



Author guide downloads

RCNi writing style guidance

A guide to the writing style of RCNi's journals, for those who would like to write for us.

Writing style

While working on your article, try to keep in mind the people who will read it. Readers of a journal are likely to work in many different settings and will be at different stages in their careers, so be careful about the level of knowledge you assume they have.

Do not try to sound clever. Using unnecessarily complex language does not make the article appear more scholarly; it merely makes it harder to read. This is not to discourage the discussion of complex ideas or to suggest you should patronise your readers, merely to say that the most effective way to communicate is to express yourself clearly. Readers can then judge for themselves the usefulness of your work. However, if they suspect you are trying to inflate the importance of your ideas they will probably turn the page in search of something more interesting.

It helps to have someone else read a draft of your article, preferably someone who does not work with you and who can point out anything that is not clearly expressed. It is acceptable to write in the first person (I, we) but use this sparingly, particularly in research articles.

Here are some tips on how to get your message across:

Short, direct words quickly convey information and ideas. Sentences should be simple and concise; a convoluted structure and needless words get in the way of your message and annoy the reader. If people have to re-read sentences they may lose interest in your article or misunderstand your point.

This does not mean your article has to be a string of short sentences; varying sentence length will make the writing more interesting.

Examples of how to improve a sentence (improvements in italics):

1. It was my first week on placement in the emergency department of my training hospital and everything was unfamiliar, and that weekend I was on shift without either of my mentors, as they were attending study days.

It was my first week on placement in the emergency department and everything was unfamiliar. That weekend my mentors were away on study days.

2. Clearly, it would be pointless to start undertaking the initial stages of the study only to be told by senior personnel within the trust that they will not support the undertaking of the proposed study.

It would be pointless to start the study unless senior personnel in the trust support it.

3. In an interview the interpreter is as much a part of the process as the interviewer.

An interpreter is as much a part of the interview process as the interviewer.

4. Educational interventions are used with reference to the formulation that has been developed, and are delivered in a style of openness and collaboration, rather than from an overly didactic 'therapist-as-expert' position.

The therapist openly discusses evidence-based approaches to therapy with the patient and avoids the 'therapist-as-expert' position.

Other tips

- Beware of cluttering sentences with phrases such as 'with regard to', 'in relation to' and 'in the context of'. These can often be deleted without changing the meaning of the sentence. If not, the sentence will almost certainly be improved by rewriting.
- Use active rather than passive language. Active language means that the subject of the sentence is doing the action, passive is when the subject is having the action done to them. Active writing is usually clearer, more direct and engaging.

Passive writing can cloud the meaning of sentences and too many sentences written in passive language can make the article dull and long winded.

Example:

Passive: The lead on diabetes education should be taken by nurses.

Active: Nurses should take the lead on diabetes education.

- Paragraphs should be logical arrangements of ideas.
- Avoid repetition, which can be confusing or make a sentence or paragraph dull or annoying.

Examples:

The site also contains a wealth of information, making it a valuable resource for practitioners seeking information on cardiopulmonary resuscitation.

While we work with a group of healthcare professionals, our work is primarily concerned with looking at key clinical questions within the context of whole clinical topic areas, this will also mean we evaluate clinical and cost effectiveness of drugs when regarding treatment interventions in this topic area.

Also be careful if you start writing phrases such as 'As previously mentioned' – do you really need to repeat the point? And if so, have you structured your article properly?

- Organisations, years and reports cannot 'see'.

Example:

'The report will see changes in primary care services.' would be written better as 'The report will lead to changes in primary care services.'

- Avoid colloquialisms. Remember the journal is distributed throughout the UK and overseas, so colloquialisms may confuse readers not familiar with them.
- Avoid tautology, for example, a new initiative, close down, end product, end up, join together, mutual co-operation, mutual agreement, past history, temporary respite, time scale.
- Be careful when using the word 'last', which can confuse. Use 'past' if you mean, for example, the past few years. Use 'last' when you mean the last in a series.

- Above and below. You have little way of knowing exactly where text will fall when it is laid out in print and especially online so avoid using the words 'above' and 'below' to refer to points elsewhere in the article.
- Avoid clichés.
- Always check your spelling. If you use an electronic spell checker make sure it is set to UK, not US, spelling. Also be aware that an electronic spell checker will not be able to tell whether homophones – words that sound the same but have different spellings and meanings, for example, their, they're and there – have been used correctly.
- Use specialist language if it is needed but avoid meaningless jargon and waffle.

