been formally peer reviewed. Peer review is the process whereby journal editors ask expert reviewers to examine the work submitted and prepare a report on its suitability for publication. Two or more revisions of the article may be required following peer review, with the author reworking the article in the light of feedback received on each occasion. This can be challenging for some authors, but used well, it offers a chance to improve the work to the required standard of the journal, and help the author present a more precise and coherent account of the arguments. The extent to which the author responds to the critical commentary of peer reviewers is important, because this may determine whether or not the article is published. This article explores the aims of peer reviewers and recommends ways in which authors can respond to the feedback provided.

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Review
All articles are subject to external double-blind peer review and checked for plagiarism using automated software.

Online
For related articles visit the archive and search using the keywords above. Guidelines on writing for publication are available at: rcnpublishing.com/r/author-guidelines

Three basic premises in writing for publication
Writing a journal article represents a considerable investment of time and effort for any nurse. It can therefore seem discouraging when peer reviewers ask authors to revise submitted articles in some way. However, consideration of three basic premises of writing for publication should help authors understand the need for critique and revision of the article.

The first premise is that writing and publishing an article is a sophisticated form of communication (Watson 2012b) – the article’s author is aiming to reach and influence a wider...
That which shapes my writing

- What I know.
- What I think the reader knows.
- What I have discovered or learned and what I wish to inform the reader of.
- Conventions of reasoning and writing (mine and my collaborator’s).
- My education.
- My vocabulary and use of technical terms.
- My premises about nursing (what is already assumed).

That which informs review

- Judging the clarity, completeness and reasonableness of the article.
- Helping the author understand what the journal requires.
- Helping the author understand what readers require.
- Helping the author to improve the way concepts and ideas are expressed and structured (supporting scholarship).

That which guides my reading

- Working with what I need to know to improve and to sustain my work (motivation).
- Searching for insights, solutions and answers to challenges in practice and professional queries (doing my job).
- Searching for articles that narrate information clearly, which help me to evaluate claims but also to re-examine practice (what is comprehensible).

Leong (2014) explains the passive voice in scientific writing. Discussion of data is cautious, musing and measured, and while the passive voice accurately captures this scientific ethos, it can seem far removed from the circumstances of practitioners, who must deliver care with less complete information. As a result, passive voice articles can seem less relevant to readers of professional journals, who must make clinical decisions using the information provided.

Peer review therefore functions to ensure that the information shared is accessible. If the author is addressing a general nursing audience then the article will need to be written differently from one published in academic or more scholarly journals. Where possible, jargon should be avoided; the author will also need to be mindful of the ambiguities many clinicians encounter, and act on the best and most up-to-date evidence available.

The third premise is that writing for publication provides a service to the readership, in addition to sharing what the author knows. An article is a way of sharing knowledge, expertise and research findings, but in professional journals, it is also a way to help others to think afresh about nursing practice (Price 2008). This premise might seem obvious, but it is easily forgotten when authors want to convey their expertise. It is not enough to announce or inform – the article also needs to engage readers and enable them to debate its claims. To do this, it is important to demonstrate that their needs have been considered.

As explored below, an article includes a narrative or storyline that reflects the author’s position and may express arguments about nursing: what is right, urgent, necessary,
mandated, innovative or valuable? The peer reviewers act as a quizzical enquirer who asks searching questions: Is this true? Is that apparent? Is this line of reasoning logical or clinically accurate?

Publication is not the same as dissemination. Dissemination is only achieved when others read, consider and use some of the ideas that the author shares. For example, Galvin and Todres (2011) highlighted the importance of conducting research and explaining discoveries that translate into the care nurses deliver. One of the aims of peer review is to help authors write more transparent and valuable articles, by examining the points they raise and what engages clinical nurses. Authors have a duty of care to write honestly and accurately – especially regarding research – to write accessibly for those who wish to learn from or use their information, and to enable readers to evaluate the claims made in articles. Writing a journal article is therefore a sophisticated process.

The peer review process

After an author has submitted an article to a journal, the editor makes a preliminary assessment of the work to decide whether to send it for peer review (Moos and Hawkins 2009). The editor may at this stage reject articles that do not cover the subject areas addressed by the journal or follow the journal’s submission requirements. It is therefore important that authors submit articles that comply with journals’ guidelines on writing for publication.

