

Writing for the world: enhancing engagement and connection with an international audience.

How we see and seek to understand the world is situated in a learnt worldview. Culture, heritage, and knowledge systems influence the research questions asked, how they are answered, and how findings are interpreted. Connecting with an international audience does not mean orientating to Western sensibilities, nor following Western centric conversations. Rather, work can be firmly rooted in its relevant cultural relevance, but also contextualised for a wider readership. Some studies will have implications of international relevance, where careful consideration about transferability is needed. The importance of other studies may be precisely because they open an area of thinking where transferability may not be expected for genuinely problematic issues of relevance.

The purpose of this editorial is to explain, from an editorial perspective, what we seek when assessing papers submitted to *Palliative Medicine*. The journal has a highly international readership, and we want to publish papers that connect meaningfully with that audience. We set out here six aspects that we consider important when you are planning, writing, and submitting papers that enable international engagement with your work.

1. Relevance to a range of worldviews.

Sometimes it is best to start at the end¹. What are the most important and transferrable implications of your research? Why would someone from a different country, context or culture be interested? What could they take from your work that might be broadly relevant to their own situation? Readers across the globe are less likely to be interested in local interpretation only for local audiences. We suggest that you consider how your findings contribute to broad discussions and theorisation beyond the context within which your study was situated.

2. Engage with international literature.

Both the need for, and the findings of, research should be articulated and contextualised with reference to the international evidence base. This should take account of how cultural and contextual differences may affect the use and interpretation of research. Critical examination of the applicability of both theoretically and empirically based work is needed. Making work fit into a dominant theoretical or empirical framework may not be appropriate. Rather, it may mean shifting the discourse to a broader or new understanding, with careful, culturally nuanced, comparisons. This may then advance knowledge through the challenge of dominant theories, proposing adaptations or new theoretical insights, and hence remaining relevant to our global audience.

Statements of local or national policies, statistics or problems prime the reader to consider your paper only of local or national interest. We suggest you avoid these, and this is why we suggest you omit country names from article titles². Be wary too of using 'special case' arguments. It is insufficient to say that the proposed work has not yet been conducted within a particular system. Such cases can be relevant at a local level but less attractive for a broad international readership. A genuine evidence-based justification to why particular peoples or places might be different or unique, and yet of broad interest, should be made.

3. Define and explain terms, settings, and systems.

Be clear and specific in defining terms, settings, and systems relevant to your study. Across the globe, terms within our specialty are defined and used differently³. Writing in a common language is not the same as a shared understanding of the words we use. Sometimes the

terms are used interchangeably; other times they have different meanings. For example, what exactly does hospice mean? Is it a setting or a care system? Is it care provided at home, or in a building? By whom? Free or paid for? At what point in a patient's illness? Such questions are critical, especially if you would like others to understand and correctly interpret your work, and the scope of the systems to which findings may and may not apply. Think perhaps of a framework such as TIDieR (Template for Intervention Description and Replication) as a helpful guide to what might need to be explained⁴.

4. Choose a robust and appropriate research design.

Build your research on a solid methodological foundation. Research conduct and reporting should be ethical, robust, rigorous, and transparent. The design of the study should be appropriate to answer the question posed. Unfortunately, many papers are declined because of insufficient demonstration of the epistemological, ontological, methodological and design features of a chosen research approach. This can mean that the analysis, for example, is not aligned with the design. The sample sizes may be inappropriate. For example, we see both underpowered trials, and qualitative work with too many participants for the rich and detailed qualitative analysis required. Ethical issues are often poorly attended to. Jurisdictions differ in legal and organisational approaches to the approvals required to conduct research. However, few submitted papers give sufficient information to enable a judgement of the ethical conduct of the research, and how ethical issues raised were addressed.

5. Present your work in a structured and logical manner.

Knowing where to find relevant information in a paper is helpful to readers. Readers need to quickly understand what type of paper they are reading. This starts from the point of submission, reviewing the different manuscript categories before deciding which to use. As part of our submission guidelines, we suggest a structure for the abstract and discussion. Here, we advise writing the methods section using sub-headings to facilitate navigation to, and understanding of, key features of the research. This helps readers to understand the relevance to their own contexts. Typical headings may include the research question, population, setting, sample, recruitment, data collection, data analysis and ethical issues. Whilst we do not want to stifle creativity in writing, and are open to new forms of expression, facilitating navigation around the different elements of a paper enhances understanding.

6. Write clearly, concisely, and inclusively.

Clear, elegant, succinct writing is important to convey complex ideas effectively. Writing should be straightforward, avoiding jargon and complex sentence structures. Write short, clear sentences; rearranging or splitting sentences may be helpful. Acronyms and abbreviations should be avoided, or ideally eliminated completely. They make papers challenging to read (what *did* PC stand for: personal computer, political correctness, primary care, palliative care?), as they take attention away from communicating key points.

Writing for a global audience means communicating in an inclusive and culturally sensitive manner. Manuscripts are not rejected based solely on language issues, but attention to language may be requested as part of the review process. Avoid terms, idioms, colloquialisms, slang, or cultural references that may be unfamiliar to many readers. Localised language often quickly evolves so using it will also rapidly date risking loss of

meaning. The words we choose should bring an awareness of sensitivities associated with gender, race, sexuality, inequality, disability. Person centred language is important, and people are not defined by their disease or other characteristics. Thus, for example person with cancer is preferred to cancer patient.

We want all the papers we publish to connect with our international audiences, irrespective of the setting or system from which data were collected. Publishing is an opportunity to engage with those with different worldviews, connect important debates across cultures and contexts, and build bridges of understanding and dialogue that are open and inclusive to diverse perspectives. Through doing this we can amplify learning to a global scale, making a difference to people across the world who have palliative care needs.

1. Magnusson WE. How to write backwards. *Bulletin of the Ecological Society of America* 1996; 77: 88.
2. Jacques TS and Sebire NJ. The Impact of Article Titles on Citation Hits: An Analysis of General and Specialist Medical Journals. *JRSM Short Reports* 2010; 1: 1-5. DOI: 10.1258/shorts.2009.100020.
3. Hui D, Mori M, Parsons HA, et al. The lack of standard definitions in the supportive and palliative oncology literature. *Journal of pain and symptom management* 2012; 43: 582-592.
4. Hoffmann TC, Glasziou PP, Boutron I, et al. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. *Bmj* 2014; 348.

Catherine Walshe, International Observatory on End of Life Care, Lancaster University, UK.

Kim Beernaert , Vrije Universiteit Brussel, Belgium

Poh Heng Chong, Kwong Wai Shiu Hospital, Singapore

Sonya Lowe, University of Alberta, Canada

Sandra Martins Pereira, Universidade Católica Portuguesa, Portugal

Sarah Yardley, University College London, UK.

Catherine Walshe, Professor of Palliative Care and Editor-in-Chief, Palliative Medicine.

International Observatory on End of Life care, Division of Health Research, Lancaster University, UK.

c.walshe@lancaster.ac.uk @cewalshe