

# WRITING SKILLS IN NURSING AND HEALTHCARE

A GUIDE TO COMPLETING SUCCESSFUL DISSERTATIONS AND THESES

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# 1

## INTRODUCTION TO THE POST-GRADUATE STUDENT EXPERIENCE

### OVERVIEW

- About this book
  - The dissertation models used in this book
- What is the role of writing in post-graduate studies?
- What degree do you want?
  - Masters-level programmes
  - Doctoral-level programmes
- Why some succeed and others do not
- Starting the right way

### ABOUT THIS BOOK

The complex environment of contemporary healthcare places high value on evidence-based practice and multidisciplinary team approaches. One result is an emphasis on engaging in education throughout one's career. This has contributed, over approximately the past 20 years, to a worldwide explosion of enrolments in post-graduate and post-registration programmes in Nursing and allied health professions. Another major factor is the aging of the population in the developed world at a time of nursing shortages, which are themselves the result of complex factors. Schools of Nursing have responded by increasing enrolments to train new nurses; this, and a variety of workplace and policy contexts, have created a need for more Masters- and doctorate-trained professionals and lecturers. Finally, as the knowledge base produced by Nursing and allied health research grows in breadth and stature, there is an ever-increasing need to train researchers in both academic and professional settings, both Masters and PhD prepared.

Registered nurses, midwives and other health professionals enter post-graduate school programmes for a wide variety of reasons and only you can say why you are taking a post-graduate or post-registration degree (though we will talk a little later about the importance of keeping your expectations realistic). But there is no question that a post-registration degree can advance your career in a wide variety of directions. Whether you are interested in pursuing opportunities in advanced practice, management and administration, research, teaching, community health or any combination of these fields, a course of post-graduate study will help you develop advanced skills as a leader and practitioner.

Following the National Health Service's invaluable *Nursing Career Framework* and the Canadian Nurses Association's (2008) *Advanced Nursing Practice: A national framework*, this book approaches post-graduate writing within and across the following roles: research, teaching, leadership, management, and clinical. In this way, I hope you will find this book relevant no matter what role you hope to undertake in your career.

Although a book, of necessity, moves in a linear fashion from one topic to another, in reality, the post-graduate student experience encompasses numerous writing activities at the same time. For example, knowing that you have a deadline to submit a conference proposal, or a meeting scheduled with a supervisor, pushes you to write a portion of your thesis. Even the parts of being a student that interfere with your ability to write – for example, if you are also teaching or working – help to push you forward by giving you deadlines to write towards. As you careen down the road towards your degree, you may veer from one side to another, but you are always moving forward to your goal.

I intend this book as a resource on writing that can be used from the start of a post-registration Masters in Nursing or allied health professions through to the end of the doctoral degree programme. In writing it, I have kept in mind that students are often returning to an academic environment after years in practice and thus face added challenges in meeting the expectations of post-graduate studies, especially around academic writing.

The essential audience for this book is students in thesis-based programmes at the Masters or doctoral level. It will be much less relevant for students enrolled in a purely course-based Masters. For these students, there is a great deal of good advice on writing for courses in *Writing Skills for Nursing and Midwifery Students* (Taylor, 2013).

### FOR FURTHER READING

Taylor, D.B. (2013) *Writing Skills for Nursing and Midwifery Students*. London: Sage Publications.

Canadian Nurses Association (2008) *Advanced Nursing Practice: A national framework*. Ottawa, ON: Author. Available at [www2.cna-aicc.ca/CNA/documents/pdf/publications/ANP\\_National\\_Framework\\_e.pdf](http://www2.cna-aicc.ca/CNA/documents/pdf/publications/ANP_National_Framework_e.pdf)

National Health Service (nd) NHS Career Planner for Nurses. Available at <http://nursingcareers.nhsemployers.org/>

## The dissertation models used in this book

A piece of advice given almost universally to students embarking on thesis writing is to look at previous dissertations from the department or on the internet. (The technical term at the doctoral level is 'dissertation' but most people simply say 'thesis'. Be prepared to respond to 'dissertation', however, especially if that is the term one of your examiners uses!) The advice is often couched in rather general terms, such as 'see what they do' or 'do the same as they did'. But rarely is there an explanation of exactly what you are supposed to be looking for, and what you are supposed to do with it once you find it. Another issue is, how are you to decide which dissertations will be the best models for you and your research topic?