Assuming that the article fulfils these requirements, it will be sent to two or more peer reviewers, who will be asked to examine it in a set timeframe. Editors have profiles of peer reviewers, including their expertise and the subject matters they cover; this enables them to choose reviewers appropriate for an article (Watson 2012a).

These reviewers examine the submitted version of the article. For professional journals, this is usually a double-blind process – the author does not know who the peer reviewers are and conversely the reviewers do not know who the author is. However, some journals that target communities of specialist practitioners set aside double-blind review and reveal the authors’ and reviewers’ names. The reviewers are asked to confirm that they have neither previous associations with authors nor vested interests in seeing their work either published or rejected. This openness means the peer reviewers must ‘own’ their critiques and more considered commentaries may result.

Peer reviewers are asked to review articles using headings that depend on the type of article. For example, research articles will involve critiques of the research’s design, ethics and sampling techniques, while continuing professional development articles will involve headings related to their aims, intended learning outcomes and activities (time outs). Irrespective of the type of article, peer reviewers are asked to comment on the main text and whether it is clear and accessible, makes cogent arguments, and provides accurate, up-to-date information relevant to nursing.

Each reviewer submits reports on the article, indicating whether it should be accepted, rejected, or sent back for minor or major revisions. The reports summarise why the reviewers are making their recommendations, and there will usually be summary comments intended for the author and for the editor. Some peer reviewers annotate the text – these annotations might relate to discrete points or offer overall suggestions and reflections for the author to consider. Experienced peer reviewers understand how important such commentary can be, especially when it is supportive. Moos and Hawkins (2009) emphasised the importance of empathic editorial work – whether a new author perseveres with revising the article sometimes relies on whether the reviewer has indicated there is some merit in the work.

It is comparatively rare at this stage for all the reviewers to recommend an article’s acceptance without revision, since there are nearly always some improvements that can be made – the feedback to the author will clarify these. The editor will invite the author to update the article, incorporating the reviewers’ feedback, and suggest a time limit to complete revisions. Authors may contest some of the suggested revisions and are encouraged to outline their reasons for this within the resubmitted article.

This review cycle is now repeated, after which the article is often accepted, perhaps subject to modest presentation improvements, which the copy editor will discuss with the author. Occasionally, a third draft article may be sought from the author, either because previous revisions have made the article more complex and affected its clarity, or because the previous critique has not been adequately addressed. While being asked to revise an article a third time can be disappointing for the author, it suggests that the work is valuable. Editors and peer reviewers do not proceed this far if they believe that improvements are impossible – rejection is the more appropriate response to an author who has not understood the critique and whose article remains below the standard required for publication.
**Criticisms that reviewers make**

Peer reviewers typically critique articles in one or more of four ways. Where an article has not been well planned or it seems unclearly conceived, several criticisms may apply. Different reviewers may emphasise different things, so authors need to consider all their opinions.

Irrespective of how many reviewers critique an aspect of the article, the author should start with a question: ‘Can I see what concerns they have?’ If the answer is ‘No,’ it may be necessary to consult the journal editor before proceeding with revision. Otherwise, some other questions follow:

- ‘Does this concern arise because I have not explained the purpose of my article clearly (my intent)?’ An author might then justify what he or she has written by referring to a clearer purpose in the article’s abstract and introduction.
- ‘Does the concern arise because I have missed something or expressed a point that isn’t so easy to justify?’ All authors can make mistakes and argue something that they don’t explain clearly or that is unsupported. Reviewers may uncover assumptions that an author has made that require further consideration or clarification before the article can be published.

**Critique of narrative**

Many authors are surprised that their work is critiqued in terms of their ‘narratives’ – how they structure, sequence and arrange their information to help the reader understand the cases that they are making. However, all articles need a narrative – a storyline that the reader can follow. Narratives vary according to the type of article and Table 1 suggests an appropriate sequence of sections that an article might contain when particular sorts of information are being shared.

Disciplined writing requires a discernible structure (Price 2014a) – readers expect to follow a clear sequence of ideas. An article should inform the reader in its introduction what it will cover; it should then work through that content logically and summarise in the conclusion. Problems should be presented before solutions, past work before new work, overviews before detail; concepts should be defined before they are used and readers need to understand why an innovation was necessary before the innovation is described. It is also confusing for readers to move back and forth between disease presentation, treatment and care.

