An examination of the factors that influence the publication or non-publication of mental health nursing research presented at national or international nursing conferences.

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Executive Summary

Background

Mental health nurses are required to be able to identify and access the current evidence surrounding a particular topic and evaluate and decide upon the best care approach to people with mental health problems. This is aided by specific guidance on how to facilitate access to and deliver the best quality evidence-based care. This is most commonly acquired by accessing evidence through hand searching publications or through electronic sources (databases, web search engines or internet publications).

However, evidence indicates that only a small proportion of mental health nursing research is published and that many nurses carry out research that is not published. Although, it is difficult to judge the quality of unpublished research the likelihood is that a number of high quality mental health nursing research projects are not published and are therefore not available to be evaluated as part of the evidence base of care. There has been relatively little examination of the reasons underpinning publication of nursing research.

This project examined the factors that influence the publication or non-publication of mental health nursing research presented at national or international nursing conferences in the UK.

Method

The study was undertaken in three stages.
Stage One – utilised a Delphi Approach to identify what were perceived as important factors contributing to non-publication of mental health nursing research.
Stage Two – conference research presentations delivered at four national and international nursing conferences in 2003 were recorded and categorised.
Stage Three – semi-structured interviews or self report questionnaires were conducted with UK based mental health nurses who presented a research

based paper at one of these conferences. The questions examined whether their conference papers were published and explored their perceptions of what contributed to their success or failure in publishing this research.

Findings

Two hundred presentations were given during the course of the four conferences, Ninety-nine of these presentations were classified as research based. Thirty of these presentations were viewed as ineligible due to the presentation team not including a UK based mental health nurse. This left a total of sixty-nine presentations highlighting UK mental health nursing research of which 34 were subsequently published. This indicated that 17% of all the presentations (n=200) at the four conferences were subsequently published as research papers by UK based mental health nurses.

Five factors were viewed as important in determining whether a presentation was subsequently published; time, credibility, support, personal factors and work. The most widely reported factor was the support received from colleagues and the journal. Time and credibility were also found to be significantly associated with the likelihood of publication.

How can this help increase the number of mental health nursing research published?

Eight recommendations are put forward focusing on the following areas: having a dedicated time allocation, the support of experienced colleagues, encouraging academic and clinical nurse collaboration, having common guidelines of conference abstracts, developing a conference abstract database, how journals can provide support, clarifying the journal submission process, and encouraging alternative means of dissemination.

Introduction

The concept of clinical governance has been defined by the Department of Health (1998) as: "A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish". It is generally accepted that a major element of clinical governance is ensuring that all health care organisations, and the people working in those organisations, are accountable for quality (Department of Health, 2003). This occurs through; improving quality of information, promoting collaboration, working in teams and partnerships, reducing variations in practice and implementing evidence based practice. In influencing clinical governance mental health nurses can now draw on specific guidance (RCN, 2003: NIHME, 2004; Department of Health, 2006). This guidance requires nurses to facilitate access to and deliver the best quality evidence-based care by keeping up-to-date with changes in practice and, therefore, improving service user outcomes. The guidelines also state that developing research and practice development should underpin the practice of mental health nursing. Inherent in these guidelines is the requirement to be able to identify and access the current evidence surrounding a particular topic and evaluate and decide upon the best care approach to people with mental health problems. This is most readily available, and most commonly acquired, through accessing evidence through hand searching publications or through electronic sources (databases, web search engines or internet publications).

However, the evidence indicates that only a small proportion of research accessible by these means is carried out by nurses, the biggest health professional group within the field of mental health. There has been relatively little examination of the reasons underpinning publication of nursing research. In the most comprehensive group of studies carried out in the United Kingdom, Hicks (1993) noted that only 0.4% - 3% of all nurses had ever published a research study. A further examination of the topic by Hicks (1995) reported that 71% of her sample of nurses had carried out some research and that 58% of this group had written up their findings. However, only 8.5% of

those that had carried out research had published their results. In other words many nurses were carrying out research but not publishing it. Although, it is difficult to judge the quality of unpublished research the likelihood is that a number of high quality mental health nursing research projects are not published and are therefore not available to be evaluated as part of the evidence base of care.

The last Research Assessment Exercise (RAE) in 2008 (Royal College of Nursing, 2008) revealed that the nursing research submission had improved from recording the lowest score of the 69 disciplines that took part in the 2001 assessment (Lipley, 2002), and nursing was now in a middle ranking position within that group (Royal College of Nursing, 2008). Publishing high quality research still not in the public arena will further enhance the evidence base regarding the nursing role and its contribution to mental health care.

Hicks' (1995) study concluded that the main obstacles to publishing research findings were concerns about methodology, lack of confidence about the research, and lack of time. In addition, some respondents noted that they lacked motivation and perceived no value in publishing their research. Schmitt (1998) also noted that the bias against publishing non-significant findings in quantitative studies was prevalent in nursing research; this subsequently biased the evidence within certain topics. Hicks also concluded that if potentially valuable research was not being disseminated through professional or academic publications that this would have serious implications with regard to the impact of nursing research on clinical practice. Hicks' work addressed overall nursing research; there was no specific focus on mental health nursing. The review failed to find any subsequent studies on unpublished mental health nursing in the extant literature.

Recent policy and practice developments in the UK have given this issue greater salience. This includes the movement of mental health nurse training to higher education institutions, an increase in the number of nursing and health journals during this period, and an increased emphasis on the development of nursing research expertise. However, the amount of research

that can be accessed by clinicians, academics and users is unknown, as is the whereabouts of this information and the factors enhancing or reducing the likelihood of publication.

One specific area of concern has been that conference presenters, often reporting back results from finished projects, do not go on to make their results available to a wider audience through publication. Although no figures are available from nursing the medical literature notes that only 32% of conference abstracts presented at a national urology conference had been published within the following two years (Rao et al, 2006).

This project examines the factors that influence the publication or non-publication of mental health nursing research presented at national or international nursing conferences. It is anticipated that this will record the amount of "lost" research knowledge in this area as well as the reasons that help or hinder publication of these studies. This information will help guide the profession, and associated educational and service institutions, in developing practices and guidance that will promote publication of good quality mental health nursing research. Publicising this research will in turn enlarge the pool of evidence-based information available from this group in contributing to the care of people with mental health problems. This will also allow mental health nursing evidence to be more readily accessible and more likely to be considered credible by other health professionals, service users and health planners when seeking to improve the quality of services and safeguarding high standards of care.