However it is phrased, what the person (usually a supervisor or fellow student) is really advising you to do is this: closely analyze the organization, writing style, and formatting of successful dissertations, and use them as models for your own. I am a great believer in learning to write through close textual analysis of model pieces of writing (others and your own). So my purpose is to provide you with a set of dissertation models, show you what to look for, and help you to use what you learn strategically to write your own thesis. Woven throughout the chapters on writing up the thesis are examples from a set of six model dissertations that lead you through the structure, argument and writing/language conventions of the sections of a thesis. I have drawn on doctoral level work rather than Masters: a Masters thesis is similar in structure and content – the differences lie mainly in scale – and so I felt Masters students can benefit from doctoral models but that the reverse would not be true. I also felt that exposure to doctoral writing can provide Masters students with something of a roadmap towards completing a future project at the next academic level.

The dissertations were chosen to offer a range of topics and designs. Three are from the UK and three from Canada. To suggest the complex variety of advanced degrees that are currently available, I have included different types of doctorates: four traditional research doctorates; one professional practice doctorate; and one doctorate on the basis of published work. Here is a summary of the 'code' I use to refer to each author, her or his general topic, the research design and, in brackets, the type of doctorate:

[KE] Karen Eisler: leadership practices of nurse managers, staff retention and quality of care; descriptive correlational [traditional doctorate]

[JL] Jennifer Lynne Lapum: patient experiences of technology in open-heart surgery; narrative inquiry [traditional doctorate]

[SJM] Sarah Jane McGeorge: older adults and mental health; constructivist grounded theory [doctorate in professional studies]

[SM] Stephen Moore: anti-social behaviour in three social contexts; social constructivism [PhD on the basis of published work]

[MRV] Munikumar Ramasamy Venkatasalu: cultural issues in health care; constructive grounded theory [traditional doctorate]

[FWM] C. Faith Wight Moffatt: hypertensive pregnant women; RCT [traditional doctorate]

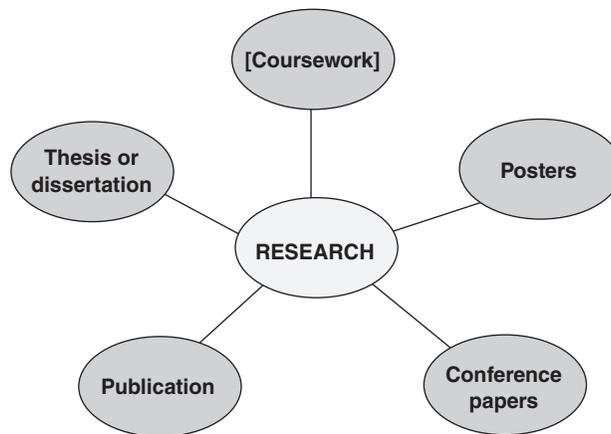
## SOURCES

- Eisler, K. (2009) 'The leadership practices of nurse managers and the association with nursing staff retention and the promotion of quality care in two Saskatchewan hospitals'. University of Toronto: Lawrence S. Bloomberg Faculty of Nursing.
- Lapum, J.L. (2009) 'Patients' narratives of open-heart surgery: Emplotting the technological'. University of Toronto: Lawrence S. Bloomberg Faculty of Nursing.
- McGeorge, S.J. (2011) 'Dynamic complexity: Invisible nursing: The construction of age-related complexity by registered nurses working in mental health services'. Teesside University: Doctorate in Professional Studies.
- Moore, S. (2012) 'An exploration of the social construction of anti-social behaviour in the contexts of community, public transport and travel to school'. Anglia Ruskin University: Doctorate on the Basis of Published Work, Faculty of Health, Social Care and Education.
- Venkatasalu, M.R. (2011) 'Understanding home, homeland, and family at the end of life: A qualitative study of older South Asians in East London'. University of Nottingham: Ph.D., School of Nursing, Midwifery, and Physiotherapy.
- Wight Moffatt, C.F. (2009) 'A randomized controlled trial of the effects of guided imagery on blood pressure in hypertensive pregnant women'. University of Toronto: Ph.D., Lawrence S. Bloomberg Faculty of Nursing.

