Five Tips for Writing Qualitative Research in High-Impact Journals: Moving From BMJnoQual

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The recent “#BMJnoQual” debate around the British Medical Journal’s (BMJ) approach to publishing qualitative research studies raised unprecedented debate and concern among qualitative research communities internationally. The debate arose from a BMJ rejection letter, which stated that the journal did not prioritize publishing qualitative work because it receives “limited downloads” and thus this was not then a priority. When this rejection letter was shared on Twitter, a flurry of concerned responses followed (Bekker, 2015). A subsequent letter to the BMJ from over 75 concerned internationally known researchers, including Clark, called on the journal to recognize the value of qualitative research and publish it more, not less, regularly (Greenhalgh et al., 2016). This letter has now been viewed 32,000 times. The BMJ, in their own responses, both to this letter (BMJ Editors, 2016) and on social media (Bekker, 2015), initially indicated there would be no change. However, they subsequently modified their stance to indicate they will be formally calling for more qualitative methods and increasing their expertise in review (Loder, 2016).

This is a welcome change. We entreat those seeking to widen access and increase awareness of their qualitative research to be even more determined to meet the challenge of making their work relevant and useful to readers of high-impact mainstream journals. We write as two cardiac researchers who have brought qualitative research to readers of mainstream journals in various forms: primary studies, large reviews, and editorials calling for qualitative work. This work has been published in journals in general medicine (BMJ, Lancet, International Journal of Clinical Practice), cardiology (Heart, Journal of the American College of Cardiology, American Heart Journal, European Journal of Heart Failure, European Journal of Preventive Cardiology, International Journal of Cardiology), rehabilitation (Clinical Rehabilitation), and nursing (Journal of Advanced Nursing, Nursing Outlook, International Journal of Nursing Studies).

Although we have had rejections aplenty and periods of doubt and frustration, nevertheless it’s vital that the large readerships of higher impact mainstream journals less familiar with qualitative research read and use our research. We offer five considerations to help those writing qualitative research for mainstream journals to maximize their chances of publication success.

Try, Try, Try Again

Perhaps one of the biggest factors explaining the relatively low presence of qualitative research in higher impact journals is that too few articles are submitted. There are many factors that explain why we don’t submit to the mainstream enough. We are frightened of failure, anticipate a hostile reception, and need to get a paper “out” quickly. Higher impact journals tend to have high rejection rates (up to 85–90%) but also potentially greater rewards in terms of visibility and reach due to their larger readership and size. In its most extreme form, this can drive researchers to submit their work in predatory journals or journals of extremely low quality.

Although horror stories exist of mainstream reviewer ignorance, hostility, and apathy (“Where is your power calculation?”), seldom do we hear the converse. Clark was pleasantly surprised when a large qualitative review he led in 2014 was not only accepted by Heart (it was the first qualitative review published there) but also awarded by the editor in

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Nail Your Key Messages

When we read research studies, either published manuscripts or student theses, too often the main messages of the research are not apparent. We have to work, dig, squint, and explore to extract the main “messages” of the paper. Mainstream journals need qualitative research that has strong, clear, and concise messages about what the research found and why this is important. Too many messages, and the main points of the paper are lost—no clear messages, and reviewers are left wondering, “what’s the point?” For example, a past qualitative paper in a mainstream cardiac journal (European Journal of Heart Failure) had its single main message in its title, “Knowledge: necessary but insufficient for effective heart failure self care.” (Clark et al. 2009) This leads readers with little doubt about what is its main message. Nail and convey your main messages clearly, concisely, and persuasively.

Match Messages to Audience of Targeted Journals

Who can benefit most from your main messages? Whether we view various audience segments by interest, disciplines, or “knowledge communities”—your messages are more important to some groups over others. When you have identified your key audience, select the journals most appropriate for that target audience. Ideally, a maximum of three similar journals. This selection should happen as early as possible in the writing process to allow greater scope to write for the particular targeted journal.

Journal editors usually have a strong sense of their readership and what their readers like. Get to know the different potential impactful journals in your field and how their papers and readerships differ. Carefully map your intended audience and key messages to the journals these groups are most likely to read. Often researchers also select journals only after most or all of the manuscript has been written. This is a grave mistake. Start to think of your work more in terms of fit with specific journals and use this to help you write your paper for that journal. This is especially important for qualitative research in which framing, volume of methodological detail, and presentation of data differ across journals, based on word limits, style, and conventions. Once journals are identified, how can you alter the messages to make them more appealing, relevant, or useful? For example, the systematic review in Heart (Clark et al. 2014) focused on “determinants of heart failure self-care”—a framing selected over other more fluffy potentials (such as “lived experiences” of self-care or “patient accounts”) as this vocabulary and conception would have ready resonance with the readers of that mainstream journal who are mostly cardiologists and specialist cardiac professionals.

Tune Into the Journal

Most papers get rejected by high-impact journals around issues of fit not quality. Editors usually have a strong vision of who their intended readers are and the kinds of work they want in their journal. Try to get a better sense of this vision by taking opportunities to communicate with editors at conferences, on social media, and via e-mail. If the journal has never published qualitative work before, e-mail the editor in chief to see if they would consider a submission. Use the journal’s remit to directly argue about why and how the qualitative work is a good fit for the journal’s aims, scope, and readership. The worst scenario is that you will get a quick “thanks, but no thanks”—there really is nothing to lose.

In this and the other journals we have edited, it never ceases to surprise us that more authors of submissions don’t read a journal’s “aims and scope” or read in detail past published similar papers. This “fieldwork” conveys much of what a successfully published paper needs and should look like. Don’t just think of what you have to say in your manuscript, think of your paper would look like in that journal. What framing around the title is likely to connect your work best to its readers? What is going to make the paper maximize its relevancy, topicality, and usefulness around a key or pivotal issue? There is no one inherent ‘correct’ framing; only those which can be created legitimately from this fusion of messages, audiences, and journal.

Remember You Are Doing Community Work

Qualitative researchers sometimes make special pleading for their work: their research is “too complex” to be reduced to the word limits of mainstream journals; they can’t develop key messages without simplifying and compromising their work; dominant groups, notably physicians, don’t respect what qualitative researchers have to say. We wholeheartedly disagree on all counts. Would these arguments hold any sway for justifying a lack of community engagement with patients, vulnerable populations, or members of the public? We think not—and nor can they be used to justify a lack of engagement through mainstream high-impact journals.

Getting your qualitative work out into the mainstream allows you to reach people who seldom read specialist journals or publish only qualitative research. When you write for the mainstream, you are enacting true community engagement. Like all community engagement, this requires us to be mindful of the terminology and jargon we use, to adapt and attempt to make the work understandable to those from diverse backgrounds, and to support them in using it for their own needs. Mainstream journals offer great opportunities for connecting with large and influential communities—as with other forms of
community engagement, we don’t get to say that we can’t, won’t, or shouldn’t attempt to engage.

References