Method

Aims

- To record the type of UK mental health nursing research presented at a selection of nursing conferences over one year.
- To record the numbers of publications arising from the conference presentations.
- To examine the factors associated with the publication or non-publication of the research presented at these conferences.

Design

A mixed methods design (Cresswell & Plano Clark, 2006) was adopted and the study undertaken in three stages.

Stage One – utilised a Delphi Approach to identify what were perceived as important factors contributing to non-publication of mental health nursing research.

Stage Two – conference research presentations delivered at four national and international nursing conferences in 2003 were recorded and categorised.

Stage Three – semi-structured interviews were conducted with nurse presenters to ascertain whether their conference papers were published and to explore their perceptions of success or failure in publishing this research.

The study participants were nurse presenters at four nursing conferences during 2003 (RCN European Mental Health Nursing Conference, RCN International Research Conference, ENB Mental Health Nursing Conference, and NPNR International Nursing Conference). These are four of the most important UK conferences for mental health nursing research. The rationale for this date is based on the empirical findings of Scherer et al (1994). They found that virtually all research that is published is done so within two years of completion of the project. The project team agreed that a period of five years

would be sufficient to identify all presented research that was likely to be published.

The eligibility criteria were: a research paper must have been presented at one of the four named conferences; the research presented focused on a mental health topic; and at least one of the presenters of the paper must be a mental health nurse working in the United Kingdom. The exclusion criteria were for papers not presenting mental health research or being presented by non-mental health nursing professionals.

Stage One

Using a Delphi Approach to Identify Perceived Important Factors Contributing to Non-Publication of Mental Health Nursing Research

A small Delphi study was undertaken prior to the main study. The primary aim of this approach was to gain some understanding of potential factors that may influence either publication or non-publication of mental health nursing research. These factors were then incorporated into the data collection tools in the main study. The findings also provided the theoretical framework to support the content analysis of the interviews undertaken in stage three of the study.

The Delphi approach has been called a series of sequential questionnaires or "rounds" interspersed by controlled feedback, the process seeks the most relative consensus of a group of experts (Linstone & Turoff, 1975). It is generally agreed that the approach revolves around six stages (Mead & Moseley, 2001):

Six Stages of a Delphi Study

- Select the expert panel
- Formulate the question
- Statement generation
- Reduction and categorisation
- Rating
- Analysis and Iteration

Expert Panel

The panel were recruited from a workshop at the Network for Psychiatric Nursing Research (NPNR) conference in Oxford in 2006. The notion of what constituted an expert being someone who met the following criteria:

- Mental health nurses that had undertaken research.
- The research approach/ methodology utilised should have been clearly defined and recognised as research (i.e. empirical study, audit, practice development).
- The range of experts would include panellists with varied experiences of presenting and/or publication.

10 expert panellists from Higher Educational Institutions (HEI) across UK and Europe met the criteria and volunteered to be part of the expert panel. Contact between the project team and the expert panel was through e-mail. All ten experts remained as part of the project until the end of the Delphi study.

Formulation of Question

A general question was formulated for which the panel were encouraged to provide answers. The question was "Why does only a proportion of the mental health nursing research undertaken end up being published"?

Statement Formulation

Following the initial question, the expert panellists put forward a series of responses. The research team developed thirteen statements based on these responses. The 13 statements reflected the areas noted by the experts as potential reasons for a lack of publications. Some statements were the verbatim response made while others were amalgamations of different comments. The experts were contacted and asked to confirm and validate the accuracy of these statements.

The Process of Prioritisation

Once the Expert panel had validated the statements, they were re-contacted and asked to rate the importance of the statements on a 1-7 scale (ranging from 1- being no importance and 7 being extremely important). They were also encouraged to add statements to elucidate their views and the reasons for their scores. The data collection tool is shown in Appendix 1. Once all panellists had made judgments about the statements, these were collated. The collated scores were then sent back to the panellists for verification as well as all the anonymised comments. The panel were asked to review their scores prior to sending their final scores back to the project team.

Responses were analysed by recording or each statement; the overall mean, the range of scores and the percentage number of scores above and below the mean. These were also compared with the scoring profile for each individual panellist with a recording of each statement score above and below the panellist's mean score.

When analysing the final scores, it became clear that the statements could be separated into four groups related to their level of importance; high importance, fairly high importance, average importance and limited importance. The statements placed in these four groupings are documented below. In addition, comments from panellists in support of the three statements rated as of highest importance are given in italics.

Highly Important

The statements considered as highly important when examining a lack of mental health nursing publications were:

- There is a lack of support when getting a paper ready for publication.

"Support in terms of guidance from an academic supervisor or time off from work might well help people get published, but I have also seen people fall by

the wayside even when this has been provided when they get asked to do the fifth re-write".

- There is a lack of guidance on how to publish a paper.

"General lessons or courses of publishing are giving only general guidance, more personal guidance is definitely needed to go through the process. Writing together with seniors could help. Workshops with guidance could be also one solution".

- The researcher lacks the motivation to pursue publication.

"Unless your job and your career progression depends on it, publication is likely to slip from view sometimes as other areas of work come to assume great prominence".

Fairly High Importance

Important

- There is a lack of confidence in the standard of the research.

- The quality of the research is poor.

- Too much time has elapsed from the completion of the research to submit a publication.

- An inexperienced researcher is unlikely to think about publication of their research.

- The publishing criteria are too stringent.

- An inappropriate journal is selected to publish the research.

- The research has been done for another purpose (such as an academic qualification or as a workplace task).

- There is no tradition of publication in mental health nursing.

- The researcher chooses other ways of disseminating their research such as presenting at conferences.

Limited Importance

- There is an academic/professional elitism that excludes some work from being published.

Conclusions

The expert panellists saw lack of support and guidance as the most significant factors effecting research publication, lack of motivation to publish was also important.

The findings informed the stage three of the study with those factors viewed as important being incorporated into the structured interview/self report schedule (Appendix Three) that was used to collect data from mental health nurse researchers.

Stage Two

Evaluation of Conference Presentations Delivered at Four National and International Nursing Conferences in 2003

Aims

The aim of this phase of the study was to record the number, type and variables associated with mental health nursing research presented at national and international mental health nursing conferences in the United Kingdom over a one-year period.

Method

This phase of the project is based on analysis of publicly available materials. Four national and international conferences held in the UK during 2003 were identified that focused solely on mental health nursing, or had a significant mental health nursing component. The data collection tool used is shown in Appendix 2.