## WHAT IS THE ROLE OF WRITING IN POST-GRADUATE STUDIES?

At the post-graduate level, students in Nursing and allied health professions engage in a variety of advanced writing forms that include papers on specialized topics for post-graduate courses, systematic literature reviews, grant proposals, conference presentations, publications, dissertations that report on research, and development of evidence-based practice. Through writing, these students demonstrate two dimensions of knowledge: 1) comprehensive knowledge of their field; and 2) the ability to expand the knowledge base of their profession through research, publication and leadership in practice.

- Reading, thinking and writing together form a single activity. Post-graduate programmes give you the time and space to develop all three.
- You become a member of a discourse community by learning to speak and use its language.
- You are changed by language and in turn your use of language will change the field as you create new knowledge.
- All writing is persuasive, and good writers wield power within society.
- Successfully writing a thesis is a watershed mark in your development, and it is a highly empowering experience.
- The discipline of reading/thinking/writing creates neural pathways that give you a precise eye for detail, the ability to hold larger amounts of information in your head, and the ability to analyze situations rapidly and effectively. This is indispensable for leadership roles in healthcare.



**Figure 1.1** The wheel of post-graduate life

The following frameworks can help you understand the nature of a thesis-based degree in which you conduct research:

*The Wheel:* Think of your post-graduate research interests as the hub of a wheel. The spokes of the wheel are all the things that both emerge from and contribute to your research: reading the literature, completing coursework (if relevant), writing your thesis; presenting at conferences and networking; preparing poster and paper presentations; publishing.

*From Journeyman to Master:* The modern university has its roots in the mediaeval university, which was structured much like any other mediaeval guild. The three academic levels of undergraduate, post-graduate and professor/lecturer correspond to the guild ranks of apprentice, journeyman and master. In the modern university, undergraduate education seeks to provide a solid foundation of content and critical skills, along with the clinical skills required for registration to practise. At the Masters level, the focus is on acquiring a comprehensive knowledge of a field of practice knowledge, theory and research. The move from Masters to PhD level represents a major shift, from learning the field comprehensively at the Masters level to contributing something original to the field at the PhD level. The culmination of the process – the final initiation into the guild – is the doctoral thesis, which is accepted following a *viva voce* examination or defense. Your entry into the guild gives you the authority to take part in the discourse of the community. A way to think about discourse is as the ‘community’s dialogue about what it believes it knows and has a good basis for knowing’ (Petre and Rugg, 2011, p.3). Discourse also refers to the ways in which the community engages in that dialogue, its unique vocabulary and ways of using language.

### FOR FURTHER READING

Petre, M. and Rugg, G. (2011) *The Unwritten Rules of PhD Research* (2nd edn). Maidenhead: McGraw-Hill/Open UP Study Skills.

## WHAT DEGREE DO YOU WANT?

By this, I do not mean what letters would you like to see after your name. I mean that you need to match your aspirations and your strengths with your goals. Do you want a degree that prepares you for an academic research and teaching career? Organizational leadership? Leadership in clinical practice? Whatever your aspirations, it is important to analyze the different degree streams and decide what one will get you there. You also want to know what competencies you will be developing through the degree work and how well they match with your aptitudes. For example, you may feel a passion for improving the administrative frameworks under which hospital nurses conduct their practice, but if you are not well suited to the minutiae of managing projects and budgets, you will never achieve your goal. In the next section, we'll talk about things that help or block you from getting through to a successful conclusion.

