



**National Workshop on Mental Health Education & Research**  
**Kathmandu, Nepal 2016**



**Facilitators**



**Green Tara Nepal**  
गिन तारा नेपाल



**Funders**



**Written and produced by**

Edwin van Teijlingen, Padam Simkhada, Shyam K. Maharjan, Bhimsen Devkota, Lokendra Sherchan, Ram Chandra Silwal, Krishna Acharya, Bishnu G.C., Ram K. Maharjan, Bibha Simkhada, Jillian Ireland

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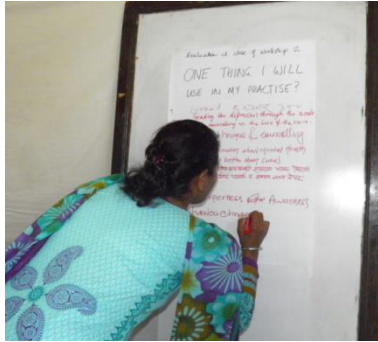
van Teijlingen, E., Simkhada, P., Maharjan, S.K. *et al.* (2016) National Workshop on Mental Health Education & Research, Kathmandu, Nepal: Tribhuvan University

## Aim and objectives of the workshop:

- a. The aim of the workshop is to highlight key mental promotion issues, especially as they affect women in Nepal and in particular pregnant women.
- b. The objectives of the workshop are:
  - i. update the audience on mental health promotion in Nepal and where lessons can be learnt from elsewhere in the world.
  - ii. raise awareness of evidence-based mental health policy, education and practice in Nepal.
  - iii. update qualitative research skills relevant to mental health issues.
  - iv. outline key issues related to the academic publishing of mental health research papers.

## Background to THET project

The Department of Health, Physical and Population Education at Tribhuvan University (TU) is the Nepal lead in collaboration with two United Kingdom (UK) universities. The first one is the Centre for Midwifery & Maternal Health (CMMPH) at Bournemouth University and the second one is Liverpool John Moores University (LJMU). Together they have been awarded this UK grant under the Health Partnership Scheme (HPS). HPS funds health partnerships to carry out training and capacity-building projects in low-income countries, such as Nepal. HPS itself is funded by the UK Department for International Development and managed by THET (Tropical Health & Education Trust).



Our project brings highly experienced UK volunteers to train Auxiliary Nurse Midwives (ANMs) about the key mental health issues in pregnancy and after birth. Our local partner, Green Tara Nepal, supports the work locally, for example through logistical support, accommodation, sensitising UK volunteers to





live in rural Nepal, or translating. The project is based in Nawalparasi in the southern part of Nepal at the India border. A large proportion of the rural population in Nepal has poor access to skilled birth attendants. Moreover, the level of training of health workers attending deliveries in remote areas falls way short of the international standard for midwifery.

The project will bring over 15 short-term volunteers, who are experienced health workers (such as midwives, GPs, mental health nurses, health visitors, psychiatrists). They volunteer for two to three weeks at a time to design and deliver some of the training, focusing on recognising mental health issues in pregnant women and new mothers. We planned five different training sessions, each building on the previous one. To date three of these training sessions have been completed, and UK volunteers have included a mental health nurse, a general hospital nurse, a professor in global health, a mental health nursing lecturer, a health visitor and midwives. Also in the process we have recognised that a sixth session is needed.



As part of this project we have also conducted a review of the existing curricula in Nepal for occupations such as nursing and ANMs. The aim of this review was to establish how much

focus there was in these curricula on mental health issues and in particular on mental health issues related to pregnancy and childbirth. We recognised the importance of designing an appropriate also hope to be able to hand-over a ready-made curriculum on mental issues in pregnancy and childbirth to the relevant education authority in Nepal.



The THET grant was originally for the period 2015-2016, but the project was due the start in April 2015, the month of the first of two devastating earthquakes. Therefore, the project started about seven to eight months later and will now finish at the end of March 2017

**Funded by :**



## Programme

Date/time	Key activities
<b>10th August</b>	
9.00-12.00 AM	Opening ceremony and some key note speech
	Highlight of mental health situation globally
	Highlight of Mental health situation in Nepal and government policy
12.00-12.30	Press conference
1200.-13.30	Lunch and closing of opening part
13.30-17.00	Workshop - mental health training and research in Nepal
	Tea break
	Short presentation on Mental health components in Nepalese Nurses training
	Short presentation on Nurses KAP on mental health issues
	Situation of mental health and NGO response in Nepal
<b>11th August</b>	
9.00-12.30	Workshop on Mental health research methods
	Mixed methods in Mental Health Research
	Tea break
	Qualitative research methods: Focus groups
12.30-13.30	Lunch
13.30-16.30	Workshop on publishing mental health research findings (academic writing)
	Tea break
	meet the Editors (three editors from leading health/medical journals as guest. Each editor gives 5 minute "advice to authors". followed by Q/A
	Certificate and word of thanks!

## The team and workshop contributors

**Lokendra Sherchan** was a retired professor in Health, Physical and Population Education Department, Tribhuvan University (TU). He was former Head of Department. He has authored dozens of text books and research articles and involved in research works. He is an evaluation committee member of UGC for evaluation of research reports. He is interested in public health research.

**Bhimsen Devkota** is Professor of Health Education at Tribhuvan University, Nepal. He is Associate Fellow at Chatham House London. He gained his PhD from the University of Aberdeen in Scotland, UK. He is extensively involved in academic and research works in Nepal including South Asia.

**Shyam Krishna Maharjan** is Professor in Health and Physical Education in Central Department of Education, TU. He received higher education from TU Nepal and University of the Philippines. He has published a number of articles and books in the field of health and population education subjects. He has conducted research in the areas of health education and education. He is on editorial board of HEPAS (published by health physical & population education department and HEAN (published by HEAN a health education professionals' organization) journals. He is President of HEAN and secretary of Special Olympics Nepal.

**Ram Krishna Maharjan:** is a retired Professor of Health and Physical Education at Tribhuvan University, Nepal. He is extensively involved in research works, textbook writing and teacher training in Nepal. He has many times visited different countries to participate in regional and international conferences.

**Krishna Prasad Acharya** is Professor and Head of Central Department of Education as well as HPE Department, Tribhuvan University. He has published several text books as well as articles related to health education. He is an adviser in Secondary School in Kathmandu.

**Bishnu GC** is a programme coordinator of Population Education Programme in Central Department of Education, TU. He has authored many books in the field of population

education. He has also published professional and research articles in different journals. He is interested in research activities and managerial works.