Government in general, and health services in particular, have become burdened by language that at best is dull and confusing. Just because phrases may be familiar to readers of the journal from the many reports, directives and guidelines they encounter does not justify their use if they add nothing to a sentence or an idea. The following is a list of words and phrases **you should try to avoid** if you want your ideas to be clear and your writing to sparkle:

Adjacent to (use 'next to')

A number of ('several')

A variety of ('various')

A period of time ('time')

At this moment in time

Blue-sky thinking

Can go a long way

Cascade

Certainly

Clearly

Commencing ('starting')

Consume ('eat')

Currently

Employed ('used', unless describing a person)

Facilitate (can you say 'help' or 'aid'?) Following ('after')

For the purposes of ('for')

Generally

Going forward

In addition to, furthermore ('also')

I am pleased to say

Indeed

In fact

In order to ('to')

In the context of

Is able to, capable of ('can')

Is not capable of, is unable to ('cannot')

Is dependent upon ('depends on')

Impact (has lost its impact through overuse, try 'effect')

Impacted on ('affected')

In relation to

In terms of

It can be argued that (are you doing the arguing? If yes, say so; if not, who has put forward this argument?)

It has been recognised that

New (is it really?), and no 'new initiatives'

Now

Of course

Persons ('people') Prior to ('before')

Progressing

Really

Rolled out (try 'introduced')

Taking (it) forward

The message underlying this is

The majority of ('most')

The way in which ('how')

Upon ('on')

Very

Interesting, interestingly (if it is not interesting, would you be putting it in?)

With regard to

Positive patient outcome ('improvement?')

Negative patient outcome (do you mean 'death' or perhaps 'harm?')

More tips

- Key. Everything seems to be 'key' these days. Nurses have key roles, reports have key questions, key issues and key recommendations, case studies have key characteristics, conditions have key symptoms and so it goes. As with all overused words, the ubiquity of 'key' reduces its effect and the value of the idea is diminished or entirely lost. Many articles we receive are so littered with 'keys', they beg the question, 'what is not "key"'? Use the word where necessary but ask yourself if there is a clearer way of making your point. If nurses have a key role in managing a certain condition, then what is that role? If you describe it well, readers will understand its importance.
- Verbed nouns: nothing in our journals is actioned, mainstreamed, diarised, progressed, incentivised, impacted, greenlighted, transitioned, bookended, funeralised (or journaled). We hope.

House style

All journals have a house style, that is rules they apply (and those they ignore) in the use of English and typography. You may not agree with all the rules, but the journal uses them to maintain consistency and ease of reading.

A separate house-style guide is available from the editor or administration manager Helen Hyland, at helen.hyland@rcni.com, or in this section.

However, here a few of our general rules.

- Numbers one to ten are spelled out, after that use numerals.
- Use punctuation sparingly to increase readability of the text – avoid using too many hyphens, dashes, commas, semi-colons and colons.
- Use single quotation marks (double marks for quotes within quotes)
- Use capitals sparingly, particularly in job titles. Our usual practice is not to capitalise job titles, whether it is receptionist, matron, director of nursing or prime minister.
- Avoid using exclamation marks. The way the sentence is written should convey the importance of the point you are making. If you feel compelled to use an exclamation mark, the sentence probably needs rewriting.

- Use round brackets only (), unless you need to clarify a quote; then use square brackets [].
- Use English spellings, such as 'ise' endings rather than American ('ize'), except in proper names, for example World Health Organization, US Centers for Disease Control.
- Use '%', not 'per cent' or 'percent'.
- Names should be spelled out in full before being abbreviated, for example, the Nursing and Midwifery Council (NMC). There are a couple of obvious exceptions, such as the UK and the NHS (please see the house style guide). Avoid clusters of abbreviations, which look ugly and can confuse or annoy readers, for example, 'The NMC and the DH recommend that CNSs should be...'
- Avoid contractions such as don't, isn't, won't, except in directly quoted speech.

Diversity and preferred terms

Our readers live and work across the UK and overseas so be explicit about whether you are referring to, for example, policy or legislation in one country. Where relevant, try to cover material from all four UK countries. The same applies to settings: if you are writing from an acute perspective, consider whether the topic can be generalised to the community or if there are differences.

Please take care to respect and acknowledge the diversity of the patients we care for and write about. Terminology conveys meaning and values in subtle ways and we attempt to reflect best practice and professional values.

Hence use:

- Children with disabilities, rather than disabled children.
- Wheelchair user, rather than confined to a wheelchair.
- Older people, rather than the elderly.
- Young people, rather than adolescents.
- Patients with diabetes, not diabetics
- People with asthma, not asthmatics