An indispensable resource for anyone considering a post-registration degree in Nursing is the National Health Service's model of careers in Nursing, found on its website at <http://nursingcareers.nhsemployers.org/>. The site offers a Nursing Career Framework, an interactive tool in the form of a wheel that allows you to click on a particular pathway (mental health and psychosocial care; supporting long-term care; first contact, access and urgent care; acute and critical care; and family and public health), a type of degree within each pathway (research, education, management, and clinical), and finally career streams you can pursue with the degree. Clicking on any section of the wheel takes you to information about different types of jobs, the skills and competencies they involve, case studies from nurses working in these roles, and links to other resources. This framework is tremendously helpful, whether you are in the UK or not, because it is easily generalizable to the US, Canadian or Australian context. There is not a national framework for the US, where the post-registration degree landscape is highly complex and variable. In Canada, the Canadian Nurses Association offers a national framework for advanced nursing practice, and it describes competencies for advanced practice in clinical, research, leadership, and consultation and collaboration. It does not, however, offer the level of practical detail of the NHS framework.

An excellent source of information for American students contemplating a graduate degree is the American Association of Colleges of Nursing (AACN), a national organization of nurses that is dedicated exclusively to advancing nursing education. The association's brochure, *Your Guide to Graduate Nursing Programs*, will help you navigate the over 2000 graduate degree programmes offered in some 500 schools of nursing nationwide and understand your options for nursing education. Find it at [www.aacn.nche.edu/publications/brochures/GradStudentsBrochure.pdf](http://www.aacn.nche.edu/publications/brochures/GradStudentsBrochure.pdf). It is especially valuable for making a decision between the traditional research-based PhD and the increasingly popular DNP (doctor of nursing practice), which prepares students for advanced clinical practice.

Nurses and allied health professionals hope for many things from a graduate degree, including: i) training for an academic teaching and/or research career; ii) training for

research in professional settings; iii) high level training for a professional context; iv) a sense of intellectual curiosity and a desire for further education; and there are other reasons as well. Before you begin a degree programme, you need a clear picture of what you are entering into and why. Let's survey the landscape:

## Masters-level programmes

Masters-level degrees in the health professions are frequently sought by individuals who have been in practice for some time since receiving their undergraduate education and professional accreditation. These degrees are sought because they have the potential to enhance individual career development, in a wide array of clinical practice, research, education and management settings.

A crucial difference in Nursing and health degrees in Canada and the US versus the UK and Australia lies in 'taught' (i.e., course-based) elements and the thesis element. At the Bachelor's (pre-registration) level in the UK/Australia, it is widely expected that students will write a lengthy (10,000–12,000 word) dissertation in their final year. In North America such a requirement is far from common. This distinction between taught and thesis extends to the Masters level as well (and to the doctoral level, as we'll see below). In North America, MSc programs that are entirely course-based are the norm, while in the UK and Australia, even taught degrees are likely to culminate in a thesis.

A taught programme is probably the most similar to an undergraduate degree in that the student takes a series of 'taught' courses, some required and some elective, and is assessed on them. For this reason, the taught Masters is not addressed in this book. There is a great deal of excellent advice on writing for courses in *Writing for Nursing and Midwifery Students* (Taylor, 2013). Typically, core required courses will focus on providing a grounding in research methods and evidence-based practice, while elective courses provide opportunities to explore fields of particular interest, such as population health, leadership, management, policy and many others. A taught programme may also contain a research or practical project, a thesis, or a placement. Where there is a thesis, a range of approaches is possible, including primary research, comprehensive literature reviews, and systemic or organizational reviews.