**Padam Simkhada** Professor of International Public Health at the Public Health Institute and Associate Dean for Faculty of Education, Health & Community at Liverpool John Moores University, UK. His research focuses on different aspects of international health particularly in public health problems in developing countries. His current research covers maternal health, health promotion, migration, mental health, reproductive and sexual health including HIV/AIDS. He has been involving on capacity building activities in developing countries particularly on evidence synthesis and systematic reviews. He has published a wide range of peer reviewed articles and book chapters. He graduated from Tribhuvan University Nepal; has an M.Sc. in Public Health & Health Promotion from Brunel University and a PhD from Southampton University, UK. [p.p.simkhada@ljmu.ac.uk](mailto:p.p.simkhada@ljmu.ac.uk)

**Edwin van Teijlingen**, sociologist, Professor of Reproductive Health Research, Bournemouth University, UK and he is Visiting Professor at two institutions in Nepal. He has over 240 peer-reviewed publications mainly in the field of public health, social sciences and maternal and mental health. He has been working in Nepal for over a decade. He is on the editorial boards of *Nepal Journal of Epidemiology*, *Sociological Research Online* and *Midwifery*. Together with academics from Nepal and abroad he has written on a wide-ranging aspects of health, health care and health promotion in Nepal. [evteijlingen@bournemouth.ac.uk](mailto:evteijlingen@bournemouth.ac.uk)

**Meeting Point** are our media partners for this event.

**Green Tara Nepal** organises and facilitates the field training in Nawalparasi.

## Recent articles on women and mental in Nepal.

Simkhada, P., van Teijlingen E., Winter, R.C., Fanning, C., Dhungel, A., Marahatta S.B. (2015) Why are so many Nepali women killing themselves? A review of key issues *Journal of Manmohan Memorial Institute of Health Sciences* 4(1): 43-49. <http://www.nepjol.info/index.php/JMMIHS/article/view/12001>

### Review Article

## Why are so many Nepali women killing themselves? A review of key issues

### Abstract

For decades the maternal mortality in Nepal was the lead cause of death among women, with serious improvements in the maternal mortality ratio in the twentieth century the second most common cause has become more prominent. Suicide is now one of the leading causes of death for women of a reproductive age in Nepal.

This scoping review brings together the key available literature to identify the causes of suicide among women in Nepal. Published and unpublished studies and the grey literature

### Authors

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Editorial

Open Access

### Mental health issues in pregnant women in Nepal

<sup>1,3</sup>Edwin van Teijlingen, <sup>2,4</sup>Padam Simkhada, <sup>5</sup>Bhimsen Devkota, <sup>6</sup>Padmadharini Fanning, <sup>1,7</sup>Jillian Ireland, <sup>1</sup>Bibha Simkhada, <sup>8</sup>Lokendra Sherchan, <sup>9</sup>Ram Chandra Silwal, <sup>1,8</sup>Samridhi Pradhan, <sup>8</sup>Shyam K Maharjan, <sup>8</sup>Ram K Maharjan

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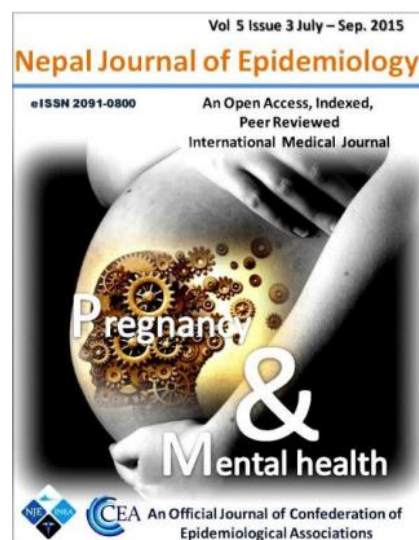
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Mental health of pregnant women and new mothers is a growing area of concern in both low- and high-income countries. Maternity services in the UK, for example, have focused more attention on maternal mental health. We recognise that pregnancy, birth and the postnatal period is a

declined over the past two decades; however, it is still very high in remote rural pockets. The gradual decline in the maternal mortality ratio has resulted in suicide becoming more obviously visible in the statistics. Moreover, nearly 16% of the maternal deaths were due to indirect cause, where suicide



## Slides from the various presentations

The first set of slides ‘Mental Health Training and Education in Nepal’ has been adapted from a presentation given at the Britain-Nepal Academic Council (BNAC) 14<sup>th</sup> Nepal Study Days held at Liverpool John Moores University, UK in April 2016.





## Mental health in the perinatal period: Curriculum review in nursing

Bibha Simkhada, Edwin van Teijlingen, Padam Simkhada, Jillian Ireland, Bhimsen Devkota, Lokendra Sherchan, Ram Chandra Silwal, Shyam K. Maharjan, Ram K. Maharjan, Geeta Sharma, Samridhi Pradham.



### Mental Health Issues

- ▶ Mental illness is growing global problem: 800,000+ suicides p/a.
- ▶ About quarter of population suffers from mental health problems
- ▶ Mental health & well-being less emphasised combined with care & services → greater risk of mental illness.
- ▶ Wide spread stigma associated with mental illness in community.
- ▶ Mental illness= 'being mad', unfit for society/ family due to loss of control over self, possessed by spirit or black magic. People (& family) with mental disorders suffer discrimination → hesitate to come forward for treatment.

## Perinatal Mental Health Issues

- ▶ Major public health problem, but unrecognised issue in pregnant and postpartum women with significant effects on maternal and child health.
- ▶ Women of reproductive age have highest rates of suicide & mental health problems.
- ▶ Suicide is now one of leading causes of death for women of reproductive age.
- ▶ Poverty, lack of education, teen pregnancy, poor family /social support, unplanned pregnancy associated with antenatal depression

## Finding: 'Midwifery' Education

- ▶ Six level of nursing provide “midwifery care”: ANMs, Proficiency Cert Level in Nursing, BSc Nursing, Bachelor Nursing (BN), Master Nursing (Women Health & Development) & SBA.
- ▶ None of these six curricula meet all ICM Global Minimum Educational Standards.

## Nursing Education in Nepal I

- There is long history (60 years) of nursing in Nepal.
- Around 250 nursing colleges in Nepal which offer different levels of nursing training from basic to masters' level.

## Nursing Education in Nepal II

- Over 40 colleges running basic nursing programmes, 54 running BSc nursing, 107 offering Proficiency Certificate Level in Nursing, 50 running Auxiliary Nurse Midwives (ANM) programmes and only five offering a Master in Nursing (MN).
- Around 5000 nurses graduate annually and there are currently 33,692 nurses registered with NNC with a further 24,919 registered AMN.

## Method

- We reviewed 10 Nursing curricula of different level of nursing (Auxiliary/ ANM, Diploma/PCL, Bachelor level(BNS/BSc).
- Including all nursing courses from Tribhuvan University (TU), Kathmandu University (KU), Purbanchal University (PU), Pokhara University (PoU), Council for Technical Education & Vocational Training (CTEVT) & BP Koirala Institute of Health Sciences (Dharan)
- Content analysis tool was used in extraction of mental health related words or concepts to analyse the nursing curriculum

## Aim

The main aim of our review is to analyse mental health components in different level of nursing training/curriculum in Nepal.



