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Why and how clinician-academics struggle with writing and publishing in scientific journals

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Abstract

Most of us came into medicine to care for patients, not to wrestle with words. Yet, as clinician-academics, our work only has impact when it is shared. Too often, strong ideas and valuable research never make it past a blank page or get lost in technical jargon. The challenge is not lack of effort—it is that we were never really taught how to write for others. With mentorship, supportive institutions, and even thoughtful use of AI, good science can become good stories—stories that change practice, shape policy, and touch lives.

Let's be honest. As clinicians, most of our time is spent with patients and trainees. We diagnose, treat, and teach. But when it comes to writing and publishing, many of us struggle. This is not about intelligence or hard work. The missing part is effective teaching and training. We learn how to do research, but not how to explain it.

The result is that even bright minds with strong data often never finish writing. Others submit papers that are scientifically sound but difficult to read. A poorly written paper is difficult to review and even more challenging to publish.

Medical training teaches us to "write like doctors"—precise, technical, and cautious. But journals need us to "write like communicators"—clear, simple, and engaging. In evidence-based practice, we rely on guidelines from other countries that often do not fit our resources or culture. Producing local evidence is not optional; it is part of our duty as clinician-academics.

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Editorial

Most of us came into medicine to care for patients. Yet, as clinician-academics, our work has an impact when it is shared. Too often, important ideas and valuable research do not make it beyond records. The challenge is not lack of effort—it is that we were never really taught how to write for others. With mentorship, supportive institutions, and thoughtful use of AI, good science can become good stories—stories that change practice, shape policy, and touch lives.

Let's be honest. As clinicians, most of our time is spent with patients and trainees. We diagnose, treat, and teach. But when it comes to writing and publishing, many of us struggle.

This is not about intelligence or our work. The missing part is effective teaching and training. We learn how to do research, but not how to explain it.

The result is common. Even bright minds with strong data often stop at the blank page. Some never finish writing. Others submit papers that are scientifically sound but difficult to read. A poorly written paper is difficult to review and even more challenging to publish.

The universal challenge: The medical training teaches us to "write like doctors"—precise, technical, and cautious. Whereas, journals need us to "write like communicators"—clear, simple, and engaging.

This gap is not a small issue. In evidence-based practice, we rely on guidelines from other countries. Without creating our own evidence, we risk applying advice that often does not fit our resources or culture. Producing local evidence is not optional; it is part of our duty as clinician-academics.[1,2,3]

Exploring difficulties, the language of medicine vs. the language of communication: I have observed the same pattern through decades of my involvement in clinical work, classrooms, and journals. We are trained to write cautiously, but journals expect clear, meaningful, and engaging writing for publishing.

For example, compare:

- A statistically significant correlation was observed ($p<0.05$).

  vs.

- Our findings suggest that starting rehabilitation earlier can help patients recover faster.

Both are correct. But only the second tells the reader why it matters. All of us, the readers, reviewers, editors, and policy makers, want to know more than 'what was done', also 'why it was', and 'why it is important' and how this will change, 'what next'?

Making the essential shift: Good science and clear writing are not enemies; they support each other. We must move from simply reporting data and statistics. The shift in writing should be from merely reporting what we did to telling how and why it is relevant.

We must stop writing for ourselves and start writing for the audience—the clinicians, policymakers, and patients who will apply our findings. A strong study deserves writing that ensures its impact. Otherwise, good research may remain unnoticed. Building academic profiles, such as ORCID, Google Scholar, ResearchGate, or Scopus, is helpful.[1,4,5] These academic social network sites help connect and share papers, ask and answer questions, find collaborators, get involved in and disseminate our work.

A new partner, artificial intelligence (AI) in academic writing: The AI tools are now part of academic writing. They can help organise manuscripts, improve grammar, and summarise results. They save time and reduce barriers. However, AI cannot determine the value of a study, ensure accuracy, or accept responsibility for authorship.[6,7,8]

When used wisely, AI can help us write more clearly and focus on ideas. Institutions and mentors should guide young academics to use these tools responsibly and follow the guidelines of journals.

A collective responsibility of mentors and institutions: Writing is not only a skill; it is a responsibility. Yet many clinician-academics learn it by trial and error. Many struggle and do not master it. With proper training, mentorship, constructive feedback, and editorial support, this can change. Authors who consistently publish write with clarity.

Empowering clinician-academics with skills in writing and publishing is a requirement and a scholarly quality. Academica should create a community of writers within the institution and beyond. This can support faculty's needs of autonomy, competence, and relatedness through writing retreats and, longitudinal writers' workshop. This will lead to writing more, writing better and to writing together, participated by authors, reviewers and editors.[3,9,10,11,12,13]

Medical institutions should treat research writing as a core competency. This must not be an optional and extracurricular activity. Training must begin in the undergraduate years, where project work should be more than a formality. It should continue through postgraduate training, where the thesis is an opportunity to learn real scientific writing. And, this process must not stop after graduation.

Even in clinical practice, research communication should remain part of professional growth. Structured workshops and mentoring programs can reinforce the culture of research, writing, and publication (RWP) at every stage. The medical school curriculum should have in-built RWP components, their delivery and assessment.

The senior mentors must keep learning, as RWP is a dynamic practice that keeps evolving. Teaching writing is not only about helping students publish, but also about fostering habits that last throughout their careers.

The 'publish or perish vs. publish and flourish' overcoming systemic barriers: Many good ideas remain unwritten. This is a loss for science. We all know the obvious barriers: heavy clinical loads, teaching, administration, and little support. Institutions should reduce unnecessary work, improve their systems, and utilise emerging AI tools effectively to create space for reflection and writing.

Yet, I see it differently. From 'publish or perish' to 'publish and flourish'. The 'how-to-write' and 'how-to-publish' are often overlooked in medical curricula.

Ironically, those who publish the most are often the busiest clinician-academics, proving that it can be done.[14,15,16] There are various barriers fr authors and journals from developing nations that we need to overcome in writing and publication.[17,18]

The solution is practical and integrated training. Writing must be integrated into the curriculum from undergraduate and continued through to postgraduate. The skill should be further strengthened in clinical practice. Only this way, it no longer feels like a burden. It becomes a natural extension of day-to-day clinical and teaching work, as essential as managing patients or teaching students. Institutional support for resources, recognition, time for conferences, and publishing awards can motivate the WRP and build confidence.

Call for action: As a journal and as editors, our job is more than selecting papers. We also guide authors. Clear guidelines, helpful feedback, and mentorship are as important as peer review.

We call on institutions and mentors to:

- Make writing and publishing training a priority from undergraduate years.
- Reinforce it in postgraduate studies.
- Continue it through clinical careers.
- Use AI tools responsibly.
- Build supportive writing communities through workshops and retreats.
- Create a culture where good science is matched by good communication.

Science moves forward only when knowledge is shared. Good science deserves good storytelling.

Research, clinical observations, and teaching should not remain locked in files. They must reach the world to make a difference.

Research gives us knowledge. Writing gives that knowledge the power to change practice, policy, and lives.

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