Some MSc programmes are research-based rather than taught. Although there may be some course requirements in research design, especially in North America, the purpose of a research degree is to conduct original research. Students may be required to undertake formal training in research at the start of the programme, but the precise focus and scope of the research are agreed upon between the student and a supervisor who will guide the student through the entire process of generating a research topic, questions and design, through the process of conducting the project and writing it up, and finally through to submission and defense. Generally, people take these programmes as a stepping stone to pursuing a research degree at the PhD level, and it is often possible to seamlessly 'convert' from a Masters to a PhD programme.

## Doctoral-level programmes

Historically, the PhD in Nursing attracted only a small proportion of the profession and functioned to produce university professors and researchers. This has changed with the realization that a global shortage of nurses is already occurring and is widely predicted to grow with the aging of the population and the accompanying need for nursing care. The International Network for Doctoral Education in Nursing (INDEN), a non-profit professional

association whose mission is to advance quality doctoral nursing education globally, lists doctoral nursing programmes in 32 countries; they include 20 in Australia, 13 in Canada (there are 15 as of 2010), 34 in the UK, and 133 in the US (Baker, 2010). INDEN identifies a large variety of doctoral education programmes, with the PhD being the most common. Traditionally, PhDs are research-based, but there is also a stream of doctoral education that is practice-based. The AACN (American Association of Colleges of Nursing) identifies two streams of doctoral education in the US: the DNP, which prepares nurses 'at the highest level of practice', and the PhD/DNS/DNSc, which prepare nurse researchers and academics. There are also a few hybrid doctoral programmes that combine a specialized professional practice component with a clinical dissertation. Similarly, in Australia, a Professional (Practice) Doctorate is available which combines coursework (about 33 per cent) and research (about 66 per cent). The research must make a significant contribution to knowledge and practice.

Very broadly speaking, on a global level there are two models of doctoral education in Nursing: UK/Australian and North American. Their broad pedagogical goals are the same: to produce the next generation of leaders in Nursing research, practice and management. They are rooted in shared theoretical frameworks, especially around ontology and epistemology. Both require the student to meet administrative deadlines; in other words, the responsibility for ensuring that all requirements of the programme are fulfilled in sequence lies with the student. Both models also ensure that someone within the faculty is responsible for guiding and monitoring the student's progress through the programme. Lastly, both models have some balance of coursework and research activities, but it is here that the differences begin to emerge.

In the UK and Australia, the system is based on personal tutor relationships, and the doctoral programme consists of a research project and a written dissertation, which is then judged by a panel of examiners in a viva (much more about the viva in Chapter 12). Course requirements are minimal, though some UK research funding councils may require them.

In the US and Canada, the PhD student begins with a set of required courses that includes at least one course in research methods. Coursework may occupy one or two years, during which time the student also produces a proposal for the doctoral research project. The mix of courses is designed to ensure comprehensive knowledge of the profession and a solid grounding in research design. At the end of the coursework period, the student must pass the 'comprehensives', oral and/or written examinations, which test the student's comprehensive knowledge base in the field. Once the comprehensives are passed and the proposal has been accepted, the research phase of the programme begins and the PhD 'student' becomes a PhD 'candidate'. In the final phase, the candidate undertakes a scholarly research project, which is then written up as a dissertation and defended before a committee (in many cases, especially in the US, the defense is open to anyone who wishes to attend). (Properly speaking, a 'thesis' is written at the Masters level and a 'dissertation' for a doctorate, but it is very common to use the word 'thesis' for both, as I do in this book.) The traditional thesis follows a single sustained narrative that moves from identifying a problem and research questions, discussing the research and theoretical literature, describing the research methodology, presenting results and discussing them. However, a new model is increasingly an option. In a 'publication thesis', introductory and discussion chapters frame a series of articles on the research that the candidate has successfully published. Within the stream of so-called 'professional' doctorates (i.e., doctorates that focus directly on addressing particular clinical, organizational or systemic issues), a thesis may develop and test an intervention rather than conduct a research study.