Course	Mental health in pregnancy & childbirth
ANM (pre/ post SLC)	<u>Management of Puerperium &amp; Health Education</u> Psychological support •Psychological preparation to adjust to motherhood <u>Describe major disorders of puerperium &amp; their management</u> •Psychiatric disorder, postpartum blues, depression, psychosis
CTEVT /TU* (PCL)	<u>Major disorders of puerperium &amp; their nursing management</u> •Postnatal depression and psychosis <u>Midwifery &amp; Gynaecological Nursing - I (Practicum)</u> •Teach /council mother and family based on their need to ensure optimal health of women during pregnancy
TU (BNS)	<u>Third year (Course objectives)</u> Discuss the women mental health status in Nepal. <u>Objectives: Describe psychiatric disorders related to pregnancy and postnatal and their management.</u> <u>Content: Postnatal blues, postnatal depression, postnatal psychosis, premenstrual syndrome, postmenopausal syndrome -Etiology, diagnosis, treatment &amp; nursing management.</u>
TU (BSc)	<u>Psychiatric Disorders related to motherhood &amp; their management</u> •Postnatal blues, postnatal depression & postnatal Psychosis
Course	Mental health in pregnancy & childbirth
KU (Bsc)	<u>Maternal and Child Health services</u> <u>Social and mental health indicators</u> •Formulate examples of nursing diagnosis in meeting physical, psychological & emotional needs of postnatal mother /newborn <u>Complications of Puerperium / Management</u> •Puerperal psychosis <u>Mental Health Problems in Pregnancy/ Postnatal (Theory)</u> •Postnatal blues, Postnatal Psychosis and Postnatal depression
PU (BSc)	<u>Mental Health Problem among Postnatal mothers</u> Postnatal Blue, Postnatal Depression, Postnatal Psychosis
Pokhara Univ (BSc)	<u>Mental Health disorders related to puerperium</u> Maternity blues, Postpartum depression, Postpartum psychosis
B.P. Koirala Institute of Health Sciences (Dharan) (BSc)	<u>Maternal Nursing</u> •Psychological changes in pregnancy •Describe psychosocial & psychiatric aspects of pregnancy •List psychiatric problems related to pregnancy •Psychiatric problems related to pregnancy •List psychiatric disorders during puerperium & their management

## Our Interpretation of Results

- Review found content of curricula very out of date (not updated).
- Little difference between different curricula & level of training.
- There is basic material included on both mental health and maternity care but little on the combination of the two topics.
- Our knowledge of the causes of perinatal mortality and mental ill health have significantly improved over the past few decades.

### Common focus on nursing training

- Biomedical treatment
- Nursing management with inadequate focus on concepts of 'well-being' or 'prevention' or 'counselling'

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## Gaps in current Nursing Curricula

- Stigma
- Stress management
- Lack of competency based curriculum
- Lack of information on mental health services
- Lack of general awareness training component on mental health disorder or problems to support family & communities in mental health promotion & wellbeing.



## Strength of Curricula

- ▶ Standardised
- ▶ Easily available
- ▶ Detailed in learning outcomes

## Conclusions

- Need for more communication skills and counselling at all levels of nursing.
- It needs more focus on competency-based and evidence-based practice.
- Change mental health training to reflect current needs in society.
- We highlighted importance of designing appropriate curriculum on mental issues in pregnancy & childbirth to relevant education authorities in Nepal.



**Mental health in the perinatal period:  
Curriculum review in nursing**

**Thank you!**



"The World Needs Midwives  
Now More Than Ever"

**Midwifery  
Society of Nepal  
(MIDSON)**



Partnerships for Global Health

# Mixed-Methods in Mental Health Research

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## What is it?

- **Mixed methods research** is mixing of qualitative and quantitative **methods**, methodologies, and/or paradigms in a single study or set of related studies.
- Thus **mixed methods research** is a specific case of multi-method **research**

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## What are Mixed methods?

Other terms used:

- Combined methods research
- Multi-method (or multiple methods)
- Multidisciplinary research
- Blended research

## Qualitative /quantitative methods

*Quantitative* provides statistical information on the mental health of groups of people, services, countries, hospitals, etc.

- Tell 'how many' but not explanation.

*Qualitative* offers meaning/context for the mental health of people, their environments, i.e. addresses 'why' question.

- But findings are often not generalizable.

- **Qualitative research** – explores meaning people or groups ascribe to an issue.
- **Quantitative** – tests objective theories by examining statistical relationships among variables.
- **Mixed-methods research** – combines qualitative & quantitative approaches.

Both **qualitative & quantitative methods** have individual strengths & weaknesses.

When combined these methods can be complimentary and give added value, or create a so-called '**synergetic effect**'.

### **Always start with research question!**

- Speak to others/ experts.
- Look how others have done it in your field.
- Useful clip on the web:

<http://www.youtube.com/watch?v=8BObOQHvvFQ&sns=em>



## Ways of combining methods

You can use your mix of methods in such a way they are:

- Sequential
- Concurrent
- Transformative

## Sequential procedures

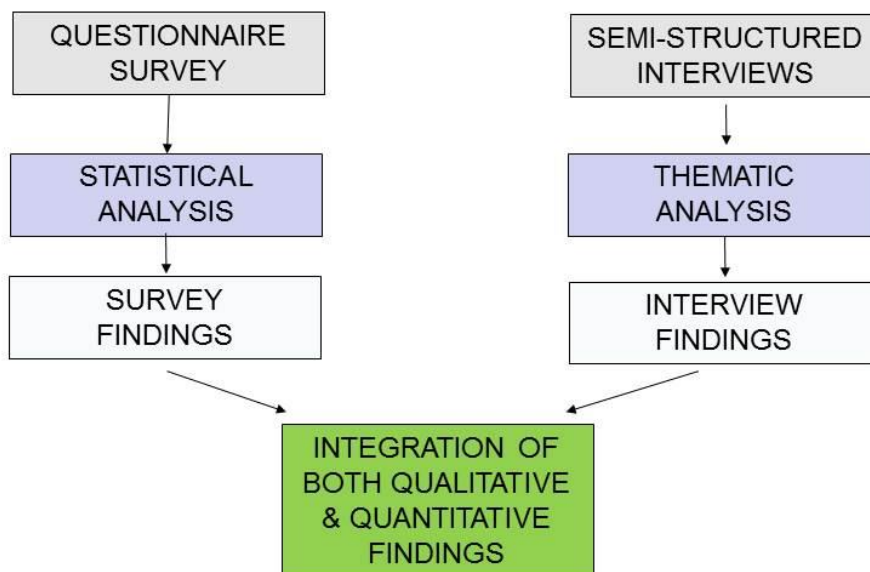
- expand findings of one method with another. E.g. **qualitative** for exploratory purposes follow by **quantitative** survey OR **quantitative** testing theories/concepts followed by **qualitative** interviews with individuals.



## Concurrent procedures

- Collects both forms of data at the same time then integrate information in the interpretation of the overall results (i.e. a comprehensive analysis of a particular mental health issue).

## Mixed-methods concurrent example



## Transformative procedures

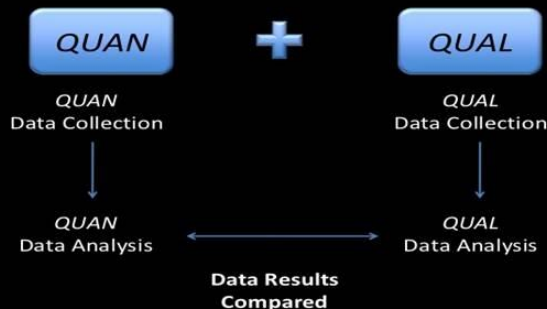
- Use overarching perspective within a design that contains both quantitative and qualitative data. This theory provides a framework for data collection tools and analysis, change expected. Data collection itself could be sequential or concurrent.

## Selecting your mixed-methods approach

1. Quantitative →→ Qualitative

2. Qualitative →→ Quantitative

### 3. Concurrent Triangulation



## Selecting a mixed-methods approach

- In what order will you collect quantitative and qualitative data?
- What *priority* will be given to the quantitative and qualitative data collection and analysis?
- At what *stage* will quantitative & qualitative data be *integrated*?
- Will you rely on an overall *theoretical perspective* (gender, caste, service development, rural development, etc. ) in your study?