Good narrative should also work at the level of paragraphs. Each paragraph needs to focus on a single topic and be of sufficient length to develop a point clearly. Lengthy paragraphs where the focus of interest shifts about makes it more difficult for the reader to follow.

Possible responses to criticisms of an article’s narrative structure are listed in Box 1.

**Critique of focus or context**

In my experience, there are three recurring criticisms regarding the focus or scope of an article. The first of these is that the focuses of articles are not immediately clear from their introductions – the authors make only passing references to what interests them and it soon becomes apparent that they have not clearly determined what they want to explain or argue; the subsequent articles are then overly complex, cover many different topics, and it is unclear how and why these fit together.

A second criticism is that the intended focus of an article is too broad for the number of words allotted. When this happens, the author provides insufficient detail about important topics, hoping that the reader is already fully conversant with these. The discussion in the article is then relatively superficial, describing a great deal and analysing little. Some subjects do require updated summaries of current issues. However, wide-ranging, descriptive articles are often less stimulating than those that provide new approaches or prompt readers to re-evaluate their practice.

The third criticism is that the focus of an article is eclectic and designed to prove a polemical point. A polemical article argues for change, typically contrasting current problematic practice with future visionary practice. Reviewers are not averse to polemical writing in nursing – the status quo certainly requires questioning – but a polemical article needs to be clearly framed as such. If an article presents a polemical point as scientific, authoritative fact rather than a political case, readers will question what the alternative perspectives are.

Peer reviewers have a responsibility in these instances to challenge authors, asking if they are aware of other sources of information, perspectives or theories. They will also challenge authors if their sources of information seem dated, as well as eclectic. To avoid a critique of this kind, it is important to provide a clear introduction that explains the choice of focus and explains whether the work is speculative and intended to stimulate debate. Box 2 suggests some other potential revisions.

**Critique of arguments and clarity**

In nursing, as elsewhere, authors debate what is right, proven, sustainable, ethical and a priority, given the finite resources available. Peer reviewers must therefore consider an article’s arguments with great care. They may support alternative arguments or hold different views, but these must
<table>
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<th>Type of article</th>
<th>A common narrative</th>
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| Research study  | Usually well formulated because there are written journal conventions about this:  
|                 | Study abstract.  
|                 | Background and rationale for the study.  
|                 | Literature review.  
|                 | Research methods and ethical approval.  
|                 | Research findings or results, limitations and discussion.  
|                 | Conclusions and implications for practice or future research. |
| Report of practice or service innovation | Context of the service.  
|                                             | What was done previously?  
|                                             | What was considered problematic?  
|                                             | How was the change conceived?  
|                                             | Discoveries made.  
|                                             | New practice arrived at.  
|                                             | Possible implications for others’ practice. |
| Reflective practice account | Focus on a clear area of practice and why this is important.  
|                             | Exploration of what seems contentious, unclear or unsatisfactory.  
|                             | Description of the reflective journey made (for example, using case episodes of care) and reference to any model or framework used.  
|                             | Insights gained, those that reinforce practice as well as challenge it.  
|                             | Conclusions reached, what I do now and will consider in the future. |
| Continuing professional development article | Scene setting introduction (why this teaching is important now).  
|                                             | Aim and intended learning outcomes.  
|                                             | Background or underpinning knowledge, for example anatomy and physiology; key concepts to understand.  
|                                             | Sequential themes of teaching interspersed with time out activities.  
|                                             | Themes are dependent on the subject area, for example in disease management they may be:  
|                                             | – Nature of the disease.  
|                                             | – Diagnosis and assessment.  
|                                             | – Physical care needs (including treatment).  
|                                             | – Psychological care needs.  
|                                             | – Conclusions. |
| Case study | Case study writing is more common in medical literature but there remains value in a nursing care study where innovative solutions have been used.  
|            | Introduction.  
|            | Setting the scene regarding why the case study is significant.  
|            | Description of events.  
|            | Key issues, challenges and debates that arose.  
|            | Key interventions used with reflection about whether these worked.  
|            | Conclusion. |
| Literature review | A single article may be too short to capture all the evidence identified through a systematic review of literature (www.thecochranelibrary.com). More descriptive literature reviews usually follow the following narrative:  
|                    | An explanation of the problem or need that prompted the literature review.  
|                    | Discussion of the search and review methodology.  
|                    | A thematic account of what the literature reveals.  
|                    | Discussion of what this implies for practice.  
|                    | Conclusion. |
Art & science writing for publication

be set aside. The task for peer reviewers is not to determine whether an author’s position deserves to be advanced, but whether the author is advancing it honestly and clearly.