In the UK, there is traditionally a single supervisor. A co-supervision model is increasingly common, but one person will still be the primary supervisor. In North America, a

supervisor and a committee oversee the research and thesis. In one common North American model, an Advisory Committee consists of one member of the graduate faculty as primary supervisor, who meets multiple times a year with the student, plus two or three other graduate faculty with related research interests. The full committee meets at least once a year in order to monitor the student's progress and document it in a written report. This is intended to provide positive direction for the research and ensure that issues are caught early and addressed, as well as to document the student's progress. In Australia, the student has a panel of supervisors, usually in a more distant relationship than a North American committee.

Whatever the supervisory structure is, make sure as part of your research into post-graduate programmes that the university or department has clear guidelines that lay out the responsibilities of supervisors and students to each other.

Undertaking a doctoral programme involves a considerable time commitment, anywhere from three to seven years. In the UK and Australia, national policies ensure that institutions encourage earlier times to completion (McAlpine and Amundsen, 2011, p.7). Certainly the expense involved and the overall inadequacy of funding sources such as scholarships or grants are also an encouragement to students to complete as quickly as possible.

### FOR FURTHER READING

Baker, C. (2010) Doctoral Education in Nursing: Overview of doctoral education in nursing in an international context [PowerPoint].

CASN (2010) Doctoral Forum: Advancing the Canadian Vision. Canadian Association of Schools of Nursing. Available at: [www.casn.ca/en/Past\\_Conferences\\_124/items/6.html](http://www.casn.ca/en/Past_Conferences_124/items/6.html)

Green, H. (2005) 'Doctoral education in the UK: Trends and challenges'. Review paper prepared for Forces and Forms of Change in Doctoral Education International Conference, CIRGE, University of Washington, Sept.

Green, R. and Macauley, P. (2007) 'Doctoral students' engagement with information: An American-Australian perspective', *Libraries and the Academy* 7(3): 317-32.

McAlpine, L. and Amundsen, C. (2011) 'To be or not to be? The challenges of learning academic work', in L. McAlpine and C. Amundsen (eds) *Doctoral Education: Research-based strategies for doctoral students, supervisors and administrators* (pp.1-13). Springer Sciences+Business Media. doi 10.1007/978-94-007-0504-4.

## WHY SOME SUCCEED AND OTHERS DO NOT

What do you bring with you when you enter a post-graduate programme, whether at the Masters or the doctoral level? In the uncertainty and anxiety of starting a new endeavour, it is easy to focus on your own deficits. I will speak here from long experience of one-on-one writing instruction with Nursing students at the beginning of their programme and say that the number one concern they express is worry about coming back to university and having to write. So if this is you, you are in good and plentiful company.

In fact, you bring with you many strengths that will be invaluable and greatly increase your chances of success. Green and Macauley (2007) speak here of students entering doctoral

programmes in education, yet what they say is entirely applicable to Masters and doctoral students in the health professions as well:

[They are] motivated by an imperative to improve their field's professional practice. As practitioners, they bring a high degree of experiential maturity, professional expertise, and accumulated wisdom to their study environment. Generally profiled as mature-age, accomplished professionals, they are fully aware of academic, workplace, and personal obligations; as such, they are skilled in negotiating multiple commitments and blending them when necessary. During the time of ... study, the impetus to situate their identities simultaneously in communities of ... education, professional practice, and their personal lives is quite compelling. (p.322)

Further, post-graduate students are cognitively mature and tend to be accomplished learners. That is, they understand their own learning styles and personal contexts, and readily develop appropriate strategies for learning in their new context.

Sadly, however, not everyone who enters post-graduate studies completes. Sometimes this is because of issues encountered during the programme, and we'll talk about those at the appropriate time, but it can also result from coming into post-graduate studies with faulty assumptions such as these:

*Be practical: know what having a Masters or PhD can do for you in the real world*

On a practical level, earning a Masters or PhD suggests to the world that it is safe to hire you to fill a university post or senior clinical or administrative position. As well, because global standards for receiving post-graduate degrees have many commonalities in rigour and requirements, they are highly portable. You can also expect, over the course of your career, to receive more money if you have one, but you cannot expect to walk into a high-paying job immediately after graduation. Note that I said 'over the course of your career'. As in any field, you will need to build a career.