## Mixed-method approach: not always the best approach!

- Advantages of mixed-methods: different methods in the mix address different aspects of your research question and that combining these methods offers a synergetic effect.
- **So what are the possible limitations of or barriers to mixed-methods research?**

## Beware when using mixed-methods I

- First, you need an understanding of two different approaches either as individual or in research team as well as someone who can do the combining of the findings.
- There is risk mixed-methods study is analysed/ reported as two separate studies without integration.

## Beware when using mixed-methods II

- You can spend money/time only once. If maximum grant is 1,000,000 NR or your dissertation project has a max of 20 weeks you can't spend full amount (time) on a large-scale quantitative survey, as you need to spend proportion of your money, efforts and time on your qualitative study.



## Beware when using mixed-methods III

- Both methods have 'rules' about sampling and sample-size.
- Mixing two methods does not mean you can necessarily do a smaller study. The sample size calculations will still say: at least xxx participants. Also you need a certain number of interviews or focus groups to do you qualitative study appropriately.

## Background reading



*Advocating mixed-methods approaches*



### Advocating mixed-methods approaches in health research

MacKenzie Bryers H<sup>1,2</sup>, van Teijlingen E<sup>3,5</sup>, Pitchforth E<sup>6</sup>

<sup>1</sup> Head of Midwifery, NHS Highland, Inverness, UK.

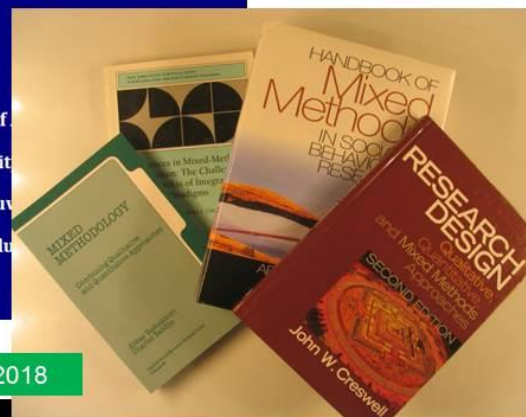
<sup>2</sup> Honorary Research Fellow, Centre for Rural Health, University of

<sup>3</sup> Professor, School of Health & Social Care, Bournemouth University

<sup>4</sup> Visiting Professor, Manmohan Institute of Health Science, Tribhuvan

<sup>5</sup> Visiting Professor, Nobel College, Pokhara University, Kathmandu

<sup>6</sup> Research Leader, RAND Europe, Cambridge, UK.



<http://www.nepjol.info/index.php/NJE/article/view/12018>



Dec  
24  
2015

## Mixed methods: not without its downside?

Posted in [Ageing and Dementia](#), [BU research](#), [Communities, Cultures and Conflicts](#), [Creative, Digital & Cognitive Science](#), [Entrepreneurship & Economic Growth](#), [Health, Wellbeing & Society](#), [Leisure, Recreation & Tourism](#), [REF Subjects](#), [Research communication](#), [Research news](#), [Technology & Design](#), [Uncategorized](#) by [Edwin van Teijlingen](#)

Conducting mixed-methods research has become very popular over the past decade especially in the health research field.<sup>1,4</sup> This development ties in with the growth in inter-disciplinary and multi-disciplinary research. Many grant applications, PhD project and the resulting papers especially in the health field



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<http://blogs.bournemouth.ac.uk/research/2015/12/24/%ef%bb%bf%ef%bb%bfmixed-methods-not-without-its-downside/>

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## Mixed methods: Examples

- Research which combines/integrates methods that cross two primary research approaches
- Must be used within the same study and together result in enhancing the end product
- Can use virtually any combination of methods eg self administered questionnaire; individual interview; focus group interview; observation



## Why use Mixed methods?

- Increasingly used in hsc research: research methods need to reflect the increasing complexity of current understanding of hsc
- Best tackled by a multiple sources of knowledge
- Single method research restricts understanding
- Greater recognition that no one method superior
- Combining methods can add value to mental health research

## Purpose of Mixed methods

Research question should always drive the design

Most reasons can be organised under 3 key concepts:

- **Triangulation:** adopting 2 or more methods to corroborate the findings from one method with another
- **Facilitation:** use of 2 or more methods for development or facilitation of research. One method is used to facilitate the next stage of the research eg interviewing – to design survey
- **Complementarity:** grounded in the argument that the weaknesses of one method can be offset by combining them with an alternative method, offering different strengths and more comprehensive understanding of issues being examined

Key stage in mixed methods is bringing together insights gained from both methods.

- Often after analysis – where there is purposeful search for convergence, divergence and discrepancy between the findings from the different methods
- Integration can occur at different points of the study

In Nepal what training and learning do nurses receive after graduation?

What are the factors affecting Continuous Professional Development (further education post-registration) of nurses in Nepal?

## Mixed methods – example 1

- Survey of current nurses (analyse by age, grade, years qualified, etc.) and their training/ CPD in past few years
- Focus groups with senior people in nursing about kind of CPD required.
- Individual interviews with stakeholders (e.g. other health professionals, govt officials, etc.) about desirability of CPD.

## Mixed methods: Example 2

**What drugs are most commonly used in Nepal for mental health problem and why?**

1. Clipboard survey pharmacists (randomly selected across urban and rural areas)
2. Telephone interviews with health professionals in all levels of health system
3. Focus Group with people with a range of mental health problems.

- Must be driven by the research question not 'fashion'
- Requires range of expertise: often by teams
- Can be effective in bringing together multiple disciplines: needs focus on process + outcome
- Need to maintain quality – can be constrained by the individual components – criteria to assess quality being debated

## Characteristics: differences

### **Quantitative**

- Hard Science
- Objective
- Value-free
- Reductionist
- Logico-deductive
  
- Cause - effect relationship
- Tests theory

### **Qualitative**

- Soft science
- Subjective
- Political
- Holistic
- Dialectic, inductive, speculative
- Meaning
- Develops, advances and reinterprets theory

## Characteristics:differences

### **Quantitative**

- Control
- Instruments as data collection tools
  
- Basic unit of analysis: numbers
- Statistical analysis
- Generalisation

### **Qualitative**

- Shared interpretation
- Listening, talking, observing as ways of gathering data
- Basic unit of analysis: words
- Interpretation
- Uniqueness/transferability



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## QUESTIONS?

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# Introduction to Focus Group Discussions

Prof. Edwin van Teijlingen  
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Prof. Dr. Padam Simkhada



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MEETING POINT  
Communication with a difference



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## Outline Focus Group Research

- Its origin
- Underlying philosophy
- Why and when (not) to use it?
- Some practical issues / examples
- Strength & weaknesses
- Its place within qualitative methods

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## Focus group research in family planning and reproductive health care

Edwin van Teijlingen, Emma Pitchforth

### Introduction

This paper discusses how to conduct focus groups in family planning and reproductive research and follows a four-part series outlining the general principles of qualitative research.<sup>1-4</sup> Originating in market research and through development as a more general social science research method, focus groups now have wide application in many areas of research including health and health care.<sup>5</sup> Focus groups are often regarded as a quick and convenient way to collect data from several people simultaneously,<sup>6</sup> but this is an oversimplification. Our paper considers the reasons for choosing to use focus groups and the strengths and weaknesses of the focus group method. Moreover, it highlights some of the practical issues in planning and conducting focus groups, as well as particular considerations in the analysis and presentation of focus group data.