The four conferences identified were:

1. European Mental Health Nursing Conference: 7th – 8th February, 2003, Hilton Metropole Hotel, London.

2. Royal College of Nursing Annual Research Conference: 10th - 12th April 2003, University of Manchester Institute of Science and Technology.

3. National Mental Health Nursing Conference: 14th and 15th July, 2003, University of Leicester.

4. International Network for Psychiatric Nursing Research Conference, 24th – 26th September 2003. St. Cross Building, Oxford.

Conferences 1, 3, and 4 were exclusively MHN conferences; conference 2 accepted papers from all aspects of nursing but also contained a significant mental health component.

Abstracts were collected for all the conferences identified by obtaining official conference proceedings from the organisers or delegates attending the conference concerned. A data collection tool was used to identify the type of representation being undertaken at these conferences and if the presentation was perceived as being research based, information about the type of research undertaken and the presenters was also noted. The analysis examined descriptive statistical information derived from the demographic data and dissemination details of the presentations.

Findings

Number of Types of Presentation

For the four conferences included in part two of the study there was a total of 200 presentations. The most presentations (n=73) were given at the European Mental Health Nursing Conference (EMHNC) and the least (n=23) at the RCN research conference (RCNRC) (Table 2. 1.).

Differences in the number of sessions contained within individual conference programmes reflected such factors as duration of the conference, the number of each type of session and the amount of time allocated to them. For example, some concurrent sessions were allocated 20 minutes, with 5 minutes given for questions, while others were 25 and 5 minutes respectively. The number of mental health presentations for the RCN research conference reflects the fact that, unlike the other three conferences, this conference is not a mental health nursing conference but has mental health focused presentations within the programme.

Table 2. 1. Presentation Characteristics

Characteristic	n	%
Number of presentations		
European Mental Health Nursing Conference	73	36.5
RCN Research Conference	23	11.5
National Mental Health Nursing Conference	45	22.5
Network for Psychiatric Nursing Research Conference	59	29.5
Type of presentation		
Concurrent	121	60.5
Plenary	20	10.0
Poster	31	15.5
Symposium	15	7.5
Workshop	13	6.5
Focus of presentation		
Research	99	49.5
Review/opinion	47	23.5
Practice development	32	16.0
Other	16	8.0
Unclear	6	3.0
Types of research presentations		
Clinical	79	79.8
Education	15	15.2
Management	1	1.0
Methodological	3	3.0
Unclear	1	1.0
Methods used in research studies		
Qualitative methods	43	43.4
Quantitative methods	28	28.3
Mixed methods	19	19.2
Systematic review	1	1.1
Unclear	8	8.1
Gender of presenters		
Female	117	48.75
Male	123	51.25

Five types of presentation occurred at each conference: concurrent, plenary, poster, symposium, and workshop. Concurrent sessions were the largest in number with 121 (60.5%) in total (Table 2.1.). The distribution of individual types of presentation varied slightly across the four conferences (Table 2.2.).

Table 2. 2. Types of Presentation by Conference

	EMHNC (n=73)	RCNRC (n=23)	NMHNC (n=45)	NPNR (n=59)
Symposium	0	12 (52.2%)	0	3 (5.1%)
Concurrent	45 (61.6%)	7 (30.4%)	31 (68.8%)	38 (64.4%)
Plenary	7 (9.6%)	0	7 (15.6%)	6 (10.2%)
Workshop	5 (6.8%)	0	1 (2.2%)	7 (11.9%)
Poster	16 (21.9%)	4 (17.4%)	6 (13.3%)	5 (8.5%)

Focus of the Presentations

The 200 presentations were, based on abstract contents, allocated to one of the following categories: research, review or opinion, practice development, other or unclear. Table 2.1. shows just under half of the sessions (49.5%) were research focused detailing original findings of on-going or completed projects, while Table 2.3. shows a small variation in the types of presentation at the respective conferences. For example, there were far fewer research presentations undertaken at the National Mental Health Nursing Conference (NMHNC) in Leicester, which may reflect the conference emphasis on practice. This is indicated in the higher number of practice development presentations at this conference compared to the other three events.

Of 200 presentations, 42 (21%) were collaborative projects between different academic institutions, academics and clinical partnerships, academic institutions, voluntary groups or service users, and between different NHS mental health trusts. It is worth noting that these figures may not reflect the true extent of collaborative relationships but simply the information obtained

from presenters' details where sessions had more than one presenter identified. It may be that where a single person undertook a presentation there may have been some form of acknowledgment of other collaborators, either verbally in presentation, or handout materials.

Table 2.3. Focus of Presentations by Conference

Focus of presentation	EMHNC	RCNRC	NMHNC	NPNR
Research	38 (52.0%)	18 (78.6%)	14 (31.1%)	29 (49.2%)
Review/ opinion	20 (27.4%)	1 (4.3%)	9 (20.0%)	17 (28.8%)
Practice development	13 (17.8%)	0 (0%)	10 (22.2%)	9 (15.2%)
Other	1 (1.4%)	4 (17.4%)	8 (17.8%)	3 (5.1%)
Unclear	1 (1.4%)	0 (0%)	4 (8.9%)	1 (1.7%)

Types of Research Project

Analysis of the 99 research presentations identified revealed that they could be placed in one of the following categories: clinical, educational, management, methodological, and unclear. Presentations most frequently fell into either clinical (79.8%), or educational (15.2%); the rest of the research topics ranged from 1% to 3% (Table 2.1.).

Research Design

In the 99 presentations reporting on research projects a number of methodologies were employed. The majority of presentations fell under the heading of qualitative designs (43.4%), followed by quantitative designs (28.3%) and a smaller number employed a mixed method approach (19.2%) (Table 2.1). 47 were identified as reporting on findings based on inferential statistics (Quantitative and mixed methods studies), but only 13 of these studies (27.6%) reported whether their findings were statistically significant or not.

Presenters

There were 240 presenters: 117 females and 123 males. The majority (n=116) of sessions were presented by a single person, with the remaining sessions consisting of between two and five presenters. 127 sessions were 'nurses only' with a smaller number consisting of multi-professional presentations (n=17) and a very limited number (n=6) undertaken solely by non-nurses. For most sessions the lead presenter (the first named person on the abstract), was a female. In eight of the seventeen multi-professional sessions a nurse was the lead presenter. 103 lead presenters were employed by HEI's 79 by NHS trusts and the remaining 18 were either service users, carers, or worked in the voluntary sector.