This is especially true in the academic world. On-the-job, post-degree training is often required. For lecturer and professoriate positions, it is much cheaper for a university to hire faculty on limited-term contracts than on a tenured basis. Contracts also increase a department's control over academic offerings when faculty can be replaced with relative ease. But the rewards of an academic career, once established, are very gratifying – intellectual freedom; a great deal of scheduling freedom; good to excellent salary, benefits, and working conditions; and the satisfaction of doing good in the world by creating new knowledge and disseminating it to new generations of nurses and nurse researchers.

*Don't come in with unrealistic expectations and then refuse to change them*

Of course, the problem is that they don't seem at all unrealistic to you. Perhaps you have observed that there are too many medication errors in hospitals and you have great ideas for ending them once and for all. But then your supervisor rejects all your proposals to develop your ideas and put them into action, then wants you to do a statistical analysis of 15 years of data on medication errors in regional nursing homes. The two of you are in constant conflict and, in the end, you are the one to leave.

*Don't think you will be revolutionizing healthcare*

People are less likely to think this will happen as the result of their getting a Masters degree, but at the PhD level, one cause of great stress is a misunderstanding of the doctoral requirement for 'original work that makes a significant contribution.' It does not mean you are expected to change the world. Far from it. People who enter PhD studies with goals that are too lofty often sink under the weight of their own unrealistic expectations. My own graduate supervisor put it this way – doing a PhD means learning more and more about less and less. It is intuitive to imagine that the most important part of PhD research is the result. But one could argue that an even more important part of the process is demonstrating that you have learned how to ask questions about healthcare problems and how to go about answering them.

PhD research moves the discourse along; it does not need to revolutionize it. A good standard is to expect that PhD research should produce at least one paper in a peer-reviewed journal. In other words, your research should introduce you to the larger research community and enable you to engage with it as a full member. Think of it this way – your research will not revolutionize healthcare, but it is an important step in a career that very well might.

*Don't fantasize about the scholarly life*

It is certainly true that in a Masters or PhD programme you will experience great enjoyment in discussing complex ideas and issues with like-minded, smart, articulate colleagues, often over coffee or something stronger. But that happens only some of the time. Much of the time you will feel you are too busy to breathe. Sometimes you will hate your research, hate writing, and generally hate the world. Sometimes you will not go somewhere fun because you have to write, only to get almost nothing done. You will reach a point when, if one more person asks you when you'll be finished with all this because it does seem to be taking you forever, you may not be responsible for your actions. So if the main thing that comes to mind when you consider doing a post-graduate degree is some sort of fantasy about the intellectual life, you risk being overwhelmed by the day-to-day realities.

*Don't confuse academic research with Wikipedia*

One of the blessings of the internet is the vast amount of information it makes available to everyone. Another blessing is the sheer fun of internet research. Its fatal curse, though, from an academic point of view, is the lack of filters to separate reliable, valid information from the unreliable or simply false. Be prepared to devote a great deal of time to immersing yourself in academic publications, on as close to a daily basis as possible, in order to seek out and learn the strongest evidence-based knowledge.

Once you are in post-graduate studies, here are some attitudes and actions that will greatly improve your chances of successful completion:

**Read. Read some more. Then read some more.** Read until you know which journals, which organizations (such as the WHO or NHS) and which authors/research teams are the most relevant and most interesting. Make sure you keep up with them on a regular basis – they form the foundation of the knowledge base you are building. Read widely around that core, exploring other journals, new authors. Find them through the reference lists in your core readings. Ask your supervisor and fellow students for new things to read.

**Write. Write some more. Then write some more.** The old piece of advice to write every day is still the best advice. Is it humanly possible to do that? Of course not (unless, of course, a deadline looms. Deadlines make heroes of us all). But remember that ‘writing’ casts a very broad net. If you are reading an article and you make some marginal notes, you have written that day. If you get an idea while you are in transit to work and you write it down so you don’t forget it, you have written that day.