### Use of focus groups

Qualitative methods have a wide range of possible use in family planning and reproductive health care research and focus groups in particular offer great flexibility.<sup>1,7</sup> Focus groups can stand on their own as a research method or can

### Box 1: Strengths and weaknesses of the focus groups method

#### Strengths

- Nobody has to speak on every issue
- Responses are prompted by group members
- Exposes participants to a range of opinions
- Deliberation in group discussion (i.e. the more extreme first answers may be moderated)
- Cost-effective compared to one-to-one interviews
- Semi-structured research environment
- Opportunity for follow-up and probing by facilitator and group
- Helps develop theory

#### Weaknesses

- Expensive
- Getting participants together/organising meeting is time consuming
- Can be dominated by group members with strong personality, opinion or just 'loud' voice
- Needs a skilled facilitator
- Compared to conducting interviews there is less time for each individual to express ideas
- Risk of ending up with conformity: minority views might not be expressed, or not be presented as strongly, as they might be in an interview

source of data and this distinguishes it from other group



## Origins

Focus group concept dates back to World War II. Sociologists investigated how military propaganda films were being received by audiences. They learnt that, with proper prodding, people can identify the exact reason certain scenes, lines, or phrases make them think or act in a certain way.

F. Luntz (1994) <http://www.pollingreport.com/focus.htm>

## Origins in marketing

- Focus groups are often regarded as a quick and convenient way to collect data from several people simultaneously.

(Kitzinger J. Introducing focus groups, *BMJ* 1995; **311**: 299-302).

- BUT this is oversimplification!

## Origins in Marketing

- Focus groups used to test new products on potential buyers/users, or try 'new' policies on electorate, etc.
- Would you buy a new pen?

## Underlying philosophy I

- Focus group relies on group discussion.
- Allows FG participants to disagree or agree with each other.
- Provide insight into how group thinks, about range of views/ideas, and inconsistencies that exist in a particular community in terms of beliefs, experiences and practices.

## Underlying philosophy II

- People formulate ideas in reaction to others in group, not just the researcher.
- The group makes FG discussion different from one-to-one interviews with people, i.e. there is a synergetic effect.
- Not just economies of scale, i.e. interviewing several people at the same time 'for the price of one'.

## When to use Focus groups

- Focusing on the 'why' question.
- Preparing for quantitative studies
- In parallel with quantitative studies:
  - explain / examine in-depth meaning findings of quantitative studies.
  - as part of triangulation.

## When Focus Groups

Macnaghten and Myers suggested:

“focus groups work best for topics people could talk about to each other in their everyday lives-but don't.”

Macnaghten P, Myers G. Focus groups, In: Seale C, Giampietri G, Jaber F, Silverman D. (Eds) *Qualitative Research Practice* – Sage: London, p.65.



## When to us it I

### Searching for meaning

- Quality rather than quantity
- Explorative studies of 'new' topics
- How do Auxiliary Nurse Midwives feel about raising mental health issues with pregnant women, new mothers and their families?

## When to us it II

### In preparation for quantitative studies, find:

- right/best questions to ask;
- best order to ask questions;
- options to add to multiple choice questions;
- etc.

## When to use it III

### Prepare quantitative studies / example

- Focus groups to find issues /options /choices for Discrete Choice Experiment's questionnaire on rural maternity care. E.g. women's preferences for: location of maternity care, provider, time, etc.

(Tucker, Farmer, Kiger, Ryan, *et al.*)

## When to use it IV

### Interpret quantitative studies

- Help explain the statistical findings from a study with a large data set.
- Reasons why some people in the community do not join otherwise popular maternity care interventions?



## Triangulation I

- Triangulation may help validate findings.
- Originally this meant using three methods at the same time but it can be used to describe any study using more than one technique on the same population.

Mason J. *Qualitative Researching (2nd edn)*. London: Sage, 2002

## Triangulation II

- Use focus groups in conjunction with other (qualitative) methods.
- For example, use a questionnaire study on large sample of population, do interviews with sub-sample and focus groups with (other) sub-sample of the same population.

## Focus Group composition I

- **Small group of people (8-15) to discuss interactively under guidance of facilitator (pre-specified) issues or topics.**
- **Composed of six to nine participants, according to Iowa State University web site:**  
<http://www.extension.iastate.edu/communities/tools/assess/focus.html>

## Focus Group composition II

Select Focus Groups, for example groups with:

- common factor (mental health patients in Dhading with stress-related issues; etc.)
- But which is diverse within a group with regard to other characteristics that might affect opinions, views, experiences, such as mix of ages, genders, jobs, locality, prior knowledge).

Additionally, you should avoid:

- People of extremely different rank, socioeconomic status, antagonistic viewpoints.

## Loud and quiet ones I

One person should not be allowed to dominate discussion. Some have group members write their ideas down without consulting others before discussion starts to eliminate bias and bring out many different viewpoints.

## Loud and quiet ones II

Facilitator must create a relaxed, informal atmosphere where people feel free to express their opinions. For example, ask: “What does the rest think about ..”

## Focus group composition III

People who know each other:

friendship groups; work or class mates; same ward/club/street; etc.

People don't know each other but are similar: mixture of first year, second & third students; pregnant women & new mothers in same group; etc.

## The start of a group

- Especially people who do not know each other well, have a quick introductions so that group members can begin to form a relationship with rest of group and with you.
- Also helps to make them feel at ease
- Help identify individuals on tape for transcribing.

## Sensitive topics I

Focus groups have been used with young people in sexual health studies.

(Wight 1994; Hyde *et al.* 2005; Roberts *et al.* 2005).

Focus groups promote self-disclosure through mutual support.

(Kitzinger 1995; Kreuger & Casey 2000).

## Sensitive topics II

A male researcher facilitated focus groups with young men and female researcher facilitated women groups.

Using single sex groups is common in sexual health research or interventions.

(e.g. Low *et al.* 2003; Roberts *et al.* 2005).



Perhaps present FG participants with:

“a brief questionnaire, or the opportunity to speak to the researcher privately, giving each one the opportunity to record private comments after the group session has been completed.”

Kitzinger, J. Qualitative Research: Introducing focus groups *Brit Med J* 1995; **311** : 299-302

**Regularly used in qualitative research, the additional advantage for Focus Groups is that you can leave vignette on the table people can pass it round, pick it up, etc.**



## Example vignette I

**How easy is it for you  
to talk to your family about  
feeling down or slightly depressed?**

## Example vignette II

What is your  
reaction to  
this picture?



## Importance of facilitator I

- Facilitator must direct the discussion without being a part of it.
- Facilitator should be skilled and experienced in conducting such research.

**Nyamathi A, Shuler P. 'Focus Group Interview: a research technique for informed nursing practice', *J Adv Nurs* 1990;15: 1281-1288.**

## Importance of facilitator II

Although familiarity with the topic may be equally important in good focus group facilitator

**Peterson-Sweeney K. The use of focus groups in pediatric and adolescent research. *J Pediatr Health Care* 2005;19:104-110.**

## Importance of facilitator III

1. Facilitator should ask a series of open-ended questions from general to specific.
2. Facilitator should allow discussion to lead in new directions as long as it the focus group topic.

## Importance of facilitator IV

1. Facilitator's questions should not stop members from expressing their opinions, experiences, and suggestions.
2. Remind participants that we are interested in the range of views, and that we don't expect them to reach agreement (on the contrary).