Stage Three

Evaluation of the Number of Mental Health Nursing Research Conference Presentations Subsequently Published and the Perceived Reasons for Publication or Non-Publication

The overall aims of this part of the study were to:

a) record the number of publications arising from the conference presentations;

b) examine factors associated with the publication or non-publication of the research presented at these conferences?

A total of 69 presentations were identified that met the criteria. This was 70% of the number of research presentations at the four conferences and 35% of the total number of presentations. The first named mental health nurse presenter (n = 58) was then contacted and asked to complete a short semi-structured questionnaire via interview or through sending the form back via e-mail if preferred. The questionnaire detailed a range of questions including: demographic details, conference presentation title, reason for doing the research, whether the research was written up for publication, which journals the work was sent to for publication; and factors that were considered important in either it a) being published) or b) not being published. The full questionnaire is detailed in Appendix 3.

If the first mental health nurse presenter could not be contacted, another mental health nurse named on the conference abstract was approached. Where it proved impossible to contact any presenters a thorough literature search was undertaken to try and establish whether the work presented had subsequently been published through searching health, nursing and mental health bibliographic databases.

Analysis

For the quantitative data, analysis consisted of recording descriptive statistical information in relation to the demographic details, dissemination and factors influencing subsequent publication.

Chi-squared tests and ANOVA were also undertaken to examine the relationship between individual variables associated with publishing or not publishing the presented research. Odds ratios were used to specify the effect of these variables. Finally, binary logistic regression analysis was used to ascertain whether any specific factors were closely associated with either publishing or not publishing the presented research.

For the qualitative data thematic analysis was used to explore the responses to the answers to the questions in Appendix Three. These questions related to reasons for choosing to present and the factors influencing the publication or non-publication of the research.

Findings from Quantitative Analysis

There were 38 presentations that mental health nurse researchers were interviewed about accounting for (55%) of those that were eligible. Some nurses had presented more than once and were interviewed about each individual presentation made. The demographic details of the respondents are shown in Table 3.1.

Statistically significant differences were found between certain demographic factors and presentations subsequently published. The more the number of prior publications, number of previous completed projects and subsequently completed research projects were all significantly associated with the presentation being published. This indicates that a group of experienced researchers were the most likely to publish both before and after this point in time.

- Number of publications – t: 3.170, p = 0.005
- Previous completed research – t: 2.874, p = 0.009
- Subsequent completed research – t: 2.798, p = 0.011

Table 3.1. Demographic Details

Variable	Mean	SD	Range
Age	47.7	4.65	35-61
Years registered	15.6	4.92	3-25
No of Publications	14	16.34	0-62
No of previous research projects	2.68	4.18	0-16
No of subsequent research projects	3.81	5.14	0-17

Type of Research

Examination of the different designs used revealed that the most common was quantitative research 16 (42%), followed by 5 (13%) qualitative and only one (3%) using a mixed methods approach. From this, the Odds Ratio indicated that there was an increased (non-significant) likelihood that quantitative research was more likely to be published; OR 3.00 (0.31, 28.84) Fishers exact test p = 0.549

Amount of Project Presented

The majority of those interviewed had presented all of their study at the conference (68%), as opposed to those who had only presented part of a study (32%). Neither approach was found to indicate a greater likelihood of subsequent publication.

Reasons for Research

The reasons for conducting research are noted below. It can be seen that a person's job played a major part in the majority of the respondents undertaking research (either through it being seen as part of their job or viewed as a way of job progression). Self (or personal) interest was also an important factor.

- Course 11 (29%)
- Self Interest 19 (50%)
- Job 22 (58%)
- Funded 13 (34%)

Funding

The majority of studies were funded internally, usually through the workplace allocating time and/or resources to assist in the project. It was found that externally funded projects were more likely to publish OR 4.94 (0.53, 46.05). Fishers Exact Test, $p = 0.41$. This can be attributed to a requirement that externally funded research is often written up as part of the funding agreement.

- Self - 10 (26%)
- Internal - 22 (58%)
- External - 7 (18%)

Research Completion

The vast majority of the research detailed in the presentations was completed and two thirds of presentations written up. Virtually all those studies written up were subsequently submitted to a journal and published. The odds ratios of a piece of work being sent to a journal and subsequently published was OR

24.00 (3.52, 163.49) p = 0.00 and for those studies written up it was OR 13.33 (2.64, 67.39) p = 0.00.

- Research completed- Fully 33 (88%) Partly 4 (11%)
- Research written up – 25 (66%) Partly 4 (11%)
- Sent to journal – 24 (63%)
- Number Published 23 (63%)

Qualitative Responses

Three questions were open-ended allowing for more full-text responses. These related to: reasons for presenting at the conference, reasons for submitting the text to a journal, and the factors viewed as important for the presentation subsequently being published or not published. The responses to these three questions were categorised and these are noted below with some brief comments to enhance the meaning and scope of these categories. The content of these responses were also considered in conjunction with the findings of the stage one Delphi study.

Reasons for Presenting at a Conference

Four main areas were viewed as important for making a decision about presenting at a conference (Work, Conference, Credibility and Personal)

Work

The role of the respondents was viewed as part of the job as exemplified by;

Presenter 110*: "It's my job,…and there is an expectation that you will disseminate".*

Conference

The conference itself was a factor in deciding whether to present with a) the conference milieu and b) audience factors for presenting at a specific conference. This was noted by;

a) Presenter 215: *"Had done a presentation a year before and found it a friendly conference".*

b) Presenter 337: *"I had presented at that conference before. I enjoyed it [the conference] but also it's important to talk about your work and make people aware of it and they can learn more about your work that way".*

Credibility

The credibility of the work undertaken was also a factor. The research warranted bringing the findings to a wider audience and to develop the evidence base. Some respondents' comments were;

Presenter 235: *"thought the results were important for everyone working in mental health nursing and the study was led by a nurse".*

Presenter 241: *"It was about telling people such a piece of work was going on and also to see whether anybody wanted to contribute to some of our theoretical assumptions".*

Personal

The main factors from a personal perspective were a) gaining experience of presenting a conference, b) the personal obligation to disseminate the knowledge derived from the project and also c) to raise their profile. Some comments recorded were;

a) Presenter 218: *"To gain experience of presenting at a conference".*

b) Presenter 368: *"It's important to communicate/disseminate research findings".*

b) and c) Presenter 121: *"It was a combination of wanting to shout about my results and the implications of them to an audience and shameless self-promotion".*

Selection of Journal

Three areas were viewed as important by the respondents; journal, support and credibility.

