

EDITORIAL

Research is incomplete unless published (.)

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Human nature has quite a few distinctions: i. it wants to keep its self-esteem high, ii. strives for a higher position than the existing one, iii. wants to have a legacy. Writing is one of the distinctive features of civilized mankind. It is one of the advanced ways of communication. Not only it leaves behind a documented legacy of accomplishments but would leave the writer in high self-esteem and in many cases would be helpful in attaining a higher position as well.

Medical writing does not remain an exception and also serves the same purposes as writing in any other field. It has got a range of audiences and may be executed in a wide variety of different formats. Each of these formats has its own parameters and disciplines, and thus opens up variety of avenues for the scientific writers to be able to contribute to the existing body of knowledge.

The research remains the basic scientific undertaking to keep the knowledge at par with the emerging avenues, demands, and challenges. The research helps to expand this body of knowledge, critically analyze the existing knowledge and/or to bridge the gaps. A medical writer then combines this scientific knowledge and research skills with an understanding how to communicate this information and data to the intended readership. A successful research done, which has not been presented to the right level of readership, is a treasure lying undiscovered for rest of the scientific world. Therefore, no matter how good is a research, it would be incomplete until it has been published. Moreover, published work would also provide a starting point for additional analyses, opinion, refutations, and discussion.

There has been a continuous debate whether busy clinical practice and research can go together or not. In scientific world, models do exist where clinical work and research work have separate boundaries. Separate faculties undertake these two separate domains. In our institutions, we do not find separate setups for the two. Therefore, one of the excuses for lack of a research culture remains the busy clinical practice where one does not find enough time for research, whereas, "lack of time," "lack of research curriculum" have been cited as the obstacles for research; the role of reduction of working hours, assistance from the

seniors and extra credit points, have been suggested as factors that may promote the research [1].

But perhaps it is too superficial a solution. As a fact, medical practice and clinical research both are complementary. Doing one makes you better at other. It is also a fact that scope for research is more when one is actually busy in the clinical work. Here, researcher has to be self-motivated and find his work self-rewarding and raising one's self-esteem. It is also quite possible that making the research compulsory may lead into scientific fraud. Therefore, implementing this culture by force may lead to its consequences. Instead, efficiency in clinical research may be brought by the concept of establishing a research team which may involve a research coordinator, statistician and then the physicians. All that remains to be done is making the scientific people aware of the possible achievements of research: high self-esteem, a rise in position and a documented legacy. Furthermore, this practice keeps ones work more exciting and helps in preventing burn out. Whereas it helps building up body of knowledge, it also continuously keeps the mind of a researcher expanding by learning ever new things and developing the habit of critical thinking.

PROMOTE THE CONCEPT

To promote the research culture, a good start may be that senior authors come up for awareness, guidance and support. Concept of research and clinical work benefitting not only each other but to the authorship as a self-reward, satisfaction, and safe guard to burn out needs to be promoted. Instead of reducing the working hours, time may be allocated for the activity for those who get motivated.

MAKE IT SIMPLE

And to get published, first thing would be to maintain a record of any clinical work, building up data, organizing it, stratification and analysis. This would help to compare it with previous work done in a particular field, contemporary practice and recommendation/ suggestions for future. It may help in bridging the gaps and opening new avenues. For those of us who still want to make it simpler, start with $n=1$ [2], a single dot in medical journalism. 2 Start with

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a simple case report, write down what has already been done, what is novel in this report and what is it going to add in clinical practice and research. It would end with recommendations and suggestions and would be a humble start towards a research document and a publication.

WORK SMART

Efficiency may be increased by promoting the idea of making teams, with concept of division of labor, and working smart where they help each other and make the whole process from research to publication a smooth sailing. Above all, the faculty, societies, and the journals themselves must come up with awareness campaigns in shape of forums, seminars, and workshops to elaborate the achievements and fruits of research culture.

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FOSTER RESEARCH CULTURE, TAKE THE FIRST STEP

Start journal club. Introduce the very critical element of critique. Once done on the merits and principals, it would open up the avenues for the participants and very first window towards the culture of research, i.e., gaps, linkages, modification, expansion, refutations, and discussion.

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