## Importance of facilitator V

- **Is mentally prepared**
- **Selects appropriate location**
- **Records the discussion**
- **Uses purposeful small talk**
- **Has a smooth & snappy introduction**
- **Uses pauses and probes**
- **Uses subtle group control**
- **Controls own reactions to participants**
- **Uses an assistant /observer**
- **Uses appropriate conclusion**

## Observer / note taker I

- Someone to keep track of anything that may influence the analysis, e.g. specific group responses, any non-verbal messages;
- Assist moderator if necessary, point out questions that are 'missed' or suggest other sub-topics for discussion
- Observer should not be too obvious to group, but able to communicate with moderator.

## Observer / note taker II

- Note taker might write down every first two or three words a person expresses to help transcribing of the recording.
- Observer should not be a line manager/ person known to group.
- Student's supervisor or fellow researcher could act as observer.

## Prior to meeting

- Tell participants time and place, if possible remind them day before.
- Arrive early to ensure the place is ready.
- Arrange seating to encourage a group discussion (in a circle).
- Set up and test equipment



## Start Focus Group I

- Not all participants may arrive at same time (on time);
- Small talk is ideal at this point.
- Should few participants turn up, be prepared to start with as little as four. Remember participants will have given up their normal activities.

## Start Focus Group II

Open the FG session:

- Welcome & thank participants;
- Explain why participants were chosen;
- Stress session will be confidential;
- Ask permission for recording.

### Set "ground rules":

- The group discussion around certain questions;
- Session lasts for around xx minutes / xx hours;
- For tape recording: "Please, only one person speaking at any one time (as much as possible)".

- **Summary question**

"Is this an adequate summary?"

- **All things considered question**

Ask participants to reflect on the entire discussion and then offer their positions or opinions

- **Final question**

"Have we missed anything?"

"Anything you would like to add for completeness?"

### Location:

- Where: clinic, interviewee's home, or neutral ground (e.g. community centre, cafe or university);
- Safety of interviewer
- Privacy of interviewee / noise / etc.
- Create relaxed atmosphere in comfortable setting to develop trust.

### Recording

- Audio or video or by hand
- Use good microphone.
- Test equipment before interview;
- Bring spare batteries for recorder + for the microphone and plenty of discs/ memory space.

### Transcribing I

- word-for-word with pauses and hesitations (i.e. verbatim),
- text only (without pauses, etc)
- or key points only (comprehensive language for transcription needs to be agreed).

Transcription of focus group interviews normally takes longer than that of one-to-one interviews. It generally takes five to six hours per hour of recording. Especially when people start speaking before others have finished, or several talk at same time.

- N-Vivo; Ethnograph; Nu\*dist; Atlas, ...
- Computer-based programmes don't analyse, certainly don't do thinking for you!
- “software packages can help with analysis but should not be viewed as short cuts to rigorous and systematic analysis”  
(**Pope et al. *BMJ* 2000;320:114-16**)

- Identify individual participants in group.
- Identify focus group not the individual.

Generally: “When devising your identifier always ensure an appropriate balance between giving the reader as much information as possible about the participants and their context, and maintaining anonymity.”

(Pitchforth et al. 2005).



## Mixed methods (qualitative)

= In-depth Interviews

The vast majority of the female IDI and FGD participants stated that the husband's primary role during delivery was to bring them to a hospital or a health facility. Approximately half of the couples explained that they prefer to have



Social Science & Medicine 62 (2006) 2798–2809

SOCIAL  
SCIENCE  
&  
MEDICINE

www.elsevier.com/locate/socscimed

Barriers to and attitudes towards promoting husbands' involvement in maternal health in Katmandu, Nepal

Britta C. Mullany\*

*Johns Hopkins Bloomberg School of Public Health, Baltimore, MD 21205, USA*

## Ethics

- You can only guarantee anonymity and confidentiality as a researcher, i.e. for your own part of the study.
- Ask people to be sensible in what they say (i.e. during FG as it may go else where) and what they tell others after FG group. The latter is important if people know or are likely to meet each other again.

Online Access available from: <http://www.nphss.org.np/jhprospect>

View Point

**Health Prospect**  
**Journal of Public Health**

Open Access

## Doing Focus Groups in the Health Field: Some Lessons from Nepal

van Teijlingen E<sup>1</sup>, Simkhada P<sup>2</sup>, Stephens J<sup>3</sup>

<sup>2</sup>Padam Simkhada: Senior Lecturer, SCHARR, University of Sheffield, UK; Visiting Professor, MMIHS, Nepal

<sup>3</sup>Jane Stephens: Director, Green Tara Trust, UK

### Summary

This paper addresses two research issues, one related to the running of focus groups and one more generally, on the link between researchers and local health officials. The objective of this article is to alert potential focus group researchers of some of the challenges related to conducting focus groups in rural areas. Our view-point article highlights the key issues of our experience in conducting focus groups in Nepal. Furthermore, it reflects on likely reasons why the challenges occurred and, where possible, offers some solutions to improve the running of focus groups.

### Introduction

Most health, public health and medical researches in Nepal are either quantitative or clinical. A review of the published health literature found that 78% of papers were based on quantitative research. (1) Unsurprisingly, Nepal, like many developing countries, lacks capacity in qualitative research. This paper centres on one particular qualitative method namely, focus group research. Widely used

ise parallel groups for other community groups e.g. men, mother in laws, teenage girls at the same time, but usually there will still be people wanting to listen in excepts these peoples. Another option we tried was to call the focus groups workshops, since running workshops suggest 'serious' learning and this gives local people in the group a legitimate reason to shush bystanders away.

[www.bournemouth.ac.uk](http://www.bournemouth.ac.uk)

- How do you run FGs when privacy /confidentiality are not high priorities on poor people's agendas?
- How to keep outsiders away in open-air FGs?
- How do you manage community expectations?

### Managing Expectation

Often unrealistic expectations arise between researchers and programme implementers from industrialised countries and colleagues, policy-makers, communities and/or research participants in developing countries. In our experience, local collaborators have often assumed that firstly, we have access to large sums of money and secondly, that money we do have can be used as per the community wishes. So, in a rural group discussing, the needs and focus of the community can rapidly move to people's perceived need for physical items or cash that are needed to be provided from outside sources, rather

[www.bournemouth.ac.uk](http://www.bournemouth.ac.uk)

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## Focus group strengths I

Not everybody has to speak on every issue;  
Responses prompted by group members in  
their own words;  
Exposes participant to a range of opinions;  
Greater insight as to why certain opinions are  
popular or not so widely held;  
Can help with questionnaire design.

## Focus group strengths II

Deliberation/ extreme first answers may be  
moderated;  
Cost effective compared to one-to-one interviews;  
Semi-structured research environment;  
Opportunity for follow-up/probing facilitator &  
group;  
Can be used with 'illiterate' groups/ children.  
Help develop theory.

## Focus group weaknesses

- Expensive;
- Getting people together time consuming;
- strong personality, opinion, 'loud' voices;
- Needs a skilled facilitator;
- Less time for each to express ideas;
- Conformity: minority views might not be expressed or not strongly.

## Focus Groups Discussions in Mental Health Research

# QUESTIONS?

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# Writing mental health papers & publishing in academic journals

Kathmandu, August 2016

Prof. Dr. Edwin van Teijlingen

&

Prof. Dr. Padam Simkhada

1

Thank you to colleagues who  
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*THET Mental Health Writing session*

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- Bibha Simkhada, Liverpool John Moores University, UK
- Brijesh Sathian, Manipal College of Medical Sciences, Nepal
- Jenny Hall, Bournemouth University, UK
- Emma Pitchforth, RAND, Cambridge

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# Writing & Publishing: Overview

- Why?** Why do we write & publish
- What?** What do we write
- When?** Timing
- Where?** Where do we publish
- Who?** With whom should/could we write
- How?** The process of writing /publishing

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Midwifery

journal homepage: [www.elsevier.com/midw](http://www.elsevier.com/midw)



Editorial

Who should be an author on your academic paper?