Journal

The respondents looked at two things, a) the quality of the publication and b) also the journal audience (often wanting to target a journal read by mental health nurses). Comments made included;

a) Presenter 340*: "I knew which journals would accept what. i.e. journals aimed at that level of study".*

a) and b) Presenter 124*: "I chose a high status nursing journal widely read by mental health nurses".*

Support

The support to send the submission to a journal from two areas; a) from colleagues:

a) Presenter 240*: "It was suggested by a medical colleague I should submit it to the journal"*

and also b) for some respondents a direct approach and support from the editor of a journal.

b) Presenter 215*: "I received a letter from the journal editor inviting me to submit".*

Credibility

Two areas were noted regarding credibility; a) the credibility of the research was an important factor in determining whether to submit a paper to a journal and in addition, b) the ability to write at a level commensurate with the standard of the journals was also viewed as important.

Presenter 247: *"Felt confident that I could write the paper to the journal standards and I thought the project was of a sufficient level to get published".*

Reasons for Publishing

Five overriding factors were put forward as important in determining whether the 2003 conference presentations were subsequently either published or not published; work, support, credibility, personal, and time.

Work

The work environment included having a culture of publishing in that environment and also whether there was an expectation that people would publish their work. For a respondent who published:

Presenter 121: *"I think it made it easier that I managed to get a job that was primarily about research. I had space to write up and re-write. I was in an environment that very much encouraged getting publications out".*

A respondent who did not publish also commented upon the impact of the work environment.

Presenter 231: *"I was seconded to NIMHE and therefore started working two and an half days a week for another organisation with a new job and guess what? As a consequence of that research was no longer part of my remit".*

Support

Support and encouragement for the process of writing and submitting to the journal was viewed as important from two sources; from a) colleagues and employers and b) from the journal. This is noted by the following comments;

a) Presenter 212: *"The co-writer was able to help with advice and editing which enabled the article to be of a high standard".*

a) and b) Presenter 215: *"Encouragement and support from people who had experience of publishing research. This was especially helpful when dealing with the criticism of the referees. Initially I was angry and upset and did not want to do the revisions,… Letter from the editor encouraging me to re-write the article following the initial referees comments".*

A lack of support was noted by respondents who did not publish.

a) Presenter 315: *"We intended to write it up and to have an equal shared commitment. However, this commitment fell away as work and other commitments took over. It was difficult writing a paper by myself without support and advice".*

b) Presenter 342: *"Too little feedback on submission to journals, experienced this with locked doors. Paper to journal, editor at time never responded to email and voicemail".*

Credibility

Two areas were seen as important; a) the credibility of the study and its findings and b) whether the paper would be applicable and of interest to a defined audience, usually mental health nurses. For respondents that did publish, this was related through;

a) Presenter 422: *"Novelty of research, clinical importance and quality of the study".*

a) and b) Presenter 235: *"We had positive outcomes in terms of practice so we wanted to get it out to services and we were passionate and dedicated to finding the audience".*

Whereas respondents whose presentation was not subsequently published stated;

a) Presenter 339: *"Probably because it did not say something original that had not been said before".*

b) Presenter 125: *"I didn't think I had anything to say that others would want to hear".*

b) Presenter *207: "I don't want to get published in the journal of advance nursing because it won't get read if I did publish I would want it to be where it is realistically going to be read and make a difference on the ground floor. It's only relevant if it changes practice and reaches nurses on the shop floor".*

Personal

This centre on two areas; a) whether there was a personal wish to publish and b) whether the respondent had the ongoing motivation to write, submit and edit the submission.

For those respondents who published this was shown through;

a) Presenter 344: *"I wanted to make a difference and was passionate about getting the message out to a wider audience".*

b) Presenter 228: *"Perseverance (keeping going especially after initial paper being rejected)".*

For those respondents who did not publish;
a) Presenter 207: *"Not interested in getting my name in lights".*

b) Presenter 218: *"Lack of motivation".*

Time

This factor was concerned with whether the respondent had sufficient time to be able to publish though more common was the response that the lack of time was a major reason for the presentation not being published or in delaying the submission. Those who published reported;

Presenter 228: *"Adjusting work style. Coping with the time delay from submission to response by journals and then having to re-draft. It takes a long time from the end of the project to get published".*

Presenter 215: *"The time factor. The lack of time (having to juggle things with other work) delayed the articles submission".*

While time seemed to be a major factor in stopping a potential submission;

Presenter 218: *"Time commitments. Other work was always coming ahead of developing the paper. Workload involved in developing a paper from the study".*

Presenter 342: *"Day time job and other interests made it last thing to do on list".*

Areas of Importance for Publishing

The main reasons advanced for the research being published or not published were placed into five categories noted in the section above (work, credibility, support, personal and time). The analysis examined which of these factors had been identified by respondents as important in the subsequent publication or non-publication of the presentation. The number of factors noted by respondents ranged from one to four. One respondent did not answer questions about factors influencing subsequent publication or non-publications of presentations and so the analysis was conducted on 37 presentations.

- Time – 16 (43%)
- Credibility – 22 (60%)
- Personal - 13 (35%)
- Support/Encouragement – 24 (65%)
- Work - 13 (35%)

It appears that having support and encouragement from colleagues and work was viewed as an important factor by the majority of respondents, while perceiving the work as credible was also important in relation to publishing intentions.

The association between these five factors and their likelihood of subsequent publication were assessed using Odds Ratios (OR) and significance values. Odds ratios of less than one indicate that noting the factor as important was associated with a reduction in the likelihood of publication while those scores above 1 indicated an association with an increased likelihood of subsequent publication. The results are shown in Table 3.1. The odds ratios indicate that if time was perceived to be an important factor, then work was significantly less likely to be published (OR 0.14) while if the work was viewed as credible and worthy then the research was significantly more likely to be published (OR 5.1). Although not statistically significant those respondents who noted support and encouragement as important were less likely to have their work published while those viewing their work role as important had increased odds of publishing.

Table 3.1. Association between Important Research Factors and Subsequent Publication

Factor	OR (95% C.I)	P value
Time	0.14 (0.03,0.62)	0.01
Support	0.62 (0.15,2.60)	0.51
Credibility	5.1 (1.21,21.43)	0.02
Personal	0.96 (0.24,3.85)	0.95
Work	1.61 (0.38, .72)	0.51

Regression Analysis

The five factors were also assessed to ascertain which of them was associated with the subsequent publication or non–publication of the

conference presentations through undertaking binary logistic regression analysis. A model was obtained that gave a reasonable fit and identified one significant factor (time) as important in determining whether research was subsequently published. This accounted for 73% of the predicted outcomes.