Holland (2012) commented on reviewers’ responsibility to protect journals’ reputations and assist in the development of author scholarship. It is inappropriate for them to reject arguments that they dislike. Their questions should therefore be much more concerned with what authors argue (‘Is it clear?’), and whether arguments are supported by the evidence (deductive reasoning) or clear accounts of experience (inductive reasoning).

Reviewers may ask authors to consider whether specific arguments are clearly explained and/or well supported. They may also alert authors to current debates or the publication of new guidelines that should perhaps be acknowledged.

Classically, authors supported arguments by referencing published literature, but a case can also be made for drawing on practice experience, as long as this is clearly acknowledged and the nature of any speculations made clear. The growing tradition of narrative analysis in health care argues in favour of making better use of practice insight and wisdom authentic to the working conditions in which nurses operate (Gray 2009). Innovative practice does not yet have an extensive research base on which to draw, but practice innovation is important and further articles will undoubtedly stem from this work.

Peer reviewers arguably have a duty of care to colleagues who seek to publish their work and the feedback offered to authors in some instances may be rhetorical and intended to remind them that if they publish viewpoints that are hard to uphold, their articles may result in further criticism. The peer reviewers are not recommending that the authors’ arguments be censored – they are explaining that some consequences may follow. It is therefore vital that authors who receive this feedback consider whether they have thought sufficiently about their stances and whether the cases they have made seem in any way naive.

Further suggestions for refining articles are outlined in Box 3.

**Critique of presentation**

It is often argued that the quality of written English has deteriorated in the digital age and that authors are less literate and less grammatically clear and correct than in the past (Heffer 2011). Irrespective of whether this is true, your work needs to be sufficiently grammatical that the editor and peer reviewers can understand your arguments.

It is not peer reviewers’ job to edit the presentation of submitted work, but they do typically refer to any recurring problems they identify. They may illustrate why a sentence is problematic and how shorter versions of excessively long sentences (perhaps with multiple clauses) could be clearer. They may comment on recurrent spelling errors or notice repetition of a section, suggesting that a final check has not been carried out – this is especially important if the submitted article is already over the word limit. They may indicate that figures lack titles, are not referred to in the text, or have unclear

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**BOX 1**

Improving an article narrative

- Revisit your article plan to see whether:
  - Something has been missed out.
  - The order of the sections and the material within them reflects how you believe nurses approach this subject – for example, providing an overview before detail is discussed.

- Reorder the information in the article, according to your revised plan, using track changes so that you can see what has been moved. Does this improve the flow of explanation?

- Revisit the introduction to see whether it helps the reader understand what you will present next. Signalling how the article is set out is important.

- It is easier to order paragraphs that have a clear central topic within them – check any ‘overambitious’ paragraphs, deciding the central point of each. Divide these where necessary.

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**BOX 2**

Improving the focus and scope of the article

- Reduce the range of information the article covers. For example, instead of writing about cardiac rehabilitation, you might write about giving reassurance to cardiac patients during rehabilitation. At a more discrete level, reduce the number of points made in each paragraph – dense, overlaboured paragraphs are difficult to read.

- Check that the introduction presents a precise focus for the article. State the aim of the article, and the problem or issue on which it will focus.

- If you are writing a polemical paper – one that argues something is wrong and should be corrected in some way – be transparent with your readership. State in the introduction your starting premises and anything that you take for granted at the outset. For example, ‘In this article, it is accepted that different forms of research are required to answer the needs of healthcare. Quantitative and qualitative research data are considered of equal value.’

- Add counterarguments and relevant references to show that you are aware of other perspectives, even if you do not support them.

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or incomplete labels – for example, the reader needs to understand what each axis of a graph represents. They may also note that the reference list is incomplete or that there are inconsistencies between the names of the authors and dates of publication listed in the text and those in the reference list.