## QUALITATIVE RESEARCH

Members of our Editorial Board have recently been hearing complaints about inappropriate academic journal papers. Guidelines have clear guidelines for publication and one which need

### Writing up and presenting qualitative research in family planning and reproductive health care

Emma Pitchforth, Maureen Porter, Edwin van Teijlingen, Karen Forrest Keenan

#### Introduction

This fourth and final paper on qualitative methods discusses the different ways that qualitative findings can be

that you can't start writing early enough,<sup>2</sup> and then it is common when presenting a study publicly that 'flaws and problems appear' sometimes necessitating returning to the data.<sup>3</sup>



*Finding the right title for your article*

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## Finding the right title for your article: Advice for academic authors

van Teijlingen E<sup>1-5</sup>, Ireland J<sup>6,7</sup>, Hundley V<sup>8</sup>, Simkhada P<sup>4-6,9</sup>, Sathian B<sup>10,11</sup>

■ *Guest Editorial*

## Academic authorship: who, why and in what order?

V Hundley, E van Teijlingen, P Simkhada  
Centre for Midwifery, Maternal & Perinatal Health, School of Health & Social Care  
Bournemouth University, England, UK

■ *Guest Editorial*

We are frequently asked by our colleagues and students for advice on authorship for scientific study (the work), the analysis, the writing of th

### Writing an academic paper for publication

PP Simkhada<sup>1</sup>, E van Teijlingen<sup>2</sup> & V Hundley<sup>3</sup>  
<sup>1</sup>ScHARR, University of Sheffield, Sheffield, England, UK & Visiting Professor at Manmohan Memorial Institute of Health Sciences, Tribhuvan University, Nepal  
<sup>2</sup>School of Health & Social Care, Bournemouth University, England, UK & Visiting Professor at Manmohan Memorial Institute of Health Sciences, Tribhuvan University, Nepal  
<sup>3</sup>School of Health & Social Care, Bournemouth University, England, UK

#### Background

This paper on writing for publication aims to help new authors getting started with the process. The paper starts by asking the basic question: "Why

the profile and status of: (a) oneself; (b) your department or institution; and (c) your academic discipline. Helping junior staff and postgraduate students to publish their research may act as a

### Submitting a paper to an academic peer-reviewed journal, where to start?

E van Teijlingen<sup>1</sup>, PP Simkhada<sup>2</sup>, A Rizyal<sup>3</sup>  
<sup>1</sup>School of Health & Social Care, Bournemouth University, UK & Visiting Professor, Manmohan Memorial Institute of Health Sciences, Nepal  
<sup>2</sup>ScHARR, University of Sheffield, Sheffield, UK & Visiting Professor, Manmohan Memorial Institute of Health Sciences, Nepal  
<sup>3</sup>Department of Ophthalmology, Nepal Medical College, Kathmandu, Nepal

#### Background

Writing your first paper for a peer-reviewed journal qualitative data is usually presented in the form of

## Why write & publish?

- Disseminate findings as part of doing research ethically
- Tell people about your ideas, experiences or plans.
- Share innovations in practice.
- Required by funders of research / scholarships.
- Raise awareness for your work / research.
- Raise your profile (self promotion).
- Raise profile of your institution or your discipline/ profession.
- Get experience in the field
- Motivate staff & students.
- Make some money.
- Other reasons: .....?

## What to publish?

- Innovations in practice
- Topical issue / hot potato / opinion piece
- Research plans & findings
- Insights into education & training
- Reflections on practice
- Theoretical debate
- Conference paper
- Overview of problem (lit. review)
- Review of book or film or software
- .....

## Who is your audience?

- Ask yourself:
  - To whom is your paper most useful?
  - Who will want to read it?
- Policy makers & INGO staff
  - (Short) reports
- Clinical audience
  - General audience or mental health specific
- Lay public
  - Popular press
  - Specialist / focused publications

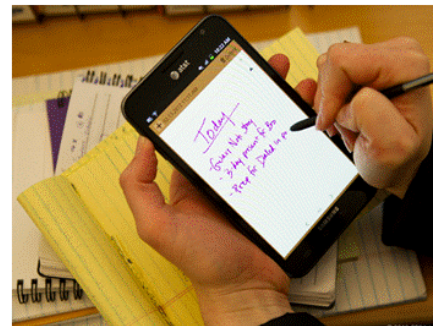
## What type of publication?

- Articles
- Books
- Book chapters
- Conference abstracts
- Web-based papers
- Newspaper article
- Leaflets
- Letters
- Commentaries
- Posters
- Newsletters
- Reports
- Etc. ....

But I'm not a writer ...

.....Oh yes you are!

- Most people write informally – notes, shopping lists, and email
- Some write more than others: progress reports, reports to funders, webpages about your organisation



# Write early!

- You can't start writing early enough.
- Start **the day** you have an idea. Write your subheading, e.g. literature review, methods, intro., discussion, add text as you go along. If it doesn't quite fit move material around.

## Posters

- Size font
- Title & logos
- Lay-out, flow
- White space
- Keep it short
- Balance text / picture / colour
- Contact details





# Publishing takes time



*The long and winding road to publication*

## The long and winding road to publication

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<sup>10</sup>Community Midwife & Visiting Fellow, Poole Foundation NHS Trust & Bournemouth University, UK.

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## Delay in getting into 'print'



Area (2009) 41.1, 64–71

doi: 10.1111/j.1475-4762.2008.00843.x

Year of publication

**The dilemma of conducting research back in your own country as a returning student – reflections of research fieldwork in Zimbabwe**

**David Mandiyanike**

Department of Environmental and Geographical Sciences (Faculty of Science),

University of Cape Town, South Africa

Email: ndix68@hotmail.com

Revised manuscript received 9 May 2005

Year resubmission

**Consider Open Access Publishing!**

## Seek help in writing

**Use the best resource available to you, namely your colleagues!**

“ .... the publishing process requires not only hard work but also resilience—and struggling young authors can learn valuable lessons from those who have already navigated that process.”

Powell (2010: 873)

## Co-authorship

- Lot of what we do is team work
- Rules about co-authorship based on contributions of each author, e.g. *Brit Med J* advises: <http://bmj.bmjournals.com/advice>
- Universities expect students' supervisor to be co-author in recognition of time and effort spent in shaping research in dissertation.
- Order of authors?

## Writing skills

Key skills needed to write an article are:

- Planning
- Critical thinking (in relation to content)
- Written communication / language
- Time management

## Planning Journal Article

Select your target journal. Who is most likely going to publish it?

Read Author Instructions!

What is word length?

What is writing style?

What do you want to say? You are not able to include everything you know.

Structure your paper!

[WELCOME](#) | [ABOUT US](#) | [CURRENT EDITION](#) | [DMH ARCHIVE](#) | [SIGN UP](#) | [CONTACT US](#)



### Welcome

The needs in mental health care around the world are huge – and probably increasing.

Developing Mental Health is a FREE resource designed and prepared for all healthcare professionals and others who have an interest in and concern for mental healthcare. It aims to contribute to both the training and practice of mental health care in many thousands of communities world-wide, in particular those working in resource poor settings.