Overall Findings

The three aims of the project were to ascertain:

1. The types of UK mental health nursing research presented at a selection of nursing conferences over one year.

There were 200 presentations made at the four conferences. The majority (121) were concurrent sessions. Just less than one half of the presentations (99) were classified as research based and the majority of these focused on clinical topics. There were a greater number of qualitative research projects presented. From the 99 research presentations, 30 were not found to meet the inclusion criteria. This was mainly due to the presentation team not including a UK based mental health nurse, leaving 69 relevant presentations.

2. The number of publications arising from the conference presentations.

From the 69 presentations classified as being research presentations by UK based mental health nurses, just under half of these 34 (49%) were subsequently published. When examined in relation to the overall number of presentations, only 17% of these presentations were subsequently published as research papers. There was a non-significant higher proportion of quantitative research published when compared with qualitative research.

3. The factors associated with the publication or non-publication of the research presented at these conferences.

Five overriding factors were viewed as important in determining whether a presentation was subsequently published or not. The five factors identified were; time, credibility, support, personal factors and work. The most widely reported factor was support, received from colleagues and the journal. Time and credibility were found to be statistically significant with an association between those respondents noting time as a factor and subsequent publication being less likely. This contrasted with those noting the credibility of the research, and the submission, as important which was associated with a greater likelihood of subsequent publication.

These five factors will now be discussed in more detail. There will also be a brief overview of some of the important factors noted about reasons for presenting at a conference and for choosing a journal, as both of these are important aspects in the dissemination of mental health nursing research.

Time

Nearly half of the respondents (43%) recorded this as an important factor and the odds ratio analysis (OR 0.14) showed that those nurses stating that time was an important factor were significantly less likely to have published their presentations. The inference being that those researchers noting time as important were likely to be viewing time constraints as an obstacle when attempting to write up a study for publication. It appears that if an article was written up for a submission to a journal, it was likely the article would be subsequently published even if the initial journal approached rejected the submission. The essential element seems, therefore to be in ensuring that time is allocated for this purpose. It is uncertain how many of the studies under consideration incorporated the time required to write up a study for publication into their project timetables.

Allocation of sufficient time to undertake the writing up and editing of a paper should be clearly noted by both researchers and managers to allow a submission to be developed. Interestingly, time was not put forward as a perceived important factor by the Delphi expert panel. It may be that for those nurses who are more experienced and confident in publishing, time constraints are not perceived as important as by those who are less experienced.

Support

Approximately two-thirds (65%) of the nurses thought this was an important element in the subsequent publication. Additionally, the Delphi panel findings suggested that a lack of support and guidance were the two most important factors underpinning the limited amount of mental health nursing research that was subsequently published. The odds ratio results (OR 0.62) suggest that a

lack of support and encouragement was noticeable for its impact on reducing the likelihood of a submission.

The study demonstrates the critical importance of support and encouragement to nurses in developing their work for publication. The support of more experienced colleagues was viewed as extremely helpful and was noted by a large amount of respondents as contributory factors in helping to ensure the presentation was published. Further supports for this view comes from the finding that more experienced researchers, with more previous publications, were more likely to subsequently publish.

In addition, the significance of support from the work place should also be noted. This specifically means organisations ensuring that sufficient time and resources are allocated to allow mental health nurse researchers are able to fully concentrate on developing a submission.

The important role that a journal can play is also noted in the qualitative findings. Those journal and editors with supportive and encouraging practices, such as contacting nurses to submit articles or encouraging a resubmission following referees comments, were also viewed as helpful. Encountering unsupportive journal procedures resulted in either the nurse submitted to an alternative journal or not taking the submission any further.

Credibility

The majority of the respondents (60%) perceived the credibility of the study as important. The odds ratio analysis (OR 5.1) also recorded that those noting this as an important factor were significantly more likely to publish. The more credible the work, and the article, was perceived then the more likely it would be published. This finding gives credence to the view that supporting nurses, who view their research as credible and of relevance to a wider audience, is associated with whether nurses view the submission as worthwhile. This includes viewing the appropriateness of a journal article as the best way to disseminate evidence. There are now a number of different ways of disseminating evidence, i.e. open access journals, conferences, the web, and

it might be beneficial to examine the ways in which different dissemination practices influence practice. However, the current convention is that journal articles are the most practical and accessible way to disseminate new knowledge and to add to the evidence base. Therefore, it may be of value for mental health nurse leaders to reinforce the need for continued publication of nursing research evidence to ensure that the mental health nursing voice is heard when practice developments are discussed.

The relative smaller proportion of qualitative studies being published in comparison to quantitative studies (OR 3.00) may be due to this perceived lack of credibility. If so, then support and recognition of the value of qualitative research needs to be acknowledged and it may be helpful for some research projects to have expert advice regarding qualitative methodology prior to the commencement of a study.

Personal

Just over one third (35%) of nurses put forward personal reasons as an important factor. The odds ratio analysis (OR 0.96) recorded little difference between those who did, or did not, record this as an important factor and subsequent publication of the research presentation. The more motivated a respondent was the more likely they were likely to get their work published. It is likely that supporting nurses who wish to publish their work will help generate motivation and ensure they persist in their approach.

It is also the case that some nurses felt that publishing in a journal was the wrong way to develop nursing expertise and that focusing on developing practice "on the shop floor" was the preferred option. Although, this would be effective in developing practice in specific areas, as was noted in the credibility discussion, journal articles are the most practical and accessible way to disseminate new knowledge and to add to the evidence base.

Work

Again, approximately one third (35%) of respondents recorded this as an important factor. The odds ratio results (OR 1.61) suggest that the importance

of a supportive work environment for research is associated with nurses being more likely to publish. The work environment dictates the role a nurse will pursue. If the environment encourages and supports a research culture, this normally means that undertaking research and the writing up of research will be part of the normal expectation of what someone does. However, if this is not part of the expected role, this support is often lacking. There are many benefits of having a research culture in an organisation, not least in those claiming to be learning organisations implementing evidence based care. These organisational aspirations should be used to encourage managers to develop and support research activity and the publication of the evidence obtained from this activity.

It is particularly interesting to note that some respondents made comments suggesting that there were different expectations from clinical employers as opposed to those employed by Higher Education Institutions. However, the quantitative analysis found hardly any difference in the numbers of publications from the two groups with approximately 50% of presentations from each group subsequently published.