**Be methodical on a day-to-day basis.** Some examples: i) Build an annotated bibliography by making an entry every time you read something new. This is one of your most powerful research tools, and there is more about them in Chapter 3; ii) back up your work to an external drive (such as a memory stick) as your last action of the day. Do not tempt the fates by trusting that your computer will never, ever fail or be stolen; iii) maintain files of administrative papers in, for example, an accordion file or filing cabinet. Do not rely on the archaeological method of filing, also known as the pile on the floor.

**Communicate with others.** By ‘others’ I mean: i) your supervisor. Much more on that in Chapter 2; ii) a network, even a small one, of fellow students who can give you friendship and news; iii) an informal committee of specialists whose expertise you can draw on (such as librarians and statisticians), and others who are not necessarily specialists, but are intelligent people who are willing to read and discuss your work with you; iv) the larger research community through presenting at conferences and research days.

**Don’t hide in your office.** Psychologically, it is very easy for writers to retreat into their own little world, isolated with their writing and all the problems it creates. This often combines with a fear of showing their writing to anyone else until it is ‘ready’, by which is meant ‘perfect’. This can lead students to choose supervisors they are confident will not want to see frequent drafts, or to avoid submitting a draft until their supervisor must hound them for it. Hiding in your office also means not interacting with your colleagues in the programme – the very people who are going through exactly the same trials you are and who can be an excellent source of much-needed support and information.

## STARTING THE RIGHT WAY

First, ensure that your **physical supports** are in place. Optimally, you should have a dedicated office space, preferably a room of its own. In choosing the space, consider whether you need quiet to work or whether you are one of those who can easily block out distractions. You should ensure you have shelf space for books, plus a filing cabinet for course papers and journal articles. The archaeological system of filing – that is, piles on the desk and floor that are added to as new materials come in – is a terrible time-waster and stressor when something must be found.

Then there are your **social supports**. Make sure you have a discussion with the significant others in your life, especially if you live with them. You will need their understanding

when you have to cancel social occasions, as well as their assistance to take up day-to-day responsibilities you won't have time for. The time for these negotiations is before you start your studies, not in the middle when you – and they – are stressed by your workload. It is unwise to test your relationship by assuming they will be understanding and helpful in a situation with which they too are unfamiliar.

Finally, take advantage of your **institutional supports**. Does your institution have a writing centre or academic success centre that you are eligible to use? If so, make sure you use it. Professional writers, including your professors when they publish, regularly ask each other to be their readers. Why shouldn't you also benefit from having a trained eye look over what you've written? If that type of institutional support isn't available to you, draw on your fellow students, and reciprocate – our eye for our own work is sharpened by critiquing that of others. Draw also on your significant others as readers, and don't forget to reward their kindness with a kind word or deed of your own. Reading and commenting on an academic paper is not everyone's idea of a fun evening.

As soon as you receive your schedule, give serious consideration to how you will **manage your time**. Remember that the schedule you are given does not include the time you will need for reading, writing, study, travel, or simply the rest of your life. Don't assume, because you may in general be a good time manager, that everything will somehow get done on time. The work you are undertaking is new. It is easy to underestimate the amount of time you will need to keep up with all the reading. This is especially true during your first term in a programme.

Choosing times to schedule for study and writing needs some thought. Base your decisions not only on what times are available to you but also on what times are most efficient for you. Are you sharpest in the morning, or are you a night owl? Are you able to read while in transit?

A strategy that many find helpful is to map out a large calendar sheet for the term and hang it in your work space. Colours are helpful to indicate different types of work. Don't forget to include social occasions and small rewards for your hard work, such as a nice dinner out at mid-term or a weekend away at the end of term. The calendar is intended to reduce your stress, not add to it, so if you find you are not able to follow the schedule you set, be flexible about making changes to reflect the reality you are experiencing.