## One or two ideas in one paper

- Stick to one or two ideas in one paper.
- Do not ‘waste’ too many good ideas in a single article.
- Several chapters from a report or thesis can be turned into a separate article.
- Always keep in mind and make explicit to the reader where your original contribution to knowledge lies!

## Select journal

### **Editorial objectives** *Journal of Mental Health (JMH)*

**JMH** reports on the best in evidence-based practice around the world and provides a channel of communication between ... disciplines involved in mental health research and practice. The journal encourages multi-disciplinary research and welcomes contributions that have involved the users of mental health services.

**JMH** features original research papers on important developments in the treatment and care in the field of mental health. Theoretical papers, reviews and commentaries are also accepted **if** they contribute substantially to current knowledge.

## Structure of a paper II

### Abstract or Summary

- Summarises your paper, not your entire research!
- Write this last to make sure it covers key points in the paper.
- Often structured as the paper.
- Maximum word length (100-300)

## Structure of paper I (3000 words)

<b>Introduction / background</b>	<b>(200)</b>	
<b>Methods</b>	<b>(300)</b>	
<b>Results</b>	<b>(800)</b>	
<b>Discussion</b>	<b>(1,000)</b>	
<b>Conclusion</b>	<b>(400)</b>	<b>+100</b>
<b>Recommendations</b>	<b>(200)</b>	<b>spare</b>
<b>References</b>	<b>not counted</b>	
<b>Tables / Figures / etc.</b>		



## Structure of a paper III

### Introduction / Background

- Summarises the key literature and sets the scene for the reader.
- Write this for the paper not copy from wider study in your report of thesis!
- Often this section finishes with your aims.

## Abstract

Quantitative studies, questionnaire surveys, systematic reviews fit a structured abstract:

- Background / Introduction,
- Methods,
- Results,
- Discussion,
- Conclusion,
- Recommendations

**Typically 150-300 words.**

## Structure of a paper V

### Findings (or Results)

- Start with your response rates
- Outline your key findings.
- Focus on some key findings, note some papers stipulate max number of Tables, Figures & Illustrations.

## Structure of a paper IV

### Methods

- Describe the methods used to get data presented in this paper, not all methods used in overall research / thesis!
- Short and to the point, not a methodological discussion on all the strengths and weaknesses of your particular method.
- Use references to methods papers & people who have used your methods in similar research.

## Structure of a paper VI

### Discussion

- Highlight your interesting results.
- Discuss your findings in light of existing literature (& give references).
- Highlight contradictory points.
- Discuss strengths & weaknesses of your particular study.

## Structure of a paper VII

### Conclusion

- Conclude what comes out of your study as discussed in your Discussion.
- Avoid using (too many) references in your Conclusion.
- No new material in the Conclusion!
- Link back to title if you can!

## Structure of a paper VIII

### Acknowledgements:

- Thank you to research participants
- Thank you to funders
- Thanks to those who helped you in other ways; people with whom you discussed drafts; who proof-read the final version;
- Anybody else who deserves to be acknowledged.

## Writing is a process I

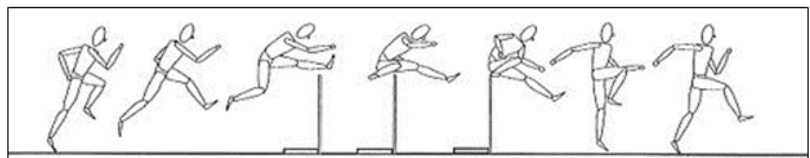
- Write in sections
- Start without thinking about grammar/style
- Edit your writing later
- Use your inspiration, find references later!
- Make notes of ideas for later, e.g. things that don't fit your argument exactly; points for your discussion or recommendations.
- Let others read your drafts.

## Writing is a process II

“I write because I want to find something out. I write in order to learn something that I didn’t know before I wrote it ...not to write until I knew what I wanted to say, until my points were organized and outlined ....”

(Richardson 1990: 35)

## Gatekeepers to getting published



Getting your paper into a journal means you have to overcome at least **two** hurdles:

- Editor: is paper appropriate for journal, timely, etc.
- Reviewers: is paper methodologically sound, well written, analysed, etc.



# Journal Editorship

## **The editor:**

- maintains standards, i.e. ensure journal publishes the best scholarship in its field.
- selects and edits journal's content.
- selects expert reviewers to evaluate submitted papers.
- evaluates importance of issues raised by reviewers and when recommending revisions, provides specific recommendations and highlights priorities to author(s).

## Submitting your paper

Time consuming process

Ask colleague / friend to read and to be critical

Read paper again: check spelling/ tables/ references /etc.

Check submission details in author instructions: (number of copies/ often electronic submission)

Write clear cover letter to editor why your paper fits journal & should be reviewed for publication.

Often loads of online details to be completed.

/

## After peer review

If reviewers consider your paper worthwhile you might be:

1. accepted immediately (very rare);
2. asked to resubmit (very common)
3. rejected.

## Peer review

If paper is appropriate for the academic journal & good enough on reading just the abstract it will get peer-reviewed.

This means the editor will send it out for review to two or more (anonymous) reviewers.

## On resubmission

If reviewers have been helpful and you incorporate their suggestions, resubmit your paper. Add cover letter outlining the changes you have made in response to the reviewers and which comments made by the reviewer were inappropriate and therefore did not lead to changes in the text.

## On rejection I

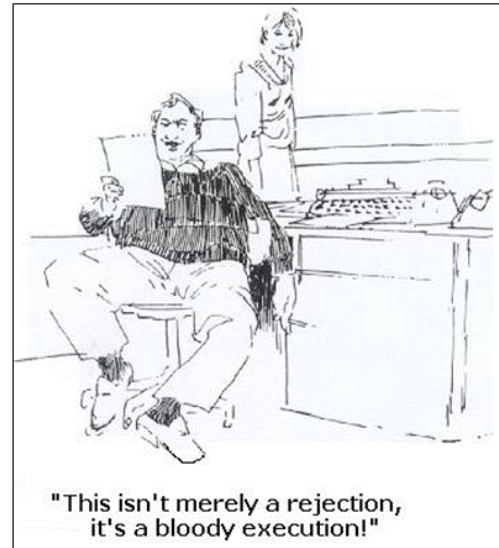
If reviewers were negative, but helpful consider submitting elsewhere. Good journals *often* have a high rejection rate.

Editors are *supposed to* act as "informed judges", weighing up the strengths of your arguments against any criticisms raised by reviewers.

Journal editors may suggest more appropriate journals for your type of paper.

## On rejection II

If you have good material/ data be persistent! Take rejection at face value, i.e. someone did not like your paper, NOT you have conducted the worst study ever and you are an idiot.



## Proof-reading

Good journal will send you so-called page-proofs of your article to have a final check:

- Read text closely (esp. if editor made changes)
- Details (numbers, spelling, etc.)
- Tables, references,
- Authors' details



# On publication

Tell your colleagues (boss), family & friends: post  
blog, Facebook, Twitter, in newsletters, etc.

Put details of publication on web & your CV.

Check journal for letters commenting on your paper,  
and reply to those if appropriate.

Start new paper, book chapter, etc.!



## Questions?

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# Meet the editors

National Workshop on Mental Health  
Education & Research



Green Tara Nepal  
ग्रीन तारा नेपाल



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