It is important in such cases for authors to revise their submitted articles in response to the peer reviewers’ comments and then consult colleagues who can offer objective and honest opinions of the clarity of the revised works.

### BOX 3

**Improving the presentation of arguments**

- Re-read the introduction to see whether the context of your arguments is clear and whether the starting point for your case is explained. Arguments are influenced by context and experience, so the more the reader understands about this the better.

- Check that each argument is clear. Do you explain what the argument refers to? For example, arguing that all patients with diabetes find it difficult to modify their lifestyles would be challenging to demonstrate, but a more discrete argument that patients who view themselves as passive recipients of healthcare services find it more difficult to change their lifestyles might be more appropriate, since you are stating something about habitual attitudes and patients’ perceptions of their roles.

- Check that you are using consistent terminology. For example, referring alternately to the same group as ‘clients’, ‘service users’ and ‘patients’ will make it more difficult for readers to understand what you are arguing.

- While your arguments do not need to pass philosophical tests, you might improve your arguments by a short review of the basic principles of reasoning. It is important to be clear whether you are combining particular facts and inferring what these signify (deductive reasoning), or reviewing several experiences and insights and speculating on what these could imply (inductive reasoning). In deductive reasoning, the facts and your inferences must be supportable. Someone else with the same facts should be able to make the same deductions. Have you got your facts right and does what you infer from combining these facts reasonably follow? Your inductive reasoning must be clear, so readers can judge whether you have considered all possible explanations of the experiences and insights you encountered. Much of clinical practice reasoning is inductive reasoning, precisely because of the complexity of variables that need to be taken into account. This has implications for articles written about practice development and innovation. You can read more about such reasoning in Higgs and Jones (2008).

Some revisions that an author can undertake to improve the presentation of an article are listed in Box 4.

### BOX 4

**Improving the presentation of the article**

- Check that you are using a British English spellchecker on your computer – an American English spellchecker will give slightly different results (for example, ‘color’ instead of ‘colour’).

- Avoid mixing the past, present and future tenses – are you reporting on something completed, something under way or something prospective?

- Check whether you are writing in the third-person singular (‘the nurse’) or first-person singular (‘I’). Using the first-person singular is appropriate in a reflective practice article, but beware of offering a series of unsubstantiated opinions when using the first person singular.

- Try reading some of the longer sentences aloud. If you struggle to deliver any of them in one breath, they are too long; if a colleague listening is unable to tell what a sentence’s focus is, it has too many clauses.

- Choose and consistently use a simple nomenclature that helps the reader to understand what you write – ‘patients’ rather than ‘healthcare consumers’, for example. Remove or explain concepts that might otherwise be interpreted in different ways, such as ‘holistic care’.

- Check the journal’s style guidelines. For example, there may be ways to refer to nurses that avoid repetitive terminology such as ‘he/she’.

- Ask colleagues to summarise what figures, tables and diagrams explain. If they struggle with this, is it because essential information is missing or because you have included extraneous information?

### Conclusion

Writing for publication is a sophisticated process. It is by no means easy to prepare and develop an article that works clearly and well for a journal’s readers. Even when authors are accomplished in their fields, there remains the challenge of sharing information in a way that less specialist colleagues can quickly understand and relate to. More expertise and greater knowledge does not necessarily equate with better writing. Before a journal article is ready for publication, there is a degree of collaboration required, including incorporating feedback from peer reviewers appointed by the journal and consultation with copy editors.

But although article research and preparation can seem daunting and the cycle of revision work with peer reviewers is often lengthy and detailed,
writing for publication is still worthwhile. It is rewarding to see your work in print and know that it could inform nursing practice and enhance patient care.

Peer reviewers hope to read exceptional, well researched, insightful and timely articles that can assist other nurses. They understand that writing for the first time is difficult and they quickly sense when an author is not familiar with writing for publication. In some instances, they will go to exceptional lengths to help authors refine their work.

To ensure success, authors need to work with the feedback provided by peer reviewers and revise their articles. Material may have to be restructured or added, and some assertions removed or more clearly justified. Engagement with peer review is vital and it can pay dividends, not only in terms of producing a better article but also by increasing understanding and confidence in writing for the future.

References