Journal

As noted above, the support and encouragement of journal editors and referees had an important impact on the views of a nurse on whether to submit an article to that journal. It was also noted by respondents that it would be useful to have clear guidance about the submission process to assist in the submission and editing process.

Some journals also offer a mentor (usually one of the editorial board or a reviewer) to assist in the development of a submission for novice researchers or for those containing relevant evidence but which need to improve the standard of writing. Support from more experienced researchers regarding the process of submitting to a journal would also be helpful and they could also take on a formal mentorship role to support and develop inexperienced mental health nurses wanting to enhance their research skills.

Conference

The findings from the qualitative data suggest mental health nurse researchers decide which conference to present research findings at based partly on the perceived conference milieu and whether it is viewed as supportive. Presenters also sought information on the audience attending the conference (for example individual delegates, their professional groups) and whether participants (attendees and presenters) had similar levels of research skills and knowledge as themselves. It is, therefore, important that conference organisers offer clearly defined support to all potential presenters, especially those with limited previous experience. It would also be helpful for conference organisers to ensure that advertising for the conference clearly demonstrated the target conference audience.

The project team also became aware during the search for abstracts of variations in the amount of the information provided. Given that over half of the research presentations were not subsequently published, the conference proceedings containing the presentation abstracts might be one of the few, or only, documents detailing these studies.

It is therefore important that abstracts are accessible for any reviewers, or policy makers wanting to make a systematic search of the relevant literature for any specific topic. A central database where conference abstracts were archived would be valuable as a clearly signposted resource that contained documentation regarding mental health nursing research that might otherwise be lost. Some common guidelines for the content of conference abstracts would allow quick and efficient searching of any relevant research.

It is suggested that conference abstracts should state whether the presentation is presenting findings from a primary or secondary study, and if so, the research aims, research design and the results obtained. Some common guidelines for recording conference proceedings would also help editors of journals in contacting nurses about their presentation regarding a potential submission.

Conclusions

The study examined subsequent publications emanating from research studies presented by UK based mental health nurses at four high profile conferences during 2003. The actual number of research presentations was small (99), with this number reduced to 69 presentations that met the project inclusion criteria. The number of articles subsequently published was very slender raising some concerns about the limited amount of mental health nursing evidence being presented at conferences and the subsequent publications that were accessible to a wider audience.

A number of variables were identified which were associated with an increased likelihood of publishing; with experienced researchers more likely to publish their presentations and to undertake further research. There were also a number of factors put forward as important in assisting or hindering subsequent submission to a journal. These factors are important as it was noted that if a study was written up for publication, it was almost certainly subsequently published.

The factors noted were; the time allocated to writing up, the support and encouragement received by researchers, the perceived credibility of the research and proposed article, the personal views of the researcher and the work environment. The audience and supportive nature of the conference and journal was also found to be associated with whether a research paper was presented at an event and with the potential submission to a journal.

Eight recommendations have been made following these findings and are detailed overleaf.

Recommendations

- **Dedicated Time Allocation**. It is important for specific time to be allocated for the writing up of research. This time should be clearly stated in any proposed project timetable and needs to be supported and acknowledged by both researchers and managers.

- **Support of Experienced Colleagues**. The support of more experienced colleagues is valuable in assisting mental health nurses early in their career. Having mentors for more inexperienced researchers who have limited publications is recommended. It would also act as a way of enhancing the perceived credibility of the work (and publication) and would also help develop the research culture in the work environment.

- **Academic and Clinical Nurse Collaboration**. Collaboration between academic and clinical teams is encouraged as the skills and experience of each group promote and support the undertaking and publishing of mental health nursing research.

- **Common Guidelines for Conference Abstracts**. Common guidelines should be established for the submission of conference abstracts to allow for systematic literature searches to take place. This should include a clear description of whether the presentation is a research study (either primary or secondary research), the aims of the study, the research design and the main findings.

- **Conference Abstract Database**. A database of conference abstracts should be established where abstracts could be archived allowing quick and immediate access to this information.

- **Support from Journals**. Journal editors to look at ways of encouraging mental health nurses to publish their work through writing

to them following conferences and through the offer of mentors to assist them through the submission process.

- **Clarity of Journal Submission Process**. Clear information concerning a journal submission process should be readily available to allow inexperienced nurses to be aware of the procedures involved in submitting to a named journal.

- **Alternative Means of Dissemination**. There should be an a active examination of alternative means of disseminating research evidence to allow those nurses who do not wish to publish in a scientific/professional journal to put forward their work to a wider audience.

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Appendix One – Delphi Approach: Statements

The following statements represent the possible factors that inhibit mental health nurses from publishing their research. Could you indicate the level of importance that you attach to each statement based on the seven point rating scale detailed below. Please read the statements and then place an x next to the response which most closely relates to your view.

If you have any comments that might illuminate your responses, please could you place these in the comments box which follow each statement?

Rating Scale

1. = Extremely important
2. = Important
3. = Marginally important
4. = Neither important or unimportant
5. = Marginally unimportant
6. = Unimportant
7. = Extremely unimportant

1. There is a lack of confidence in the standard of the research

1	2	3	4	5	6	7

comments

2. The publishing criteria are too stringent

1	2	3	4	5	6	7

comments

3. An inappropriate journal is selected to publish the research

1   2   3   4   5   6   7

comments

---

4. The quality of the research is poor

1   2   3   4   5   6   7

comments

---

5. Too much time has elapsed from the completion of the research to submit a publication

1   2   3   4   5   6   7

comments

---

6. The research has been done for another purpose (such as an academic qualification or as a workplace task)

1   2   3   4   5   6   7

comments

7. The researcher lacks the motivation to pursue publication

1   2   3   4   5   6   7

comments

8. There is a lack of guidance on how to publish a paper

1   2   3   4   5   6   7

comments

9. There is lack of support available when getting a paper ready for publication

1   2   3   4   5   6   7

comments

10. There is no tradition of publication in mental health nursing

1   2   3   4   5   6   7

comments

11. There is an academic/professional elitism that excludes some work from being published

1   2   3   4   5   6   7

comments

12.The researcher chooses other ways of disseminating their research such as presenting at conferences

1   2   3   4   5   6   7

comments

13. An inexperienced researcher is unlikely to think about publication of their research

1   2   3   4   5   6   7

comments

Appendix Two – Stage Two Data Collection

To be filled in by researcher from information contained in conference abstract.

1. SNO……………………………………….

2. Name of Conference…………………………………………….
1 = National Mental Health Nursing Conference
2 = NPNR Conference
3 = European MH Nursing Conference
4 = RCN research Conference

3. Type of Presentation
1 = Research (including systematic review)
2 = Review/Opinion
3 = Practice Development
4 = Unclear
5 = Other (state…………………………………….)

4. If the answer to 3 was Research, what was the Research Design used.
1 = Quantitative
2 = Qualitative
3 = Mixed methods
4 = Systematic review
5 = Unclear
99 = Not Applicable.

5. If the answer to Q4. was quantitative, mixed methods or systematic review: were statistically significant findings reported.
1 = Yes
2 = No
3 = Unclear

99 = Not Applicable.

6. What type of research was being presented?

1 = Clinical.

2 = Educational.

3 = Management.

4 = Methodological.

5 = Unclear

6 = Other (please state)……………………………………….

99 = Not Applicable.

7. What type of presentation was undertaken (Please tick one)

1 = Symposium

2 = Concurrent Session

3 = Plenary Session

4 = Workshop

5 = Poster

6 = Other (please state) ……………………………………

8. Presenter(s),

How many presenters were there? (number)……………………….

9. If answer to Q.8 > 1, were the presenters

1 = nursing only

2 = multi-disciplinary

3 = unclear

99 = Not Applicable.

10. If answer to Q.9 is multidisciplinary; what is the profession of the primary presenter

1 = Nursing

2 = Medical/Psychiatry

3 = Psychology

4 = Social Work

5 = Occupational Therapy

6 = Unclear

7 = Other (please state). ………………………………………………………………

Appendix Three – Stage Three data collection (through structured interview or self report)

1. SNO………………………………………

Demographic Details.

Please fill in the following demographic information?

    2. Age………………………………

    3. Gender…………………………….

    4. Year of Initial Registration…………..

    5. Your qualifications at time of presentation (Please tick)

        a. PhD   ☐

        b. Masters   ☐

        c. Degree   ☐

        d. Diploma   ☐

        e. Nursing Registration   ☐

    6. Your present qualifications (Please tick)

        a. PhD   ☐

        b. Masters   ☐

        c. Degree   ☐

        d. Diploma   ☐

        e. Nursing Registration   ☐

    7. Your approximate number of publications at time of presentation?

………………………………..

    8. What journals were these publications in? Please state the names of the most important journals (up to 10)

        a. ……………………………………

        b. ……………………………………

        c. ……………………………………

        d. ……………………………………

        e. ……………………………………

        f. ……………………………………

        g. ……………………………………

        h. ……………………………………

       i. …………………………………………
       j. …………………………………………..

9. Your publications at time of presentation in the grey literature. (Please tick one answer)

    a. None ☐
    b. One/two ☐
    c. Five or less. ☐
    d. Between six and ten. ☐
    e. Eleven and over. ☐

10. Your publications at time of presentation - chapters in books. (please tick one answer).

    a. None ☐
    b. One/two ☐
    c. Five or less. ☐
    d. Between six and ten. ☐
    e. Eleven and over. ☐

11. Other research completed at time of presentation. Approximately how many completed projects……………...

If none, please go to question 13, otherwise please go to question 12.

12. (Re Q11.) Brief description of the aims of up to three most important projects

    a. …………………………………………………………………………
    …………………………………………………………………………
    …………………………………………………………………………
    …………………………………………………………………………
    b. …………………………………………………………………………
    …………………………………………………………………………
    …………………………………………………………………………
    …………………………………………………………………………
    c. …………………………………………………………………………
    …………………………………………………………………………

………………………………………………………………………………………
………………………………………………………………………………………

13. Other research completed between presentation and now. Approximately how many completed projects……………

If none, please go to question 15, otherwise please go to question 14.

14. (Re Q13.) Brief description of aims of up to three most important projects

   a. …………………………………………………………………………
      …………………………………………………………………………
      …………………………………………………………………………
      …………………………………………………………………………

   b. …………………………………………………………………………
      …………………………………………………………………………
      …………………………………………………………………………
      …………………………………………………………………………

   c. …………………………………………………………………………
      …………………………………………………………………………
      …………………………………………………………………………
      …………………………………………………………………………

15. Work title (and institution) at time of presentation. …………………………………………………………………………………..

16. Work title (and institution) now……………………………………………………

Conference Presentation

17. Was the presentation a paper detailing: (Please tick one box)

   a. The whole of the research project ☐
   b. Part of a project. ☐

18. Reason for doing the research   (please tick all relevant boxes)

   a. Part of course, ☐
   b. Self interest. ☐
   c. Job ☐
   d. Funded project ☐

55

     e. Other (please state)………………………………   ☐

19. How was it funded? (please tick relevant boxes)

     a. Self, ☐

     b. Internally (trust, university, employer), ☐

     c. Externally (funding body, drug company) ☐

20. Why did you decide to do a presentation

………………………………………………………………………………………

………………………………………………………………………………………

………………………………………………………………………………………

………………………………………………………………………………………

21. Was the research project completed? Yes/No/Partly (please expand).

………………………………………………………………………………………

………………………………………………………………………………………

22. Was the research written up? Yes/No/Partly (please expand).

………………………………………………………………………………………

………………………………………………………………………………………

23. Was it sent for publication? Yes/ No

24. If yes to Q 23. Name the journal(s)/other types of publication the submission was sent to.

     a. …………………………………………….

     b. …………………………………………..

     c. …………………………………………..

     d. …………………………………………..

     e. …………………………………………..

25. For each submission noted in Q23, what date was the submission made.

     a. …………………………………………….

     b. …………………………………………..

     c. …………………………………………..

     d. …………………………………………..

     e. …………………………………………..

26. For each submission noted in Q23, why did you choose to submit to that journal/other type of publication?

a. ....

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b. ....

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c. ....

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d. ....

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e. ....

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27. For each submission noted in Q23, what was the response of the journal/other type of publication?

a. ....

b. ....

c. ....

d. ....

e. ....

28. In your opinion, what were the three most important factors for the presentation subsequently either a) being published) or b) not being published?

a. ....

....

....

....

b. …………………………………………………………………………
…………………………………………………………………………
…………………………………………………………………………
…………………………………………………………………………

c. …………………………………………………………………………
…………………………………………………………………………
…………………………………………………………………………
…………………………………………………………………………

29. Is there any further information that you would like to give in relation to the conference presentation and its subsequent publication or non-publication.

………………………………………………………………………………………
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